

Compassion, Caring and Communication

Skills for Nursing Practice

Second Edition

Jacqui Baughan and Ann Smith



Foreword by Professor Kathleen McCourt, Chair of the RCN Council

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Foreword

Nursing is a great profession. It is challenging, varied and interesting, offering excellent opportunities across the world and throughout a person's working life. It takes a special person to become a nurse; anyone who does not put patients first does not belong in nursing. For me, there is no other profession where you can touch human lives in such a close and intimate way. Whether you are assisting in bringing a new life into the world or alongside a family when a patient is dying, there is an aura of peace that nursing can deliver. Nurses are exposed to situations that no other job can ever offer. The significant impact on people's lives is the most rewarding experience a nurse can encounter.

Care and compassion are at the core of nursing. Jacqui Baughan and Ann Smith explore these fundamental attributes by utilising real-life examples from everyday practice settings. Students, learners, qualified nurses, carers and users of services have all contributed and shared information and reflections as a basis for exploration and analysis of nursing practice. When a person embarks on a career in nursing, they see themselves as always doing good for others. However, it is not easy. Nurses need to think on their feet, make appropriate decisions and find acceptable solutions. The sequence of chapters and true-life vignettes will take the reader on a supreme journey of highs and lows, providing knowledge, attitudes, nursing interventions and constructive reflections.

This book is a rich resource and can be revisited on numerous occasions as career challenges align with your personal and professional growth. It offers an important, creative approach to understanding more about the nature and development of compassionate nursing care, at a time of particular pressures and changes in the health-care sector. The use of real-life stories from practice is a compelling way of demonstrating that caring must be sustained at the very heart of nursing. Nursing is an art and a science born out of caring and nurtured in practice: a privileged profession.

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Preface

We are very grateful to have been given the opportunity for updating this book. As the profession enters a new phase in its development as an all-graduate nurse workforce, nurses must find ways in which they can integrate increased academic knowledge and high-level skills within compassionate care delivery. The increasing scope and sophistication of modern health care are putting extra demands and strain on care and compassion in health-care systems all over the world. The effects of these are seen in persuasive stories in some of the reports and media coverage concerning shortcomings in care. We need to face issues related to the capacity for nurses to continue to care with compassion, if this is not to be lost within shifting professional boundaries, organisational change and increased public expectations.

In the pressurised and rapidly changing world of health care it is therefore important for nurses to maintain and extend their capacity to be caring through new ways of partnership working with service users and within multi-professional and multi-agency teams. The notion of compassionate caring is still seen to be at the very heart of nursing, but attempts at defining this by using rhetoric that is either too simplistic or very difficult and abstract may confuse rather than enlighten. We have therefore drawn on our long experience in practice and nurse education to write a book which is grounded in the reality of everyday practice. We did not expect to arrive at an all-embracing definition but would like readers to see the book as a means for embarking on a journey of exploration to uncover indicators of some of the many dimensions of caring. We believe that an effective way to do so is to use stories from practice as a focus for reflection. We were very fortunate and privileged that student nurses, qualified staff, service users and carers gave us their rich and engaging stories as a basis for our exploration. Without these, the book could not have been written and we owe the contributors our deep appreciation and gratitude. We have changed the names of people in the stories to ensure confidentiality but they will recognise themselves.

The stories from students and qualified nurses helped us to identify significant caring moments in practice that occurred not only in busy traumatic periods but also in everyday situations. Other stories from people about their lived experiences of illness or disability, in being cared for or providing care, helped us to identify important indicators of caring partnerships. They helped us to recognise the significance of nurses and other professionals being only one small part of a continuum of care.

The first five chapters of the book are concerned with the nature of caring relationships and provide indicators of attitudes, knowledge and nursing interventions that assist or that can be detrimental to care partnerships and therefore to effective and therapeutic care provision. Throughout the book there are reflective exercises that are aimed at helping readers relate to their own experiences but also utilise important academic and practice knowledge gained from a variety of sources. The focus of the book changes slightly in Chapters 6 and 7, where there is more emphasis on what nurses might do to recognise and increase their capacity for caring and build and maintain caring communities. In the final part of the book we review what we have learned from the caring indicators. These are summarised in Chapter 8 within the BOND framework as a means of further reflection on the nature of caring with compassion.

In the final chapter the importance of continuing the journey of identifying, implementing and evaluating dimensions of compassionate caring is emphasised and also the role of organisations in nurturing and valuing the emotional and social capital nurses bring to care. We found the stories we used both awe-inspiring and humbling. We hope you will find the same and that you will continue to see your own stories and those of your colleagues and patients/clients as a rich resource for your future personal and professional development.

In summary, this book is about the art of caring with compassion in nursing practice. It will be useful for both students and qualified nurses to help them to consider their practice and for mentors, preceptors or supervisors who support students and colleagues. Those wondering whether to embark on a career in nursing, and support workers, who are such an integral part of health and social care teams, may also find it helpful.

Jacqui Baughan and Ann Smith
June 2012

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Chapter 1

Creating a caring discourse

LEARNING OBJECTIVES

By the end of this chapter you should have an understanding of:

1. What the notion of 'caring' might mean to nurses and service users
2. How stories can be used as a focus for reflection
3. How reflections can help us to create a caring discourse that will enable us to begin to unravel the complexity and challenges of caring
4. How key indicators arising from reflection can point us to ways of improving nursing practice

Introduction

In this chapter, we introduce storytelling as a means of discovering what caring is all about. We show how theories can be beneficial and exciting in helping us to shed light on our experience and that of service users and their families. Our discussions lead to new meanings and understandings - in other words, they help us to create a caring discourse and add to the evidence base for nursing practice. From those discussions we begin to identify caring indicators, which we use and extend in later chapters to uncover a framework for caring. The overall aim is to strengthen the way to care in practice.

We discuss ways in which you, as a student or registered nurse, can make a valuable contribution to the creation of a caring environment. We will look closely at the notion of compassion in caring, the complexity of caring and the potency of a nursing presence. We consider ways in which nurses are able to 'connect' with patients and the long-lasting impact of emotional feelings. We discuss how nurses and service users can use and share stories as an important basis for reflection and also as ways of identifying key indicators of caring or uncaring practice.

Is caring still at the heart of nursing?

Do you see caring as at the very heart of what you do as a student or registered nurse? It was probably the most important reason that brought you into the nursing profession in the first place. Indeed, its importance has been emphasised throughout the profession's history. One of the most influential writers on the subject has been Watson (1985, 1999, 2000, 2007), an academic who has analysed the nature of caring and the therapeutic relationship in nursing over a number of years. However, in spite of much writing on the subject and genuine concern to be caring and compassionate, you may well think that your acts of caring are under pressure in a health-care system that has made increasing demands on you. Recently there has been an increase in adverse public outcry about the quality of care provision in the UK (Francis, 2010). In 2007 the Nursing and Midwifery Council (NMC) recognised the need to respond to public and professional concerns by including care, compassion and communication amongst its Essential Skills Clusters which had to be integrated into every pre-registration nursing programme (NMC, 2007; 2010). Approaches such as this can help us to understand the expectations of our patients and clients, and to gain the skills and qualities necessary for providing quality care. We still feel, however, that a deeper understanding is needed about the nature of, and barriers to, caring at a time when compassion is perceived to be in decline. A reflective exploration of its many different aspects and presentations, including the management and monitoring of care, will assist us even further in achieving this. The purpose of this text is therefore to determine how a greater understanding can directly inform our actions.

We begin by considering the term 'patient', which we use interchangeably with 'service user' throughout this text, primarily for simplicity. However, we acknowledge the emotion a word can bring. For example, Spencer *et al.* (2011) highlight problems with 'patient' and its association in many people's minds with passivity, the sick role and disempowerment. They suggest that it seems at odds with rhetoric about the importance of patient empowerment, the expert patient and the activated patient and they note that other terms such as 'client', 'customer', 'consumer', 'service user' and 'expert by experience' have also been used.

'Though service user is currently in vogue, its shortcomings are now being articulated, especially in the fields of social work and mental health. For example, it defines a person by a single narrow aspect of their life (using a specific service), it neglects those who do not or cannot access services, and it does not devolve power or respect to the people who use services.' (Spencer *et al.*, 2011:13)

According to these authors, language is important because it transmits values and beliefs and can influence our perceptions and also power relationships. It is therefore an important consideration within our discourse on the nature of caring and we will come back to its importance in Chapter 6.

We have called this chapter 'Creating a caring discourse', which is our way of summarising what we see as an exploration through storytelling of what caring really means to us as nurses and to our patients and their families. We all tell each other stories about what we feel about various situations encountered at work. In these stories we express our emotions, thoughts, knowledge, judgements, ideas and values. In other words, like us, after a hard day's work, you probably have the need to go through your highs and lows and let off steam with someone you trust. It is these stories that make up a shared nursing discourse. For example, think of the ways people using social networking sites have developed their

own discourse or the way adolescents talk to each other, which is obviously very different from the way they might talk to their parents! In our work, there are also patient/client discourses and medical discourses. In this text we are using stories from people who have been involved in providing or receiving care to help create a caring discourse. The stories will be used as triggers for our discussion and we will draw on academic and other literature to gain more insights and to broaden and deepen our understanding.

We are drawing on experience gained over a number of years during which we have been studying the subject of caring by collecting critical incidents (written and verbal accounts of significant events) from patients, students and registered nurses. Some of these are quite painful and reflect 'uncaring' behaviour. Recent reports such as the Mid-Staffordshire Inquiry (Francis, 2010) and that of the Health Service Commissioner for England (2011) have led to strong reaction in the media and understandably from patient support groups, with improvement in the quality of care becoming the focus of government reports advocating reform (Care Quality Commission, 2011; NHS Future Forum, 2011). Accounts of profound deficiencies in care are a cause for concern and are distressing. They point to a need to understand not only why nurses are being portrayed as uncaring and lacking in compassion but more importantly, why this kind of behaviour might occur and how it can be prevented.

A timely reminder is contained in the NHS Constitution (Department of Health, 2012:2), which sets out the key principles and values upon which the NHS is based:

'The NHS belongs to the people. It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.'

Dickson (2008) notes that given the size and complexity of the health service, examples of bad care are not surprising but asserts that care and compassion must still be at the heart of nursing, however busy and complex the situation. We have found indications of immense feelings of guilt and frustration expressed by nurses if they feel that opportunities to engage in meaningful relationships with patients and relatives are thwarted. As the profession enters a new phase in its development as an all-graduate workforce we must find ways in which to enable high skills and compassion to coexist both in our own care provision and in the methods we use to support, guide and monitor others who provide care.

In our rush to get through our everyday work, we may forget that it is in very simple ways that caring can be expressed. Have you thought about the contribution those with very little experience can play? Let us consider a message sent by a relative to staff about the care her grandmother had received from Jo, a student nurse in her first placement.

Case Study 1.1

'From a relative's point of view with absolutely no experience of hospitals I didn't have a clue where to go for advice, who to ask for information or what jobs each person I came into contact with did. Jo was wonderful because she was approachable. I used to visit Gran twice a day and whenever Jo was around she would have a chat with Gran. The chat might just be, "Hello Alice. How are you today?" But she never walked by without saying

something, which meant that Gran and I got to know her. Although I knew that Jo was a student and as such had no authority I realised very quickly that if I asked her something she would find out the answer and let me know as soon as possible. I felt that some of the more senior members of staff were too busy to deal with what they considered to be “trivial” questions. Jo treated my gran the way she would treat her own gran and nothing was too much trouble for her.’

Whether you are a student or a qualified nurse you may remember such experiences when you have been singled out for a particular mention in a ‘thank you’ card or in verbal communication, but have you considered in detail why this happened? You may almost have taken this as nice to know but not particularly significant but reflecting back on it could increase your ability to pinpoint what you did that was particularly valuable (the often hidden or ‘taken for granted’ aspects of nursing) so that you can use opportunities to repeat these sorts of actions in the future. You can increase your caring and skills of compassion even more if you use academic knowledge in this reflection. This is what evidence-based practice is all about. Our discussion below will help us to demonstrate this by reflecting in more depth and exploring Jo’s contribution to the quality of Alice’s experience of care.

Using theory to understand practice

The caring behaviour of the student was recognised and appreciated by both Alice and her granddaughter. Jo, inexperienced and in her first placement, conveyed warmth and interest, ensuring that both perceived they were important to her and that what they asked was of consequence. In short, the student was sending out a powerful message – that she cared – and she did so by using her natural warm, informal communication skills, which are an important part of social exchange. The contribution student nurses make to creating a caring environment is not a new discovery but can be found in studies of nursing practice: e.g. Morrison (1994:91) noted that students were ‘singled out for their attentive care and devotion’ and thought their constant availability was particularly appreciated by the patients.

Student nurses have excellent opportunities in all branches of nursing to provide holistic care and make real efforts to listen to and attend to individual needs. It is sad that the more experienced and qualified health-care professionals can sometimes be so preoccupied with competing demands on their time and energy that they may not be so easily available for providing the kind of contact that service users and their carers seek. Although students are in a position where they can develop close relationships with patients and relatives, there is a difficulty in that because of their lack of nursing experience, they may not always know how to respond effectively in complex situations (Dowling, 2006). Sadly, it could be that when opportunities for assessing and attending to individual needs arise, all grades of nursing staff fail to take them. There have been charges that some highly qualified nurses (and also some students) may be missing out on opportunities to engage in caring activities that may occur whilst providing intimate or fundamental care. It has been argued that core nursing tasks have been devalued (highlighted in the ‘Too posh to wash’ debate (Wright, 2004) and have led to a rise in concern related to what is described as ‘basic’ nursing care (Francis, 2010). It is said that nurses have distanced themselves from these, focusing instead on high technological or management roles and target-driven priorities. Indeed, according to