



Queen Margaret University

CENTRE FOR PERSON-CENTRED  
PRACTICE RESEARCH

# What UK health care undergraduates fear about expressing compassion: a survey

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## Background

- Compassion is said to be rooted in the work of all UK NHS Health Professionals, not only work with patients, but also how they work with colleagues and other stakeholders (Department of Health, 2008; Scottish Government, 2017).
- Francis Inquiry (2013) revealed lack of compassion associated with poor practice and poor working relationships.
- Practitioners' fears of expressing compassion for others and fears of receiving compassion for themselves claimed to undermine therapeutic relationships (Gilbert et al., 2011).



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## The Literature

- Compassion explained in numerous ways, but particularly associated with feelings of kindness, gentleness, and warmth (Fehr et al, 2009).
- Compassion defined as ‘an openness to the suffering of others with a commitment to relieve it’ (The Dalai Lama, 1995) .
- Over last two decades research focused on how compassion impacts on everyday relationships and mental well being (Davidson & Harrington, 2002; Gilbert, 2005, 2010a, b; Goetz, et al, 2010; Sinclair et al, 2016).



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Gilbert (2005, 2009, 2010a) explored features of compassion in terms of:

1. motivation to care
2. capacity for sympathy
3. ability to tolerate unpleasant emotions
4. capacity for empathic understanding
5. non judging or condemning



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- Gilbert's own research found fear of compassion *for self* linked to fear of compassion *from others*.
- Both fears associated with self-coldness, self-criticism, insecure attachment, depression, anxiety, and stress (Gilbert, 2011).
- Mid Staffs Report revealed lack of compassion displayed to others, both patients and fellow staff. Case for exploring how health professionals resist participating in compassionate activities whilst fearing affiliative emotions in general.



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- Assisting people develop compassion for themselves and for others promotes positive affect and ameliorates negative affect (Lutz et al, 2004).
- Meditation practice on compassion for others influences frontal cortex responses to stress. ‘Compassion-practised’ participants demonstrate increased sensitivity detecting and responding to others’ distress (Lutz et al, 2008).
- Mediation sessions on compassion to self, then others, then strangers show increased positive emotions, feelings of purpose in life and social support and decreased illness symptoms (Fredrikson, 2008).



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- Neff's pioneering research on self-compassion ([www.self-compassion.org](http://www.self-compassion.org)) distinguished self-compassion from self-esteem, predicting aspects of well-being better than self-esteem (Neff & Vonk, 2009).
- In terms of resilience, self-compassion helps people cope with failure, such as academic failure (Neely et al, 2009; Neff, Hsieh, & Dejitterat, 2005).



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## Methods

- Convenience sample of Scottish University 1st year and 4th year Adult Nursing and Allied Health Professions (AHP) undergraduate students (N = 371).
- Participants completed self assessment questionnaires in class sessions addressing reflexive practice from March 2016 to October 2017.
- The data collection instrument drew on three Likert scales addressing fears of compassion, totaling 48 items (Gilbert et al, 2011).





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## **'Difficult questions'**

Scale 1. Expressing compassion for others:

Q1. People will take advantage of me if they see me as too compassionate

Q3. There some people in life who don't deserve compassion

Scale 2. Responding to the expression of compassion from others:

Q4. I often wonder whether displays of warmth and kindness from others are genuine



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## **‘Difficult questions’**

Scale 3. Expressing kindness and compassion towards yourself:

Q14. I find it easier to be critical towards myself rather than compassionate



<b>1<sup>st</sup> and 4<sup>th</sup> Year Health Professional Cohorts</b>	<b>Q1/1 Average response</b>	<b>Q1/3 Average response</b>	<b>Q4/2 Average response</b>	<b>Q14/3 Average response</b>
<b>Adult Nursing 1</b>	<b>1.83</b>	<b>1.85</b>	<b>2.33</b>	<b>2.68</b>
<b>Occupational 1</b>	<b>1.93</b>	<b>1.83</b>	<b>2.07</b>	<b>2.53</b>
<b>Physiotherapy 1</b>	<b>1.70</b>	<b>2.92</b>	<b>1.98</b>	<b>2.42</b>
<b>Podiatry 1</b>	<b>2.08</b>	<b>3.5</b>	<b>2.19</b>	<b>2.13</b>
<b>Adult Nursing 4</b>	<b>1.50</b>	<b>0.66</b>	<b>2.18</b>	<b>2.32</b>
<b>Occupational 4</b>	<b>1.71</b>	<b>0.95</b>	<b>2.02</b>	<b>2.68</b>
<b>Physiotherapy 4</b>	<b>1.62</b>	<b>1.10</b>	<b>2.07</b>	<b>2.90</b>
<b>Podiatry 4</b>	<b>1.83</b>	<b>1.33</b>	<b>2.02</b>	<b>2.67</b>

Fears of Expressing Compassion Scales: Average Responses	Nursing & Occupational Therapy Students		Physiotherapy and Podiatry Students	
	1 <sup>st</sup> Year	4 <sup>th</sup> Year	1 <sup>st</sup> Year	4 <sup>th</sup> Year
Scale 1: To others	14.6	13.1	16.9	15.4
Scale 2: From others	12.2	11.3	12.7	14.1
Scale 3: To self	13.9	12.3	11.5	17.0
Total average scores (N = 371)	40.8 (n = 150)	36.8 (n = 63)	41.1 (n = 117)	46.5 (n = 41)



<b>1<sup>st</sup> Year Students</b>	<b>Total No. of students</b>	<b>Total No. of students each scoring 2 or more</b>	<b>Percentage of students scoring 2 or more</b>
<b>Occupational Therapy</b>	<b>72</b>	<b>18</b>	<b>25.0</b>
<b>Nursing</b>	<b>78</b>	<b>21</b>	<b>26.9</b>
<b>Speech and Language</b>	<b>42</b>	<b>14</b>	<b>33.3</b>
<b>Physio</b>	<b>64</b>	<b>25</b>	<b>39.1</b>
<b>Dietetics</b>	<b>19</b>	<b>8</b>	<b>42.1</b>
<b>PAWS</b>	<b>32</b>	<b>14</b>	<b>43.8</b>
<b>Podiatry</b>	<b>53</b>	<b>26</b>	<b>49.1</b>





# Future work

- Implications for training and preparation of health care professionals clearly important
- We will continue the research work to build on current findings
- Sharing of findings with inter-professional colleagues
- Future curriculum development will include greater emphasis on aspects of person-centred care including affiliative emotions and therapeutic relationships
- Increased focus on contemplative practice within programmes
- Potential for further qualitative research work

