Prior care experience as prescription for nursing’s caring and compassionate ills: weighing up the benefits, risks and side-effects

Department of Health Policy Research Programme

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Background to the study

- Francis Report (Francis, 2013)

- Focus on compassion
  - Recommendation: prior care experience (PCE) as a prerequisite for entry into nursing education and training

- Complex, longitudinal, mixed-methods design. Aim: To evaluate the impact of care experience prior to undertaking NHS funded education and training, on pre-registration nursing students’ skills, values and behaviours, and service users’ experiences of care.

- University of Nottingham, Anglia Ruskin University, University of Huddersfield
Aim, participants, methods

- **Aim:** To explore the perceptions of first-year nursing students (both those with and without PCE), surrounding the impact of PCE on aspects of caring and compassionate practice.

- Four focus groups, two universities

- 8 first-year nursing students (5 with, 3 without PCE)

- Thematic analysis (Braun and Clarke, 1996). 6C’s (Department of Health, 2012) interpretive framework
  - Care
  - Compassion
  - Commitment
  - Competence
  - Courage
  - Communication
Commitment

- ‘Test the waters’ (FG3P2); reassurance, affirmation
  - Desire
  - Aptitude/capability/capacity
  - ‘It’s like the practice attempt’ (FG3P1)

- ‘Knowledge of the reality of nursing; it's not just what you see on Holby City or on Casualty’ (FG1P1) [popular UK hospital drama television programmes]

- Prevention of reality shock (Kramer, 1974) and attrition: ‘fall(ing) at the first hurdle’ (FG3P2)

- Cementing commitment ‘For me, I think that really helped to kind of cement, “Yeah, this is definitely what I want to do.”’ (FG1P1)
Commitment

• ‘Reverse’ reality shock – less challenging ‘if this is how mental health nursing is, then I don't want to be here, because it's not enough for me. I need the challenge of it’ (FG4P1)

• No reality shock – as expected and relished being ‘thrown in at the deep end’ (FG4P2)
Competence

• Cultural competence – Knowledge of language and lexicons of healthcare (with PCE) versus ‘no idea what they’re talking about’ (FG4P3) (without PCE)

• Clinical competence
  - Laying the foundations for learning – ‘in the eyes of the trained nurses...it gave you a bit of an up’ (FG1P1)
  - Expectations and overstepping the mark – threatening the negotiated order ‘You’re doing too much, you’re supposed to be a first year. Sit down and be quiet’ (FG2P1)
  - Bad habits - the need to ‘reconstruct’ practice (FG3P2)
  - Role confusion – transitioning between HCA and student ‘modes’

  - Managing expectations –‘There’s no expectation of you there on that first one. So they said to us “observe more than actually do...just soak it up”’ (FG1P1)
Competence

• Academic competence – developing preparedness and readiness for learning
  - Applying theory to practice
  - Interpretive context, scaffolding learning
  - Critical approach
  - Assignments

• Lack of academic challenge – ‘I thought it would be a lot more full on and a lot more challenging’ (FG4P2)

• Short-term benefit of PCE
  - Plateau effect – ‘pretty even’ (FG3P1)
  - First year as ‘levelling’ year - ‘You put in what you want to get out of it...if you put in the work, you get up to that level, so I’m not really seeing much of a difference’ (FG4P3)
Care and compassion

• No impact
  - Innate trait ‘some people just aren’t caring as people’ (FG2P1)
    ‘you’ve either got it or you haven’t’ (FG4P1)

• Professionalising impact
  - Professional boundaries
  - ‘That nursing face’ (FG1P1) - Emotional labour (Smith, 1992),
    Face-work (Goffman, 1955)

• Negative impact – erosion of caring
  - Role-modelling and mirroring of poor practice and attitudes - ‘the
    ones that just don’t care anymore, they’ve had enough. They’re
    sick of the hours, they’re sick of the pay, they’re sick of being
    treated like absolute c**p, and you can just see that they’ve had
    enough’ (FG3P2)
Courage

- Confidence from competence => courage and ‘voice’ to report concerns (FG3P1)
- Reducing ambiguity - Negotiating the best practice – abuse continuum
- Barometer for practice standards – A gauge of ‘normal’ / ‘not normal’
- Courage of convictions – ‘a view of how I believe people should be treated and anything less is not acceptable’ (FG3P2)

- After levelling year ‘courage is up’ (FG2P1)
- Innate, instinctive – ‘instinctively you know’ (FG4P2). The ‘courage is in you’ (FG4P1)
- Bad practice as the norm - ‘if you had learned it that kind of way then that would be normal’ (FG4P2)
Caveats and conclusion

• PCE associated with both benefits and limitations in the context of fostering caring and compassionate practice

• Efficacy as a direct means of directly improving care and compassion doubted

• Nature and quality of PCE versus PCE *per se*.

• Longevity of benefits
  - ‘Catch up’ and plateau effect after lag period
  - Questioning the uniqueness of benefits to *prior* care experience
References


