

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

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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 guage 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

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