Choosing the right recruits to education programmes, and providing appropriate educational content, will foster compassion among nursing students.

Developing compassion in pre-registration education

In this article...

- The need for compassion in nursing
- The extent to which compassionate care can be taught
- Teaching methods that enhance compassion

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Compassion is a fundamental aspect of nursing and student nurses have to be able to demonstrate compassion in practice. Nurse educators in higher education institutions and clinical settings need to work together to prepare and support student nurses to deliver compassionate care.

This article discusses the key components of compassionate care, and how students can be enabled to deliver high-quality care within rapidly changing, complex environments. A second article in this issue explores how nurses can be recruited with the values of the 6Cs (page 12).

Nursing has been associated with caring, empathy and compassion since the days of Florence Nightingale, who felt nurses should have an innate empathy for their patients (Nightingale, 1860).

The Department of Health defines compassion as care given through relationships based on empathy, respect and dignity (DH, 2012). Compassion can also be described as intelligent kindness, and is central to how patients perceive their nursing care.

Dewar (2013) has commented that understanding and experience are needed when giving and receiving care, because delivering compassionate care is a complex process.

Public perceptions

The Francis report brought nursing and nurse education under scrutiny, making challenging recommendations with significant implications for nurse education (Francis, 2010). One recommendation was that there should be a greater focus in nurse training, education and professional development on the practical requirements of delivering compassionate care, in addition to the theory. For example, good communication with patients and their families is essential to compassionate care and is reflected in a three-year strategy and vision for nurses that encompasses the 6Cs of nursing practice – care, compassion, competence, communication, courage and commitment (Cummings and Bennett, 2012).

The Care Quality Commission (2011) has stated that public confidence in the nursing profession needs to be restored. One way to achieve this is to ensure that nurses have the knowledge, skill and competence to deliver high-quality care to patients and their families. This knowledge must be acquired throughout nurse training and beyond. This is imperative if nurses are to provide a positive experience for patients, thereby improving public confidence. Nurse education has an important role in preparing future nurses for their professional caring role. However, it has been questioned whether compassionate care can be taught and, if so, how it can be measured. From our experience, compassionate care involves relationships and should be a core element of nurse education and care.
Nurse education and compassionate care

There is no doubt that the majority of nurses deliver high-quality, compassionate care. However, Burhans and Alligood’s (2010) study among 12 nurses qualified for less than a year, which explored the meaning of high-quality nursing care, found that individual nurses’ attitudes and behaviour can play a part in delivering poor nursing care.

Maben et al (2010) said that when newly qualified nurses entered the workforce, their values, ideals and compassion were clearly evident. Over time, this diminished as they dealt with increasing bureaucratic and organisational factors that led to some of the more satisfying and fundamental aspects of the nursing role being lost.

A drive for increased productivity and efficiency can often result in substantial time being spent on administrative tasks, taking nurses away from care delivery. This can lead to them feeling frustrated and disillusioned in not being able to do their jobs properly. To deliver compassionate care and increase and improve public confidence, organisational culture has to change. Service users’ views must be incorporated and nurses must be proactive in articulating and escalating concerns about poor standards and practice.

According to Lowenstein (2008), the majority of pre-registration nursing students enter into the profession with a sense of altruism. However, as they get further into their training, they appear to become less empathetic and more distant from patients. Disturbingly, other research has demonstrated that the process of nurse education can reduce the capacity for expressive care (Murphy et al, 2009).

For example, throughout their training, students are taught that individualised, person-centred, holistic care is paramount. There is an expectation placed on student nurses entering clinical settings to bring knowledge, skills, empathy and compassion to deliver high-quality care. However, the reality of working in a modern hospital can be overwhelming for students as they learn to grasp ward routines and develop relationships with their mentors and other health professionals. This is compounded by other issues such as staff shortages, and students are now reporting their reliance on healthcare assistants for support in clinical settings (O’Driscol et al, 2010). It is therefore important that student nurses are provided with the right education and skills to equip them fully for their roles.

The Willis Commission (2012) explored the essential features of pre-registration education, support mechanisms in place for newly qualified nurses and what was needed to create and maintain a workforce of competent, compassionate nurses to deliver future health and social care. Its recommendations (Table 1) have implications for both nurse education and clinical practice.

There is a need to improve the patient experience and pre-registration education clearly has a role to play in this. One way to achieve this is by higher education institutions (HEIs) recruiting and retaining students of the right calibre who value positive patient outcomes. This means looking at how students are recruited now and how this can be improved.

The literature suggests that emotional intelligence should be a prerequisite for recruitment in nurse education. As far back as 1994, Taylor identified that emotional intelligence incorporates the human skills of empathy, self-awareness, motivation and self-control, which are all recognised as essential in clinical practice. If students lack those qualities, how can they be expected to show care and compassion?

Student nurses are actively involved in patient care and form relationships with patients and their families, hence they need to have empathy. Cadman and Brewer (2001) have suggested that emotional intelligence cannot be developed overnight, and it is essential that nurse educators create assessment strategies that will identify emotional intelligence at recruitment.

Teaching and communication

Hopkins et al (2009) said, to deliver compassionate care, nurses should be able to communicate effectively with patients and their families so they can address issues that are of concern to patients. There are a number of ways in which nurse educators can assist and support students in this. In light of the Willis Commission report (2012), the role of the nurse educator is not only to teach about medical conditions but also to use a variety of teaching methods that consider the patient as a whole.

Hemingway et al (2011) recommended comprehensive case studies and having service users share their experiences with students as ideal ways in which students can improve their understanding of the implications of living with a medical condition. This understanding will enhance the delivery of compassionate care in that students will be able to respect and maintain patients’ dignity.

Interprofessional learning based around clinical scenarios is another valuable way of teaching students, giving them opportunities to work alongside other disciplines and live actors posing as patients. Scenarios can be captured using video clips with students watching, critiquing and discussing them. Other teaching sessions could explore clinical situations through role play or simulation.

Communication is a vital aspect of delivering compassionate care, as student nurses deliver bedside care to patients and interact with them and their families, as well as building professional relationships with colleagues. Learning good communication skills are, therefore, central to nursing (Apker et al, 2006). Interpersonal relationships are key; as Miller and Apker (2002) identified, modern nursing requires nurses to enact traditional communication processes, for example those...
Students delivering compassionate care in practice. For example, they will look to their mentors as role models so they must demonstrate a humanistic approach, as observable behaviours can shape future behaviour. Nurse educators need to collaborate with and support ward staff by maintaining regular presence in clinical areas.

Generally, student nurses in the UK are taught about the process of reflection as a method of learning and are encouraged to keep a reflective diary. This enables them to improve their practice for the benefit of patients and their families, and is a developmental goal for them as individuals. According to the Quality Improvement Agency (2008), learners need to feel confident about taking and acting upon the decision to appreciate the value of reflecting on learning, and decide whether learning has been effective or whether they need to try another approach. This will enable students to reflect on care delivery in an effort to deliver compassionate care.

**Conclusion**

Nurse educators play a vital role in delivering the curriculum in relation to compassionate care, which is a fundamental part of caring for individual patients. To achieve this, it is vital that recruitment processes are robust in identifying prospective students who can be supported throughout nurse education to develop, embrace and deliver compassionate care as part of their professional role.

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