Developing a nursing education project in partnership: leadership in compassionate care

A project developed in partnership between an NHS board and a university has focused on promoting the importance of compassionate care in nursing practice.
Supporting newly qualified nurses;
Facilitating leadership skills development;
Identifying beacon wards as centres of excellence in compassionate care.

PROJECT STRANDS
Influencing nurse education
A priority was to influence education through embedding person centred, compassionate nursing practice in the nursing and midwifery programmes. This strand involved reviewing module descriptions and curriculum content to ensure the integration of person centred, compassionate care as a theme.

A questionnaire elicited students nurses’ views of compassionate care in their programme. Their understanding of compassionate care was also explored. This information provided a baseline from which to build on and to ensure that compassionate care became a living theme through all teaching materials and learning activities.

Identifying beacon wards
The areas initially chosen to champion compassionate nursing practice were named beacon wards. Aspects of their good practice would be identified with the aim of sharing these with other clinical areas.

A list of desirable criteria for the beacon wards was developed. This focused on the following three key areas:

1. Caring environment – initiatives demonstrating holistic and person centred care;
2. Evidence of collaborative and effective team working – good ward communication, efficient team organisation and use of resources;
3. Evidence of staff development – mentorship and preceptorship training and student evaluation.

All clinical areas in NHS Lothian interested in becoming part of the project were asked to present a portfolio to showcase their ward/clinical area. The project team provided support and guidance on portfolio development. The portfolio enabled staff to reflect on their ‘caring practices’ and highlighted many patient centred initiatives. Eighteen portfolios were presented from a wide range of adult nursing specialties; six were shortlisted. Members of the project team, including the director of nursing and a senior academic from Edinburgh Napier University, visited the areas.

Following an in-depth selection process, four clinical areas were chosen for the initial programme of development work and awarded beacon status.

Aims of beacon wards
The project team identified a number of broad aims for the beacon wards:

1. Develop an understanding of compassionate care from the perspectives of patients, families and healthcare staff;
2. Identify a ‘working definition’ of compassionate care;
3. Develop key principles of compassionate nursing practice;
4. Develop standards/best practice statements for compassionate care;
5. Identify a practice development approach that would enable change and enhance compassionate nursing practice;
6. Provide student nurses on placement in the beacon wards with exposure to compassionate care project developments;
7. Ensure that all relevant experiences are studied, developed and shared so that best practice is rolled out across NHS Lothian;
8. Feed back learning from work in the beacon wards into the nursing undergraduate programme.

Supporting newly qualified nurses;
Facilitating leadership skills development;
Identifying beacon wards as centres of excellence in compassionate care.

Development opportunities for newly qualified nurses
Research by O’Brien-Pallas et al (2006) and Evans (2001) showed that many newly qualified nurses lack confidence and find their work environment challenging; this
affects their ability to provide compassionate care. It is evident that holistic nursing care requires commitment, confidence and competence to demonstrate a compassionate approach to care-giving.

The aim of this strand is to provide ongoing support for all newly qualified nurses working in NHS Lothian during their first year in practice. The DH (2008) linked confidence with the ability to care. In addition, Carter et al (2008) found the presence of a supportive peer culture is pivotal to creating and sustaining caring practices.

Our approach to supporting newly qualified nurses in practice involved a series of study days. Four took place in the first year and their content incorporated dynamic learning opportunities such as the use of role-modelling and drama. This drew on the findings of Harrison (2006), who suggested that incorporating artistic methods into learning opportunities such as the use of role-modelling and drama. This drew on the findings of Harrison (2006), who suggested that incorporating artistic methods into nurse education can be an effective way of developing compassion.

**Leadership skills development for registered nurses**

This strand offers leadership development to nurses interested in taking forward a practice initiative focusing on compassionate care in their clinical area, such as protecting patient mealtimes. By adopting an inclusive approach, all members of the multidisciplinary team could be involved. McCormack and Garbett (2001) supported this, as they found that development initiatives were most effective when staff took ownership.

Facilitated action learning was planned to enable personal and professional development by providing the opportunity to reflect on practice issues and explore solutions. Study days were also organised to facilitate practice development skills that could then be used to help nurses to implement and evaluate their change in practice.

Table 1 sets out the aims, processes and the anticipated impact on practice.

**CONCLUSION**

The planning and development stages of the Leadership in Compassionate Care Project were vital to realising its vision and aims. This was ultimately based on a unique working partnership between education and practice.

The project continues to evolve and it is evident that awareness has been raised at different levels in educational and practice settings about the nature of compassionate care and delivering this in practice.

The impact of the various strands in terms of delivering the project vision and the potential this has to transform practice will continue to become apparent and be reported as it progresses.

Several national projects have recently emerged with a common aim of individualising patient experience. It is hoped the findings from the Leadership in Compassionate Care Project will have a positive impact on nursing practice nationally and internationally.

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**Table 1. Aims, processes and anticipated impact on practice**

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<thead>
<tr>
<th>Overarching aim</th>
<th>Principal processes</th>
<th>Impact on practice</th>
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<tbody>
<tr>
<td>Create confident, competent and compassionate leaders</td>
<td>Ensure that compassionate nursing practice is embedded in pre-registration nursing programmes</td>
<td>Confident leaders who are able to champion compassionate nursing practice</td>
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<td>Maintain the university and NHS partnership and, through this, ensure that compassionate care is promoted in both clinical practice and the university</td>
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<td>Ensure that learning and findings continually inform the evolving project</td>
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<td>Share the vision for compassionate nursing practice at every opportunity</td>
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<tr>
<td>Embed compassionate nursing practice in all pre-registration programmes</td>
<td>Encourage student centred learning</td>
<td>Nurses and midwives who demonstrate delivery of care that:</td>
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<td></td>
<td>Provide students with decision-making skills</td>
<td>Is person centred</td>
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<td>Review the personal development tutor role to enhance the personal and professional support offered to students</td>
<td>Is respectful and dignified</td>
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<td>Lecturers promote person centeredness and compassionate care in all interactions, Lecturers make caring practices explicit in all teaching sessions and reflective activities</td>
<td>Enhances patients’ experience of healthcare</td>
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<td>Set up supportive and nurturing relationships with all new university students throughout the programme</td>
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<td>Offer pastoral support for students through an independent adviser</td>
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<td>Build student/teacher relationships and supportive networks</td>
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<td>Offer mentor/buddy systems, where established students befriend new students and help them to settle into university</td>
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<td>Build partnership with NHS colleagues</td>
<td>Seek agreement about the project vision</td>
<td>A unified approach to care delivery</td>
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<td>Design joint working on sub-projects to influence and enhance the delivery of compassionate care</td>
<td>The development of common goals and values in both practice and education</td>
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<td>Set up regular meetings to maintain effective communication between education and practice</td>
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<td>Evaluate and learn</td>
<td>Ongoing evaluation of the project through focus group discussions</td>
<td>Gaps in delivery of compassionate care identified</td>
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<td>Feedback from students using satisfaction questionnaires</td>
<td>Measures taken to address these</td>
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<td>Shared learning between key stakeholders</td>
<td>The meaning of compassionate care made more explicit</td>
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<td>Share the vision nationally and internationally</td>
<td>Network between higher education institutes and practice areas locally, nationally and internationally (newsletter, website)</td>
<td>The establishment of good practice in compassionate nursing practice</td>
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<td>The organisation of an international conference to share good practice</td>
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<td>Dissemination of project findings through publication</td>
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This article has been double-blind peer-reviewed
REFERENCES


Scottish Executive (2006a) *Delivering Care, Enabling Health: Harnessing the Nursing, Midwifery and Allied Health Professions’ Contribution to Implementing ‘Delivering for Health’ in Scotland.* Edinburgh: Scottish Executive. tinyurl.com/enabling-health
