“Practical skills must be taught to ensure compassionate care”

Recent reports into poor care have led to a heated debate about compassion in nursing. Many have characterised compassion as a personal characteristic or value that has been lost as nursing has moved away from vocation and towards a knowledge-based (and therefore university-based) profession. As a nurse with a doctorate, I can’t accept this argument.

It cannot be denied that there have been appalling failures in which personal care has been poor or absent; however, there is no evidence that nurses are less caring than in the past and certainly no evidence that student nurses have the wrong values. So why does poor care sometimes happen?

Compassionate care requires the right values and motivation but it also needs the knowledge and skill to deliver dignified care. For the last 10 years, the NHS has been driven by a desire for productivity and efficiency with a focus on completing tangible (and measurable) technical tasks. The number of nurses needed has been calculated on the number of tasks to be completed, with personal care seen as unskilled and undervalued. It is therefore not surprising that some patients feel distressed when intimate care, such as washing, help to use the toilet and help with eating and drinking is undertaken in a manner that compromises dignity.

The government’s response has been to lay the blame on nurses and to recruit for specific values and make potential student nurses work as healthcare assistants for a year. This neglects the importance of compassion as a skill that can and should be taught. Providing intimate care for someone with whom you don’t have a relationship, and who is sick, vulnerable and maybe distressed, is a highly skilled role. As with all complex skills, becoming an expert requires a thorough understanding of the theory and extensive practice.

We recruit wonderful student nurses, but I’m not sure if we always equip them with the skills to provide compassionate and dignified care. When I started training, all nurses followed a standard pattern set out by the General Nursing Council, with three months spent in preliminary training school. As well as learning anatomy and physiology, we were taught the skills of personal care, spending hours learning how to give a bed bath and turn people with dignity. We continued to receive supervision in the delivery of personal care during ward placements. Total patient care was the first of the four formal assessments required to sit the final examination to become a state registered nurse.

Universities provide excellent simulation experiences, but I don’t know how the Nursing and Midwifery Council checks that students or overseas registrants have these practical skills to a common standard. Thousands of excellent students become nurses, but NHS complaints suggest others are falling through the net.

If nurses are not given the opportunities to develop their practical expertise to match their values and motivation, we cannot criticise them if patients and families complain of a lack of compassion.