Developing a methodology for compassionate care in nursing practice

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Nurses as Researchers

- In order to develop a methodology for practice, nurses must be able to provide the evidence base for that practice.
- A paradigmatic view of practice therefore must include:
  - A methodology
  - An ontology and
  - An epistemology
The Unpopular Patient

The unpopular patient is the one that is constantly trying to make themselves heard. The unpopular patient may be difficult to demonstrate compassion for. The unpopular patient requires the nurse to give the gift of time in order to demonstrate a compassionate approach.

“On the whole nurses felt that the carrying out of nursing tasks provided adequate opportunity for interaction with patients while the patients expressed in varying degree that they did not have enough contact with, or information from, the nurses. Both nurses and patients felt, however, that just stopping for conversation was not part of the nursing task”. (p11)

Stockwell F (1972) The Unpopular Patient: Study of Nursing Care Project Reports Series 1(2)RCN Research
What is compassionate care?

- Compassionate care can be measured but we need to be able to identify and use measures that are going to produce the results we (nurses) need.

- Compassionate care recognises the patient as an individual human being. Reflective practice is the first step towards demonstrating compassionate care.
Philosophy of Compassion

- **Methodology** – brain imaging can now identify which parts of the brain warm up when we are paying attention to others. Other tools are available to measure burnout and resilience. It is still very debateable about whether compassion in nursing can be measured.

- **Ontology** – the individual is at the centre of the intervention, the nurse is working with them not on them. This approach influences the methodology taken.

- **Epistemology** – informs both the ontology and methodology. Nussbaum (2003) proposes three components to demonstrating compassion - sympathy, empathy and knowledge.


  “Emotions… involve judgements about important things”
A methodology for compassionate nursing practice

- Group interviews with service users and carers (n=30) and 2 case based studies around involvement practices in mental health nursing. Findings were analysed and themed into 3 areas.

- **Universality** – sharing goals and information
  - (empathic collaboration)

- **Diversity** – recognising and maintaining individual needs (sympathetic presence)

- **Recovery** – instilling hope and optimism
  - (knowledgeable persistence)

- This methodology allows **Critical Conversations** to develop between the nurse and the patient.

Universal givens of compassionate care

- I don't know how it's going to happen but that's what is needed, a way to work in the community where you've got this support that you can fall back on if you can't cope. Like we've both supported our sons haven't we and we are there. That's part of the illness, you need to know that there is somewhere you can go to in case you lose your confidence again but they are getting their confidence now the next step is to get them to do something real.

(P2G2)
Recognising diversity within compassionate care

- I’m quite used to going to meetings and there was one at the hospital and there was a lot of managers and senior staff round the table, and the discussion was going on but obviously a lot of the staff, they weren’t aware of service user involvement because I just felt swamped, absolutely swamped. I came out of the meeting and I thought there was no way I could have spoken in that sort of environment. There just wasn’t an opportunity or cognizance of the fact that we were even there even. And for me to find it difficult! (P1 G1)
Supporting recovery within compassionate care

- When I was first ill in hospital years ago I was put on procyclidine for side effects but I was on another drug haloperidol that had horrendous side effects, it made me have spasms in my arms and all sorts of things, it was like having cramp all over my body. I remember my brother coming to visit at the time I was having these side effects and he said it was awful to see. But I see it as, how can I put it, I don’t regret being ill I see it as part of me you know it is who I am, I mean it is not something I would wish on my worst enemy but I wouldn’t be who I am now. (Peter Ex Service User)
Measuring Compassionate Nursing Practice

- Carrying out narrative research is doing both art and science - Freshwater & Holloway (2007:3)

- Compassionate care can be measured using the critical conversation approach described previously by identifying nursing interventions that are collaborative, persistent and have the full presence of the nurse.

- There is a social/moral component to this methodology that can also be tested in everyday life, e.g. the supermarket?
Storywork in nursing practice

• Narrative approaches to practice offer the opportunity to develop empowering practice. Mishler (1986)

• Stories and narratives are not the same but both can be used in practice. Holloway & Freshwater (2007)

• Helping the patient to tell their story puts them at the centre of the care process and demonstrates diversity and presence (Church 1995)

• Storywork also helps us to recognise individual values and beliefs which are so important for spirituality and compassion in practice (Frank 2005)
Developing nursing narratives - recommendations for practice

- Evidence based practice needs to be contextualised both within the practitioner’s and the patient’s local experience. Holloway & Freshwater (2007:27)

- Narrative practice can also contribute towards reflective practice and clinical supervision/education development.

- Narrative practice may help prevent compassion fatigue and burnout.
References


- Frank A (2005) What is Dialogical Research and Why Should We Do It. Qualitative Health Research. 15 (7) 964-974

