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Student nurse socialisation in compassionate practice: A Grounded Theory study

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SUMMARY

Compassionate practice is expected of Registered Nurses (RNs) around the world while at the same time remaining a contested concept. Nevertheless, student nurses are expected to enact compassionate practice in order to become RNs. In order for this to happen they require professional socialisation within environments where compassion can flourish. However, there is concern that student nurse socialisation is not enabling compassion to flourish and be maintained upon professional qualification. In order to investigate this further, a Glaserian Grounded Theory study was undertaken using in-depth, digitally recorded interviews with student nurses (n = 19) at a university in the north of England during 2009 and 2010. Interviews were also undertaken with their nurse teachers (n = 5) and data from National Health Service (NHS) patients (n = 72,000) and staff (n = 290,000) surveys were used to build a contextual picture of the student experience. Within the selected findings presented, analysis of the data indicates that students aspire to the professional ideal of compassionate practice although they have concerns about how compassionate practice might fit within the RN role because of constraints on RN practice. Students feel vulnerable to dissonance between professional ideals and practice reality. They experience uncertainty about their future role and about opportunities to engage in compassionate practice. Students manage their vulnerability and uncertainty by balancing between an intention to uphold professional ideals and challenge constraints, and a realisation they might need to adapt their ideals and conform to constraints. This study demonstrates that socialisation in compassionate practice is compromised by dissonance between professional idealism and practice realism. Realignment between the reality of practice and professional ideals, and fostering student resilience, are required if students are to be successfully socialised in compassionate practice and enabled to retain this professional ideal within the demands of 21st century nursing.

Introduction

Background

Compassionate practice is an explicit expectation and a key quality indicator for nursing in the United Kingdom (UK) according to standards set within the UK Department of Health (DH) (Department of Health (DH), 2008, 2010a) and professional bodies around the world such as the UK Nursing and Midwifery Council (NMC) (Nursing and Midwifery Council (NMC), 2008, 2010), the Canadian Nurses Association (CNA) (Canadian Nurses Association (CNA), 2008), and the American Nurses Association (ANA) (American Nurses Association (ANA), 2011). Compassionate practice is also an expectation of those accessing healthcare and reports of a lack of compassion within nursing provision over recent years (Age Concern, 2006; The Patients Association, 2009) have added to concerns raised by both professional and public organisations (Department of Health (DH), 2010b; Care Quality Commission, 2011).

Literature Review

Compassionate Practice

The quality of nursing practice is influenced not only by nurses but also by the environment in which nursing takes place, such as that created through leadership in practice (O'Driscoll et al., 2010). A focus on promoting compassion in nursing has developed both nationally and internationally during the last 10 years with compassion seen as an internationally recognised component of Registered Nurses' (RNs) practice and an expected professional ideal (Hudacek, 2008; Goodrich and Cornwell, 2008). Compassion is a complex and contested concept and its meaning and value are important to understand in the context of global nursing practice (von Dietze and Orb, 2000; van der Cingel, 2009).

The definition of compassion is *sympathetic pity and concern for the sufferings or misfortunes of others* (Concise Oxford Dictionary, 2003).

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Compassionate practice involves understanding the experiences of people who are suffering and taking action to relieve that suffering, thereby keeping compassion at the *heart of patient care delivery* (von Dietze and Orb, 2000, p. 7). The origins of compassion are thought to be both innate and learned, with familial compassion provided to people who we know in order to protect those most important to us (Goetz et al., 2010). In contrast, the origins of stranger compassion are more difficult to understand as compassion for strangers can be seen in the behaviours of some people and not in others (The Centre for Compassion and Altruism Research, 2011). It could be argued that nursing embodies a combination of both familial and stranger compassion. Compassionate practice requires caring about people and not just providing care to people, and it used to be seen as the *essence of nursing* (Chambers and Ryder, 2009).

Student nurses have enormous expectations placed upon them within their professional preparation programmes. They are expected to develop an understanding of compassionate practice from nursing theory and within practice settings, developing their understanding through working in partnership with patients, respecting patients' dignity and autonomy, taking time to listen, to talk and to understand, and through moral choice doing the small things that matter to the patient so they feel cared for and cared about (Gallagher, 2007; Schantz, 2007; Royal College of Nursing (RCN), 2008).

The Professional Socialisation of Student Nurses

Professional socialisation is the process by which a person acquires the skills, knowledge and identity that are characteristic of a member of that profession and it involves an internalisation of the *values and norms of the group into the person's own behaviour and self-conception* (Cohen, 1981, p.14). Research on the socialisation of student nurses has shown that they experience two versions of nursing, one in the classroom and one in practice (Melia, 1987). This *segmentation* within their preparation creates confusion and a lack of commitment to either version or to a future career within nursing (Melia, 1987). Student nurses' caring behaviour has also been shown to diminish as they near the end of their programme (Mackintosh, 2006; Murphy et al., 2009). They start out *fresh and enthusiastic* and by the end become *cynical and disillusioned,* less able to engage in the *emotional labour of nursing* and less able to *see the person behind the disease* (Smith, 1992, p.112). This may be due to coping with the reality of practice pressures and the sustainability of their ideals and can lead to feelings of personal disappointment and professional dissatisfaction (Maben et al., 2007). Effective socialisation has been identified in Ireland as a key determinant of professional retention in nursing and a route to prevent the costly attrition of students and qualified nurses from nurse education programmes and the profession (Mooney, 2007).

Aim

The aim of this study was to explore the student nurse experience of socialisation in the 21st century compassionate practice, the concerns students had in relation to provision of compassionate practice and how they managed these concerns. This paper explores selected findings from the study.

Method

Design

For the purposes of this exploration, Grounded Theory informed by Symbolic Interactionism was identified as the most appropriate approach as it respected the participants' subjective interpretation of their experiences and the social processes within their professional socialisation (Charmaz, 2006). The philosophy of Symbolic Interactionism arose from writing by Blumer (1954) and Mead (1931) (cited in Marcellus, 2005). This philosophy encourages the researcher to view individuals as being interactive components of their environment and understand that human phenomena require acknowledgement that people take meaning from experiences shared with others. Using Grounded Theory enables theoretical concepts to emerge from the participants' data (Glaser and Strauss, 1967). The Glaserian approach to Grounded Theory (Glaser, 1992) was selected as the student interview data provided its own direction for analysis, giving confidence that through constant comparison, theoretical sampling and substantive and theoretical coding, that new understanding would emerge and be grounded in the participants' experiences (Artinian et al., 2009).

Data Collection and Participants

The study took place during 2009–2010 at a university in the north of England. Individual in-depth interviews with student nurses (n = 19) were conducted within their university campus with each participant interviewed on one occasion. The student interviews consisted of exploratory questioning related to the student experience, such as asking them to talk about a recent placement and their feelings and experiences when caring for patients. Interviews lasted between 60 and 90 minutes yielding rich data.

Student nurses from the adult nursing programmes were recruited through an invitation to participate posted on their university's Virtual Learning Environment. A convenience sample of students was initially recruited from cohorts attending university sessions at the time of the researchers' first data collection visit, with volunteers coming forward from within all three year groups and both the degree and diploma programmes. These first four volunteers were interviewed and this was followed by theoretical sampling of a further 15 students. The direction for theoretical sampling arose from constant comparison of data and the desire to explore depth and differences emerging from the data, according to the Grounded Theory (Glaser, 1992). All those who responded to requests for specific volunteers during theoretical sampling were interviewed resulting in a participant profile that was diverse. The participants included male and female students from all three years of both programmes, a wide range of ages, and students from diverse ethnic and religious backgrounds.

In order to further contextualise understanding of the student experience, nurse teacher data and NHS survey data were also collected and analysed. From within the same faculty, nurse teacher participants (n = 5) were recruited using individual letters requesting volunteers. Five teachers responded and were individually interviewed. Their interview consisted of open-ended questions about their perceptions of student nurse socialisation experiences and their data was also analysed using the Glaserian Grounded Theory. In addition to the interview data, published National Health Service (NHS) Staff Surveys (Care Quality Commission, 2009a) and NHS Patient Surveys (Care Quality Commission, 2009b), from the same geographical region as the students' university and practice placements were analysed in relation to the student experience.

In order to maximise the credibility and trustworthiness of the study, the interviews were digitally recorded and transcribed verbatim by one researcher, providing opportunity for independent analysis by two other researchers. Trustworthiness of data and analysis was dependent upon the researcher recording their thoughts and the research journey through written memos during the data analysis (Glaser, 1992) and the acknowledgment of the researchers' insider knowledge of nurse education. Participants were also given the opportunity to member-check their transcription, to ensure it matched their memory of the interview. Transcript coding was discussed by the researchers during the analysis and qualitative research software (NVivo8) was used to manage the volume of transcription and facilitate record keeping of the coding development and memos.

Ethical Considerations

All ethical requirements were scrutinised by Ethics Committees at two universities (the researchers' and participants' universities). The confidentiality of the participants was protected throughout the research process using numerical pseudonyms (P1 to P19). Recruitment of participants was undertaken at a university distant from where the researchers worked to avoid coercion. Informed written consent was obtained with participants being aware that they were free to withdraw at any time without consequence to them. Risk management was in place should any participant find talking about their experiences upsetting and this was in the form of emotional support available to them through their programme support structures. Approval was granted by both universities and no ethical issues were encountered.

Data Analysis

Student transcripts were analysed through line by line substantive coding, constant comparison, with theoretical sampling then used to gather further data that would increase understanding of the students' experiences. An example of theoretical sampling was the request for and recruitment of two male third year students from a degree cohort. The student transcripts were further analysed alongside contextual data from five nurse teacher interviews and NHS surveys, through the grounded theory process of memoing. Key concepts from the student interview data analysis emerged and despite further comparisons with all previous data and reviewing of theoretical memos, density in the coding provided verification that new understanding of student nurse socialisation in compassionate practice had emerged.

Findings

From the data analysis it was clear student nurses are exposed to influences from different social worlds: personal, university and practice placements. They commence professional socialisation with diverse personal attributes, experiences and expectations and yet despite this diversity their professional socialisation results in similar concerns relating to compassionate practice and strategies to manage these concerns. Substantive coding yielded over 100 open codes, such as *valuing time to talk, belonging,* and *feeling powerless;* and examination of these and theoretical memos yielded 13 selective codes, such as *feeling concerned about future practice* and *identifying variation in practice leadership*. Analysis of substantive coding yielded several theoretical concepts and selected from these for this paper were: balancing between intentions to seek a RN role that fits with compassionate practice ideals or accept that a RN role involves adapting ideals to fit reality; and balancing between intentions as a future RN to challenge constraints on compassionate practice ideals or conform to constraints in order to survive reality. A further theoretical concept was identified in relation to support for the emotional labour of compassionate practice, however this will be explored in future papers as it is beyond the scope of this paper. The findings below are illustrated using the words of the student participants.

Compassion Requires RNs Having Time to Empathise

Students saw empathy and compassion as central to the role of a RN:

> *I find when you put yourself in other peoples' shoes you understand them a lot more, even drug users…if I'd had their kind of life how do you know that that couldn't have been me…that is compassion; understanding and empathy and just listening…being genuinely interested.* (P1)

Students wanted to work alongside their patients and identified communication, empathy and respecting people as individuals as essential components of nursing, similar to that within previous research from the UK (Gallagher, 2007) and from discussions arising within Schwarz Centre Rounds in the USA (Sanghavi, 2006). They expressed that having time to communicate with patients was central to empathising and therefore compassionate practice, and found it difficult to understand how some RNs had become separated from close contact with their patients:

> *(RNs) should still be involved in personal care because that's how you form a relationship with your patients…if I had a healthcare assistant working with me and that healthcare assistant dealt with all the personal needs and I just went and did the medication and all the posh jobs that nurses do, I'd not really know anything about that patient.* (P8)

They saw RNs delegating to support staff the caring activities that provided time to communicate and how this might be necessary within the demands of the RN role. Yet students witnessed difficulty for RNs in getting to know their patients due to delegation that took them away from personal engagement with their patients. They identified organisational pressures on RNs that impacted on their practice activities:

> *I strongly disagree with the McDonaldisation of nursing. I really don't like it because you've no care put into it. It's kind of get them in and get them out and that side I don't like.* (P3)

McDonaldisation appeared to refer to students' seeing fast throughput targets imposed on patient care and the need to practise more task-centred than person-centred care in order to meet these targets, effectively dehumanising activities to make them more efficient, as identified within the McDonaldisation conceptual discussions (Ritzer, 1998). Overall, these experiences left students feeling vulnerable to not having opportunity to get to know their patients in the future when they became the RN. They expressed uncertainty in what being a RN should entail and what it was to be a *real nurse* (Ousey and Johnson, 2007).

'Once You Qualify, You Won't Get the Opportunity'

Students could see that the time they had as students for communicating with patients might change when they took on the demands of RN practice:

> *Spending time with your patient helps you to understand what they are going through. You (students) have got to make the most of it while you can because once you qualify, you won't get the opportunity.* (P2)

Witnessing the reduced RN time for *being with* patients left students expressing concerns about their own future and their potential for professional dissatisfaction. Students felt uncertain in how to enact and uphold the professional ideals to which they aspired because of the variability in what they witnessed within different practice areas:

> *I must spend time with my patients…this is why I went into the nursing profession…I feel theoretically we are told to spend time with our patients to build that relationship but this is different to what I see in practice, there is no time…So I don't know how it will be when I qualify, it depends on where you are working. If you are working in an ITU (Intensive Therapy Unit) or HDU (High Dependency Unit) you have less patients compared to a medical ward where you'll run helter-skelter.* (P13)

The time pressures appeared to be connected to the acuity of patients and their short stay within acute hospital settings, except within some clinical specialities where there were higher staff to patient

ratios. Students expressed that if possible they would seek out jobs where they could uphold their professional ideals and stated that if they became disillusioned with nursing they would *leave rather than be unhappy*, sentiments recognised internationally as contributing to attrition from the profession (Cleary et al., 2009; Nooney et al., 2010) and sentiments recognised within a Canadian study as contributing to *transition shock* among newly graduated nurses (Boychuk Duchscher, 2009).

'Getting a Balance between Doing what is Right for the Patients and What is Right for You'

The students felt vulnerable to constraints they perceived were outside their control and identified the potential for future disillusionment in nursing if they could not overcome these and engage in compassionate practice. Some of the students felt that a culture of litigation in healthcare and outcome measuring approaches to nursing had overtaken professional values such as compassion, concerns that have been expressed by others within the health professions (Bradshaw, 2009). They also identified the need to *fit in* with the team they join so they became accepted as team members and they expressed how feeling they *belonged* was important to them, but that both of these could impact on their ability to challenge constraints on compassionate practice:

> *You want to fit in when you qualify and you don't want to go into your new job and just start trying to change everything. It will cause problems but at the end of the day the patient is the most important and you are supposed to be their advocate regardless of fitting in. I suppose it might be really difficult getting a balance between doing what is right for the patients and what is right for you.* (P14)

Students felt the reality of nursing was different to the professional ideal of compassionate practice. In order to survive this dissonance they balanced between the intention to challenge constraints to professional ideals or adapt their ideals to the reality of practice constraints in order to survive.

Managing Dissonance between Professional Ideals and Practice Reality

A theoretical concept emerged from the substantive coding that demonstrated a close fit with the students' experiences of socialisation in compassionate practice. The concept was that of dissonance between professional ideals and practice reality and students managing the discomfort of this dissonance through balancing between opposing compassionate practice intentions. One example of this was students' uncertainty and feelings of vulnerability that left them attempting to balance between intentions to uphold the professional ideals of compassionate practice such as in individualised person-centred care and the intention to challenge constraints to compassionate practice such as *McDonaldisation* within nursing (Fig. 1.).

Contextual Data

The Glaserian Grounded Theory analysis of nurse teacher interview transcripts supported the existence of these student concerns. As one teacher explained, expecting the professional ideal of compassionate practice within the current reality of healthcare provision was like presenting students with an *unachievable utopia* and may compromise their socialisation. Yet teachers stated they could not present students with professional ideals that did not include compassionate practice as compassion was embodied within current U.K. quality indicators for nursing, required by public and professional organisations, and valued by patients (Nursing and Midwifery Council (NMC), 2008; The Patients Association, 2009) .

Analysis of the NHS staff and patient survey data from the geographical area where the students undertook their clinical placements resonated

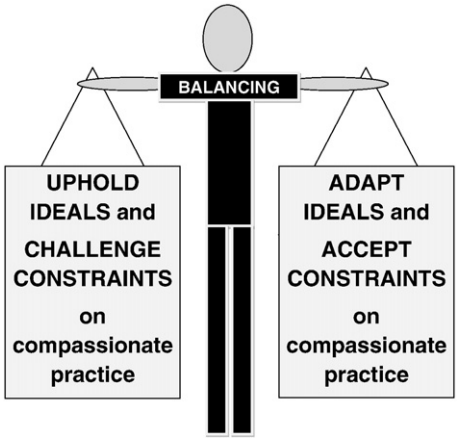

Fig. 1. Students balancing to manage dissonance between the ideals and reality of compassionate practice.

with the student data analysis. Using the published CQC summary data analysis, it was evident that NHS staff at times felt dissatisfied at the quality of care they were able to deliver and felt work related stress (Care Quality Commission, 2009a), a finding similar to the concerns raised by students. NHS patients felt there were sometimes staff shortages that impacted upon their care with over a third of patients expressing that there were not always enough nurses on duty to care for them and that they could not always find someone to talk to about their fears or worries (Care Quality Commission, 2009b), again a finding similar to students' expressions of constraints on time impacting upon compassionate practice. These findings were explored alongside the student interview data and provided contextual support for the student experience on placements where there was a limitation on time for talking with patients and constraints in providing care that enabled compassion to flourish.

Overall, the analysis of the contextual data from nurse teacher interviews and published NHS staff and patient surveys supported the findings from the student interview data analysis. It appeared much of the students' professional socialisation in compassionate practice was taking place within an environment acknowledged by NHS staff and patients as challenging to high quality nursing.

Discussion

This study, as far as can be ascertained, is the first to focus on the professional socialisation of student nurses in compassionate practice within the context of 21st century nursing. Student nurses come from diverse backgrounds and yet express very similar concerns and strategies to manage these concerns. Socialisation in compassionate practice involves students combining exposure to learning from their personal life, from professional theory, and from practice experiences. Students experience little alignment during their socialisation from these different learning exposures and this dissonance results in feelings of vulnerability and uncertainty which they manage through balancing between opposing intentions related to compassionate practice (Fig. 2).

Balance is usually associated with positive images such as a balanced diet and healthy work-life balance. However, balance also entails the potential to tip one way or another, a potential to become off-balance and an active struggle to retain that balance (Lipworth et al., 2011). Balancing is an internationally recognised strategy in coping with the day to day pressures of nursing (Hallin and Danielson, 2007) and has emerged as the strategy used by student nurses in this study for coping with dissonance during socialisation.

A struggle to balance invariably entails effort and perpetual effort can be exhausting. On one hand, it could be argued that balancing is a means for students to control their vulnerability and feel empowered to choose ways of practicing. On the other hand, balancing between

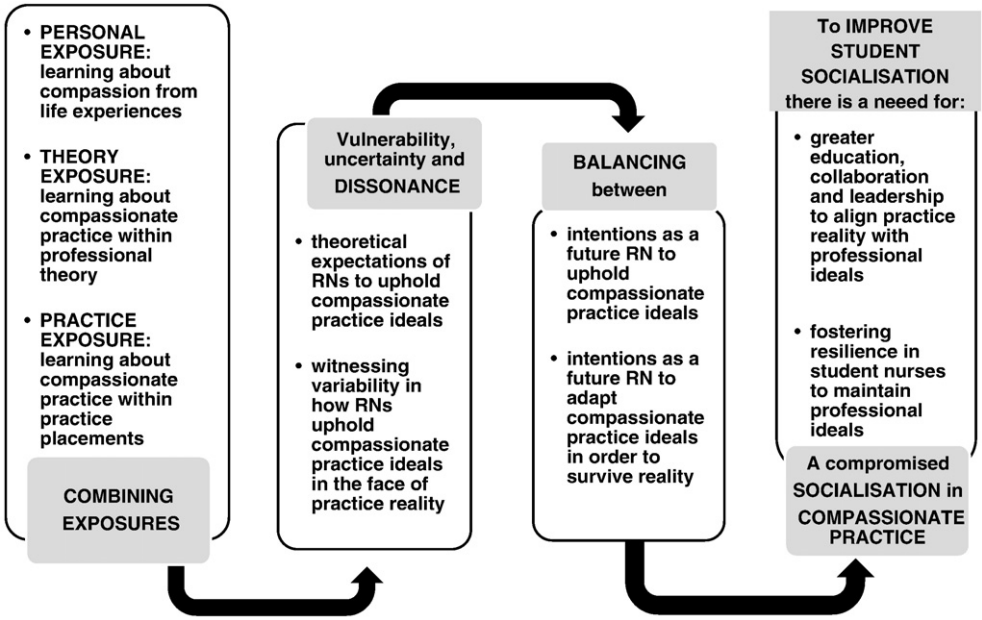

Fig. 2. Emerging Grounded Theory on socialisation in compassionate practice.

intentions as expressed by students within this study does not demonstrate a sense of empowerment and choice. Students are committed to being kind, respectful and compassionate, a similar finding to that demonstrated within nurses' stories in the USA (Hudacek, 2008), and yet find enactment of compassionate practice fraught with challenges. Professional socialisation leaves student nurses with a sense of uncertainty and balancing their intentions towards upholding compassionate practice ideals and adapting their ideals to survive reality, due to constraints within the practice reality they witness around them.

This study brings an important component of nurse education to the fore. It raises the question of how realistic it is for student nurses to aspire to the ideal of compassionate practice without adequate support within practice and education that builds resilience in professional ideals. Personal resilience is required for nurses to positively adjust and thrive in environments of adversity (Edward, 2005; Jackson et al., 2007), where they need to challenge constraints in order to uphold their ideals. Edward (2005) demonstrated that the development of resilience among Australian mental health nurses relied upon working within caring environments and teams. Such findings relate to the experiences of student nurses within this study as they aspire to compassionate practice and yet struggle to make sense of the dissonance between compassionate ideals and the environment and nursing team reality. This challenge to students becoming successfully socialised in compassionate practice raises grave concerns for professional preparation. Professional and personal disappointment can arise if professional expectations are over-ambitious and out of alignment with the reality of practice (Allen, 2007).

In order to support student nurses in their socialisation and maintenance of compassionate practice, those who facilitate student learning in university and practice placements need to understand this dissonance and work collaboratively to help realign practice reality and professional ideals, encourage leadership for learning (O'Driscoll et al., 2010), develop resilience among students (Warelow and Edward, 2007), and enable the next generation of student nurses to enact their professional ideals (Maben et al., 2010).

Limitations and Potential for Further Research

This research identifies the number of participants and the use of a single centre study as a limitation; however saturation was reached in the analysis, the findings were strongly supported by associated literature, and the findings were strongly supported by immediate and wider contextual data. Although this study is set within nurse education in England, it has relevance to nursing within a global context. The findings would be valuable to explore through research that recruits participants from among student nurse populations in other countries. It would also be valuable to explore within the context of other professions where compassion is an expected ideal, such as teaching (Palmer, 2007) and social work (Dumont and St-Onge, 2007), and where students may aspire to professional ideals while experiencing dissonance with practice reality.

Conclusions

This study provides an in-depth exploration of student nurse socialisation in compassionate practice. Selected findings have demonstrated that socialisation in compassionate practice appears to be compromised within 21st century nursing as student nurses aspire to the professional ideal of compassionate practice but experience dissonance with the practice reality. A result of this compromised professional socialisation where students are left balancing between opposing intentions, may be that future compassionate practice is at risk.

To provide socialisation experiences that engender ongoing compassionate practice, those involved in student learning within both practice and university settings need to work collaboratively and recognise the sense of vulnerability and uncertainty that students feel when dissonance is experienced between professional ideals and practice reality. Improving student socialisation in compassionate practice will help to ensure that future generations of student nurses will have socialisation experiences that enable compassionate practice to thrive as they progress through their careers. This is a critical issue for both student nurse learning and the patient experience of compassionate RN practice.

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