



**The impact of care experience  
prior to undertaking  
NHS funded education and  
training, on pre-registration  
nursing students' compassionate  
values  
and behaviours, and patient  
experiences of care**

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# Background to the study

- Francis Report (2013)
- Recommendation: prior care experience (PCE) as prerequisite for entry into nursing education and training
- Intervention to improve compassion in nursing
- Lack of evidence base – efficacy unknown
- Health Education England (HEE) pilot programme and national longitudinal research



# The research

- Complex, longitudinal, mixed-methods design
- University of Nottingham, Anglia Ruskin University, University of Huddersfield
- Package 1 (qualitative): longitudinal semi-structured telephone interviews HEE pilot participants (three timepoints, n=10 first timepoint)
- Package 2 (quantitative dominant): questionnaire data collection (6C proxies). 4 timepoints (n=220 timepoint 1) + embedded qualitative component (focus groups n=8) + patient experience of care questionnaire data (n=49)



# Qualitative findings

- HEE pilot participant interviews (Package 1)
  - First year of training (n = 10)
  - Final year of training (n = 4)
  - Post-qualification (n = 4)
- Focus groups (Package 2). Participants with and without PCE (n = 8)
- Thematic analysis (Braun and Clark, 2006)
- 6Cs (Department of Health, 2012) interpretive framework



# Care and compassion

- Care and compassion innate - *'you're either a very caring person, or you're not'* [P4, TP2]
- Indirect professionalising impact
- Fostering of inter-professional care and compassion (interviews only)

*'I work quite closely with my healthcare assistant colleagues and they appreciate me like I appreciate them when I'm at work. So being a newly qualified nurse, the benefits of my pilot scheme, I know how they work and how we can both help each other...you are able to kind of empathise to your colleagues who you work with closely, being your healthcare assistant so you can actually like increase your C's really within your own role.'* [P10, TP3]

- Early socialisation of 6Cs, person-centred care, NHS values
- Parity of life experience
- Potential for negative socialisation



# Commitment

- Informing and testing commitment – reality shock and the safety net of PCE

*'I think it just cleared the fog really...it was a real eye opener as what they do...from somebody that's never seen it before, I think you just have this sugar-coated vision. And you sort of don't understand, to the extent of how busy and dedicated the job is. So, it does, did really clear the fog and I could really understand what's expected of a nurse, rather than what I thought was expected really, I guess.'* [P5, TP1]

- PCE as HCA had limited capacity to prevent reality shock and inform individuals' commitment to 'reality' of nursing, as student or upon qualification



# Communication

- Less discussed and in general terms e.g. '*how to talk to someone*' [P9, TP1]
- Opportunity to experience communicating with patients from diverse backgrounds and with diverse communication needs.
- Life experience, university training highlighted as serving analogous purpose
- Few benefits at final timepoint – little impact on PCE longitudinally.



# Competence

- Clinical, academic, socio-cultural
- Initial positive impact on clinical, academic competence -> plateau + catching up
- 'Bad habits'
- Many benefits associated with 'special' nature of pilot and opportunities presented
- Positive socio-cultural impact – work ethic of 'mucking in' -> positive impact on working relationships BUT role transition challenges



# Courage

- Initial positive impact - reporting concerns and personal assertiveness
  - Reference point for practice standards -> provided courage of convictions
- Linked to 'specialness':  
*'I think coming from the pilot give you more license, in that if I did see something that was worrying me, I would feel like "Ok, so maybe the Sister's going to hate me for doing it but I'm going to have to make this complaint because Jeremy Hunt would want me to", if you know what I mean...'* [P2, TP1]
- Did not extend post-qualification
- Increased tolerance threshold for compromised caring – less likely to report
- Valorisation of socialised routinised and ritualised clinical practice -> perpetuation of poor practice culture



# Quantitative results

- Online questionnaires completed at four timepoints
- Demographic questionnaire (n = 220)
- Perceptions and experiences questionnaire (only if PCE)
- Proxy measures of 6Cs
  - Connor Davidson Resilience Scale [Connor and Davidson 2014],
  - Learner Empowerment Measure [Frymier et al 1996].
  - Schutte Emotional Intelligence Scale (SEIS) [Schutte et al 1998]
  - Trait Emotional Intelligence Questionnaire (TEIQ) [Petrides and Furnham 2000]
  - Gardener Career Commitment Scale [Gardner 1991].
  - Professional Quality of Life Scale (ProQoL)) [Stamm and Figely 1996]
- Patient Perception of Hospital Experience with Nursing (Dozier et al, 2001) (n = 49)



# Quantitative findings

- Majority of nursing students had undertaken PCE (82.8%)
- Most PCE was paid (79.6%) and gained within the social/home care setting (77%)
- Participants with PCE were significantly older than those without ( $29.4 \pm 0.75$  years vs  $25.3 \pm 1.02$  years;  $p = 0.0016$ )
- No statistically significant differences between participants with and without PCE for any measure at any timepoint
- No statistically significant difference in patient perception of hospital experience with nursing between participants with and without PCE
- Small, statistically significant increase in compassion fatigue in both groups post-qualification



# Summary, implications and conclusion

- Qualitative findings – PCE has positive and negative effects on students' compassionate values and behaviours, however majority of positive effects do not extend to qualification
- Quantitative results – No differences in 6C proxy measures between participants with and without paid PCE at any timepoint, or patient experience of care
- Insufficient evidence of longitudinal beneficial impact to recommend PCE as an effective intervention to foster nursing students' compassionate values and behaviours
- Mandating PCE as prerequisite for entry into nurse training not therefore recommended
- Supports current international demand to increase size of nursing workforce, over shorter timeframe, in COVID-19 context and beyond
- Strategies to promote resilience, empowerment, wellbeing may offer potential to mitigate against increases in compassion fatigue



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