Nursing and Midwifery Education in 2020: lessons from research

Confidence, competence and compassion

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Thinking about UK Nursing and Midwifery Education in 2020

• Education/training: will it be in Higher Education?
• Will it be non-fee-paying and supported by a bursary?
• How will we prepare nurses and midwives for the ‘new accountability’ in the context of Francis, and ever greater surveillance?
• Will staff nurses be capable of using research evidence to explain their practice?
• Is ‘compassion’ educable?
• I won’t answer all, nor perhaps even any, of these. But hopefully provide food for thought.
Evidence based education: re-contextualising nursing knowledge in practice

Or what is the modern role of the staff nurse in UK? Not talking about this today, Carin, Khim and Helen should lead on this

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Funded: General Nursing Council Trust
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University of Salford
with
Karen Holland, Research Fellow (Salford)
Michelle Roxburgh and
Bill Lauder, (now) University of Stirling,
Roger Watson, (now) University of Hull, Keith Topping, University of Dundee
Mary Porter, NHS Fyfe
Study Context

National Evaluation funded by NHS Nurse Education Scotland (NES)
March 2006 – May 2008
Involving 11 HEIs / NHS Partners
Multi-phase
Aim
To evaluate pre-registration nurse and midwife education, the impact of ‘Fitness for Practice’ (UKCC 1999)
Phase 2 Project Objectives

- Identify the perceptions of registrants’ fitness for practice
- Examine stakeholders’ views of preparation for practice
- Illustrate the features of being in practice
- Evaluate the contribution of partnership working
Methods

Phase One
Large survey of participants’ self rating of self-efficacy

Phase 2
Qualitative case study approach
Individual interviews (face to face and telephone)
Focus groups
Research team spending 1-2 days at each HEI and their partner organisations
Participating Case Studies

Bell College - NHS Dumfries and Galloway, NHS Lanarkshire, State Hospital Carstairs
University of Paisley – NHS Ayrshire, NHS Glasgow & Argyll
University of Dundee – NHS Fife, NHS Tayside
Stirling University - NHS Western Isles, NHS Forth Valley
Robert Gordon University – NHS Grampian
Edinburgh University – NHS Lothian, NHS Borders
Glasgow University – NHS Glasgow & Argyll
Napier University – NHS Lothian, NHS Borders
Glasgow Caledonian University – NHS Glasgow & Argyll NHS Ayrshire
Abertay University – NHS Fife, NHS Tayside
Queen Margaret University – NHS Lothian, NHS Borders
# Data collection

<table>
<thead>
<tr>
<th>Role</th>
<th>Participants</th>
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<tr>
<td>Total participants</td>
<td>311</td>
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<tr>
<td>Students</td>
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<td>Charge nurses</td>
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<td>NHS Managers</td>
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<td>Practice Education Facilitators (PEFs)</td>
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<td>Carers</td>
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Data Analysis

Listening to recording
Coding hard copies of data
Coding in NVivo

Stage 1 – Impression reading and memo recording
Stage 2 – Thematic content and key issues arising
Stage 3 – Detailed in depth analysis and quotes

If I'd known they wanted me to use all this info— I would never have asked for it!
Fitness for Practice: Students’ Views

Knowing your limitations
Probably making sure that you don’t do anything that you are not sure of is the biggest thing because I have seen myself almost going away to do something and I am like “No I don’t think so” (laugh) being aware that you have to say “no”, not just “yes” to people all the time

Knowing your own limitations and not feeling pressurised to do something you are not sure off, just because the ward is busy or something like that, you have to work where you are comfortable.

(Student Nurse, Focus Group, Case Study K)

Photo: Sandra Morrison and Laura Young (two students from the Western Isles in a BBC documentary (not respondents in this study))
Fitness for practice: Manager’s View

What I understand it to mean is that we have a group of people, i.e. students who are competent to practice as per the NMC competencies for registration for entry on to the register.

What I would like it to mean is that they go beyond that and they are actually, when they come in to a ward or a department as a newly qualified practitioner, that they have a confidence about their level of skill.

(Director of Nursing, Case Study E)
Fitness for Practice: Academic’s View

...There are areas where we have had midwifery students who immediately on registration have gone out to practice as independent midwives.

I think we have to be careful about placing everything within the context of NHS because I think it will change in the future as well, so it is really about being able to provide effective care which actually meets the needs of women, babies, families, and within the context of the safety as well.

(Midwife Academic, Case Study A)
Fitness for Practice: Charge Nurse’s View

I think the title says it all really. I would expect a newly qualified staff-nurse coming to me having a certain core skills and be fit for the job. It is obviously the start of their learning curve as a qualified nurse but that they have a basic understanding of the issues under-pinnings, safe and secure, handling medicines, communication, basic clinical knowledge in the specialty appointed to but they have safe practice in all core nursing skills.

(Senior Charge Nurse, Surgery, Case Study A)
Unfit for Practice: The Practice Education Facilitator’s (PEF’s) view

They don’t like to fail the students, however, I must stress that mentors have failed students more since we have come to the post due to, they realised that it is not their responsibility not only for themselves but also for the patient and for the student. You know it is unfair to let them carry out if they are not achieving, it is also unfair to other students to carry on when they are not achieving and not being able to.

(Practice Education Facilitator, Case Study I)
Confidence

Interviewer: Is that one of the things you have found is that they lack confidence?

Hugely. That is the main thing that is wrong with them, there is actually nothing wrong with most of their skills, what they lack is confidence in their ability and part of that I believe, it’s a challenge I give back to the staff when they say ‘they are absolutely rubbish, they are not fit, they are not whatever’ and I say ‘Well half of their training is in your hands!’

(Director of Nursing. Case Study E)
Confidence

Some people have very high expectations for the students where as I feel that I have less high expectations because I know they lack confidence but I think that a lot of qualified nurses expect too much - far too much.

(Mentor, Case Study E)
Confidence

Probing:
Why don’t you think you are ready to qualify?

I was having that discussion with my mentor yesterday, I was actually saying, she was quite worried about it. I think because as a student you are sort of, you can always, I'm not saying you've never got back up, I don’t mean it that way but you have always got somebody there, when you wear that blue uniform, or whatever colour of uniform it is, I mean, you are held totally responsible for everything, it's quite scary.

(Student finalist, Case Study G)
Fitness for Practice

- Definitions
  - Unfitness for practice
    - Unsafe
    - Dangerous
    - Specific Harm
    - Inappropriate info
    - Beyond own expertise
  - Safe, effective
  - Measurement against Benchmark/Standard
  - Up to date, Evidence based
  - Core skills
    - Numeracy, drug administration
    - Clinical e.g. hygiene
    - Interpersonal
  - Advanced skills
    - Venepuncture
    - Male catheterisation
  - Core skills
  - University support
  - PEFs
  - Mentors
  - Partnership
    - Failing students
    - University support
    - PEFs
    - Mentors
  - Unfitness for practice
    - Unsafe
    - Dangerous
    - Specific Harm
    - Inappropriate info
    - Beyond own expertise
  - Lack of confidence
  - Awareness of limitations
  - Curriculum crowded
  - Biological sciences, Interprofessional learning
  - Variable
  - Confidence
  - NMC competencies
  - Fit for purpose

A Preliminary Model of Fitness for Practice
Key points

• Most agree that the programme prepares to a suitable standard
• All agree that this is just a starting point for life-long learning
• Some concerns, especially in acute areas, that students can’t ‘Hit the Ground Running’
• Key skills and attitudes include communication, empathy and a ‘work ethic’
• Confidence lacking, competence adequate given the model of education we now have
How do we teach compassion?
What is compassion and how can we think about it?

Similar to:
Caring, sympathy, empathy, altruism

‘the enactment of personal and professional values through behaviour that demonstrates the emotional dimension of caring for them, in a way to recognise and alleviate their suffering’
(Curtis, 2013)

- Humanistic (Maslow)
- Functional (Parsons)
- Interactionist (Kramer, Psathas)
- Biological (Dawkins)
- Behaviourist (Skinner)
- Analytic (Freud, Jung, Menzies)
- Social learning (Bandura)
Hundreds of people suffered and died from the most appalling neglect and mistreatment
There were patients so desperate for water that they were drinking from dirty flower vases
Many were given the wrong medication, treated roughly, or left to wet themselves and to lie in urine for days
Francis Report
England Chief Nurse Jane Jane Cummings: the 6 Cs

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Character and Compassion

In Florence Nightingale’s view nurses should be:

• Unmarried
• About 25
• Christian lady
• ‘Order, gentleness and quietness’

BUT

• “no true woman would object to scouring, provided it was for the good of the patient… no woman of refinement of any feeling would deem it degrading”

Probationer, quoted by Maggs (1980 p 21)
Early nursing ethics focused on the ‘moral agent’

Finds 157 virtues, presumed to determine action, top 24:

- Benevolence, care, compassion, competence, courage, devotion, faithfulness, honesty, integrity, justness, kindness, knowledgeable, loving, loyal, nonmalevolent, prudent, skilled, teachable, temperate, tolerant, trustworthy, wise, understanding, truthful.

(Fowler, 1997: p 23)
Darwin and then Dawkins

- Qualities and abilities inherited are those best fitting the species for survival against evolving external challenges
- Genetic disposition (Dawkins)
  - ‘Selfish Gene’,
    - Species altruism,
    - Siblings ‘share’ genes
Pavlov ‘externalised’ the dog’s salivary glands
Behaviourism

Clearly specify the action or performance the person is to learn to do

Break down the task into small achievable steps, going from simple to complex. Let the client perform each step, reinforcing correct actions

Adjust so that the client is always successful until finally the goal is reached

Transfer to intermittent reinforcement to maintain the client’s performance

Didn’t like abstract concepts (like compassion) but would reward behaviours judged to be appropriate
Baby in the box

• Did Harvard Professor Skinner raise his daughter in a box like a rat?
Daughter Deborah Skinner Buzan

• Says not:
  http://www.guardian.co.uk/education/2004/mar/12/highereducation.uk

I was very happy, too, though I must report at this stage that I remember nothing of those first two and a half years. I am told that I never once objected to being put back inside. I had a clear view through the glass front and, instead of being semi-swaddled and covered with blankets, I luxuriated semi-naked in warm, humidified air. The air was filtered but not germ-free, and when the glass front was lowered into place, the noise from me and from my parents and sister was dampened, not silenced. I loved my father dearly. He was fantastically devoted and affectionate.
Albert Bandura: Social Learning Theory

- Experiments on aggression
- Children who see adults ‘rewarded’ for aggressive behaviour likely to copy the behaviour
- Controversial, but powerful
- Sociological studies confirm ‘modelling’ very important in professional socialisation
Implications for human learning

• Reinforcement good, but what reinforcers work?
• Punishment not effective
• But ‘negative reinforcement’ has a place (removing aversive stimuli when desired behaviour appears)
• Modelling (powerful mode of learning) more effective when the person modelled is ‘successful’ (Albert Bandura)
• Who are our (Nursing and Midwifery) role models for ‘compassionate behaviour’?
Sigmund Freud 1856-1939

- Psychoanalyst
- Libido (survival, continuing the species, hunger, thirst, sex)
- Death drive (need to discharge emotional tension)
- Identification: learning compassion from others, notably parents
- Generally pessimistic, compassion only shown if we get something from it
Isobel Menzies (1917-2008)
Social systems as a defense against anxiety
1960

- UK – study of nurses leaving
- Psychoanalytic theory
- Nursing inherently anxiety provoking
- Intimate care, sexual tension, death, suffering
- Defences against this:
  - Denial of feelings, social distance, routinisation, task orientation
  - Avoidance of compassion
Abraham Maslow (1971)

- More to psychology than rigid experiments and rats
- Studied high achieving people, mostly men
- Very influential in nursing models

- Maslow’s hierarchy

- Self-actualising = ‘experiencing fully, vividly, selflessly, with full concentration and total absorption’
- Self actualisation allows for compassion
Psathas (1968) The ‘fate’ of idealism in nursing school


Curtis draws attention to the remaining ‘dissonance’ between professional ideals and practice reality
Social Judgement

• Johnson (1997) Nursing power and social judgement

• Patients crudely categorised by senior staff as ‘good’ or ‘bad’:

• Personality, disease or how much physical or emotional labour is involved in their care

• But nurses often make their own mind up

• Compassion often subversive ‘Brilliant care’ Student courage? (Curtis)
Questions

• Is the concept of ‘compassion’ a suitable one?
• Is there a theme here, many important studies might be regarded as unethical now? e.g. Pavlov, Skinner, Bandura,
• Which ‘theory’ do you think has most value for understanding compassion?
• How do we teach compassion, or are nurses and midwives born with it?
• Does it vary over time in all of us and how do we deal with that?
Kathy Curtis (2013)

- Recognition of link between emotional labour and compassion
- RN role modelling of compassionate practice
- Emotional support
- Recognition of vulnerability in context of ‘reality shock’ dissonance
- Academic support for ‘resilience and moral courage’
- Teaching strategies for self-compassion
- Valuing of education in the HE environment
Bandura: the last word

Albert Bandura cruelty and compassion
Thank you

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