STUDENTS’ PERCEPTIONS OF DIGITAL NARRATIVES OF COMPASSIONATE CARE

Key words: digital story, narrative, compassion, student

ABSTRACT

This study set out to explore the learning that occurred from listening to narratives of compassionate care, and to identify students’ preferred story formats and other potential uses of such stories. Four short stories in different media formats were used. Data was gathered from an evaluation questionnaire and thematic analysis undertaken; this generated two themes: ‘Learning from the stories’ and ‘Students perceptions of the value of different media formats and other potential uses’. Sub-themes related to the narratives themselves emerged from first theme these included: person-centredness, compassion, relatives, effective mentor support and ‘the world of the student nurse’. There was evidence of the stories acting as a trigger for reflection and discussion although sometimes, cognitive dissonance arose. Audio files suitable for use as podcasts, with and without music, and digital stories all proved to be effective digital narratives for this type of learning activity. Students suggested such stories would be also useful for preparing them for practice placements and training of mentors.

In conclusion, digital narratives can promote effective reflective thinking and discussion about compassionate care. The findings support many aspects of narrative pedagogy previously reported but add to this by providing insight into student nurses’ learning from peer experiences.

BACKGROUND/LITERATURE

Since the late 1990s, the emphasis on compassion, person-centredness, dignity and respect in healthcare has accelerated internationally to the point that these values must now explicitly underpin contemporary professional healthcare education (Nursing and Midwifery Council, 2010) and practice (Department of Health, 2008; European Association for Communication in Healthcare, 2013; International Council of Nurses, 2012; Scottish Government, 2010).

There is a growing body of evidence around the definition of compassion (Nussbaum, 1996; Schantz, 2007; Schulz et al., 2007; Von Dietze and Orb, 2000) and how it can be delivered in healthcare practice, for example, through Schwartz Rounds (Point of Care Foundation, 2015) or through values-based recruitment of appropriate candidates (NHS Employers and NHS Health Education England, 2014). Writing on what compassion looks like in practice is increasingly debated, along with the question of how it could be measured. For example, Gilbert et al., (2011) proposed that demonstrating compassion includes listening, protecting dignity, anticipating anxieties and acting to prevent or minimise these. Compassion is an understanding and accurate knowledge of the feelings of another (empathy) and an emotional reaction of pity towards the misfortune of another (sympathy), but it also requires emotion and action of the part of the respondent. Compassion is actualised in the disadvantaging of oneself for the benefit of another (Gilbert, 2005; Goetz et al., 2010).

Current policy and public opinion suggests that there could be a lack of compassion in some healthcare services. Professional, government and statutory bodies have responded to continuing concerns by establishing guidelines and initiatives to focus on improving caring practices. For example, the Codes of the International Council of Nurses (2012) and the Nursing and Midwifery Council (2015) both espouse compassion as a professional value that nurses are expected to demonstrate. UK healthcare strategies contain visions for nursing care to be underpinned by compassionate practice (NHS Commissioning Board et al., 2012; Scottish Government, 2010).

There is increasing evidence suggesting that compassion can be taught (Adamson et al., 2009; Ballatt and Campling, 2011; Chochinov, 2007; Edinburgh Napier University and NHS Lothian, 2012; Gilbert, 2010). Dewar et al., (2010) successfully used appreciative inquiry to identify and share good compassionate care practice in wards settings. Adamson and Dewar (2011) found that actor-patients were instrumental in prompting compassionate interactions in students learning clinical skills in simulated settings. The high profile Francis report (2013) suggests that both undergraduate nursing programmes and professional development activities should focus more on culture and caring, with emphasis on the practicalities of delivering compassionate care.

As part of a larger programme in Scotland entitled Leadership in Compassionate Care Programme (LCCP) (Adamson and Dewar, 2011; Edinburgh Napier University and NHS Lothian, 2012) there was a strand of work in which the main aim was to develop compassionate nursing graduates. The programme developed its findings based on stories from patients, carers and registered and student nurses in ward settings. This study evaluates the use of digital stories developed by, and used by, nursing students in the classroom.

Reflection can be a powerful tool to aid learning from a particular event or situation (Atkins and Murphy, 1993). It is argued that description of an event or situation is enhanced by using a reflective framework to express and analyse thoughts and feelings, and evaluate the relevance of knowledge and any learning that occurred. Personal narratives are increasingly recognised to stimulate connection to events and facilitate reflection on them. Storytelling, or, use of narrative, is increasingly used in both healthcare practice and education and is explored further below.

NARRATIVE PEDAGOGY

Ironside (2006) argued that narrative pedagogy challenges students’ assumptions and thinking, which can lead to new understanding on which future practice can be based. McAllister et al., (2009) suggest that this methodology can facilitate students’ understanding of caring contexts and development of their professional identities Narrative pedagogy has other evidenced advantages including gaining students’ attention quickly, exposing students to moral dilemmas or problem-solving exercises, and enabling students to use the framework of storytelling to share success and develop a sense of community (Koening, 2002; Woodhouse, 2007). It can also encourage interaction between learners, clinicians and educators (Andrews et al., 2001). Charon (2006) described the use of storytelling in student nurses and qualified nurses as a way of exploring and reflecting upon the realities of clinical practice.

Storytelling within healthcare emerged predominantly with service-users and carers using stories to share their personal knowledge and experiences to help healthcare practitioners understand and empathise with their situations and perspectives in order to enhance their interpersonal skills and promote person-centred practice (Costello and Horne, 2001; Edinburgh Napier University and NHS Lothian, 2012; Wood and Wilson-Barnett, 1999).

Moon (2010) provides an in-depth exploration of dimensions of storytelling within education and emphasises not only the importance of the context and language used but also the impact of both spoken and unspoken aspects of stories. She argues that their value lies in promoting learners’ analytical and critical thinking skills. Moon and Fowler (2008) also propose that effective use of storytelling can offer educators a framework to promote powerful learning.

Digital storytelling

Digital storytelling uses contemporary technologies to help people tell their own stories in a compelling and engaging form. A digital narrative is a short (2-5 minutes) narrated piece of personal reflective writing, which may be combined with a musical soundtrack and photographs and/or other still images (see Table 1). The approach values and respects the power of individual voices and recognises that sharing and witnessing other peoples’ stories can lead to learning and positive change (StoryCenter, 2015). Moon (2010) concludes with a caution regarding digital media, namely that it merely provides technology-enhanced ways of using story, and therefore the use of media format stories remains subject to all the other influences and nuances of traditional storytelling in learning.

<Insert Table 1>

Digital stories are increasingly used in healthcare settings as tools for service improvement (Patients Association, 2012), interprofessional education (NHS Education for Scotland, 2013), health promotion (Silver, 2001) and patient education (NHS Choices, 2012). The affordances of these technologies also offer new, exciting and creative opportunities to enhance learning within nursing curricula. Literature suggests that stories are grounded in reality that is recognisable to learners (Abma, 2003), can provide a multiplicity of viewpoints (Haigh and Hardy, 2011) and can be ‘sense making’ for learners (Boje, 1991). They can encourage students to examine their values and attitudes, a process that would be difficult to achieve by other methods (Brown et al., 2008). Adamson and Dewar (2015) found that podcasts posted in the virtual learning environment (VLE) encouraged students to reflect online about their placement learning although engagement with the task was limited. In addition they are inexpensive to develop and can be created to be culturally appropriate for the population (McAllister et al., 2009; Silver, 2001).

The Patient Voices Programme (2014) argues that there may be benefits for the story tellers themselves, including an increased sense of well-being, greater confidence and satisfaction. However, other literature suggests that stories can represent only one viewpoint, and that participants may be fearful or repressed in telling their stories (Abma, 2003; Haigh and Hardy, 2011).

The use of stories in learning and teaching within nursing education therefore requires further evaluation to strengthen the evidence base around it.

AIM AND OBJECTIVES

The overall aim of this study was to evaluate the use of digital narratives of compassionate care as a learning resource. In order to achieve this aim, two objectives were identified:

* To explore learning that occurred from listening to or watching compassionate care stories.
* To identify students’ preferred story formats and other potential uses of compassionate care stories.

DESIGN

Developing the stories

All undergraduate nursing students were invited to submit a short reflective account (500 words) of an experience which had deepened their understanding of compassionate care as part of the larger Leadership in Compassionate Care Programme, for which appropriate ethical approval was sought and gained from the relevant NHS Board and Faculty Research Ethics Group. The NHS Board categorised the Programme as evaluation research and, as such, further ethical approval was not required for the development of the stories and the follow-up evaluation.

Students were guided to write their stories using Atkins and Murphy’s (1994) reflective model (Figure 1) in order to create personal accounts of their experiences of compassionate care.

<Insert Figure 1>

A panel comprising of academic and clinical members of the LCCP Project team evaluated the stories against the following criteria:

* Within the specified wordage
* Clarity of story telling
* Clearly communicated elements of compassionate practice in action
* Articulated the impact of compassionate care on their practice.

Ranking enabled consensus to be reached about the suitability of the stories. Students who had written the most highly rated stories were invited to record them. Students signed consent forms for their recordings to be used in learning, teaching and research. The students were invited to workshops to record their own stories. Initially this was as an audio file; then copyright free music was added and, finally, some students also inserted copyright free still images to create a digital story. Each of these formats was used in the study.

The four stories used in this study each lasted between 3 and 3.5 minutes; they represented the range of media formats used and were evaluated by other students at the tutorial (see Table 1).

Approach to evaluation

The approach chosen was qualitative and used an open-ended 7-item questionnaire to address the aims of the study. The adoption of a qualitative approach was appropriate to achieve the aims of the study as it facilitated understanding of students’ experiences in their own words by providing them with the opportunity to articulate the meaning of their experiences and learning (Creswell, 2007) and provide rich data (Cousin, 2009).

Sample

A convenience sample was used. All students present at a second year tutorial were invited to participate. An outline of the aims of the evaluation was provided at the beginning of the session. All students agreed to participate and, by doing so, provided implied consent for their anonymous written comments to be used as data. This is congruent with the Royal College of Nursing (2011) principles of implied consent.

Data collection

Students (n=13) listened to all four stories and provided feedback on their learning from these using the questionnaire. Participants were asked to provide anonymous written responses to each question or, if they preferred, not to answer any of the questions.

Data Analysis

Data were analysed using a 6-phase approach of thematic analysis (Braun and Clarke, 2006).

FINDINGS

From the thematic analysis, two key themes emerged: “learning from stories” (Theme A) and “students’ perceptions of the value of different media formats and other potential uses of the stories” (Theme B). Key findings will be presented using verbatim quotes within the sub-themes *(S-T)* identified.

Theme A: Learning from the stories

The students quickly engaged in animated discussion after each story. They were readily able to empathise with the situations and could clearly identify not only positive aspects of care but also the underpinning, usually challenging, situations which had formed the focus of each story. The following quote summarises the learning from stories: “*Everything about the story is good….and you can relate to it and see yourself in that position”* (Student 8). Many stories provided examples of ‘good care’ that students recognised: *“…patient received excellent care and staff obviously got to know the patient well”* (Student 6).

Students also remarked that learning from stories included “….*skills that can’t really be taught*” (Student 6), *“…*[understanding that experienced nurses] *could speak frankly about sensitive subjects*” (Student 13) and “...*there are people who care … learning about the stuff you can’t teach…*” (Student 7).

From this main theme there were a number of sub-themes (S-T) emerged; these were coded to help explain the multifaceted aspects of the theme.

***Person-centredness (S-T).*** Many students contributed comments that recognised and valued the person-centred approach, which was common to all the stories. The following quotes provide insight into the students’ learning from the stories about person-centeredness:

* “…*his illness is not the main focus but his needs are*” (Student 2)
* “…*everyone was treated as an individual”* (Student 13)
* “…[*the digital story portrayed] the importance of considering patient’s feelings and choices no matter their condition*” (Student 11)
* “[The student nurse] *individualised each patient not just by name but by their likes and dislikes*” (Student 9).

Student 7 identified the importance of recognising that “...*every patient is a person*”.

***Compassion (S-T).*** Compassion is about *how* nurses deliver care, rather than the physical care itself and many examples of this were identified. Students recognised the professional approach of practitioners described within the stories and commented that “… *the small things we might often overlook can make a big difference*” (Student 8) and the “...*importance of appreciating what may be important to the patient, not what we consider* [to be important]” (Student 11). Students had learned about providing compassionate care to vulnerable people and used the situations described within the stories to recognise good practice: *“ ...care taken to communicate with a patient although they could not respond* .... *apologised for causing discomfort* [to an unconscious patient] *and tried to be gentle*” (Student 1).

***Relatives (S-T).*** The story (Story 4) about supporting a patient’s relative evoked several comments about the importance of caring for relatives too. Understanding the importance of including and supporting relatives in care is apparent in learning that occurred from this story. Student 8 commented that it was “*a reminder to look around the patient perhaps*”, and that there was “…*thought taken to consider that the family were coming in and how the patient would have liked her loved ones to see her*” (Student 1). Students remarked that good practice was role modelled as the practitioner “…*took time to talk to the relative and find out who the patient really was and still is*” (Student 3) and acting on relatives’ experience as carers “*how the family knew how to calm the patient down*” (Student 12).

***Effective mentor support (S-T).*** The students almost universally identified the importance and value of effective mentor support. Examples of good practice were provided *“…how she provided support to the patients and her students*” (Student 7) and through a student describing how her peer had “...*witnessed good practice on her first placement*” (Student 13). The significant impact of high quality of mentorship was described by all students and they felt that the stories “…*demonstrated how much you can learn from a supportive mentor and how it will stay with you throughout being a student*” (Student 11).

The supportive actions undertaken by the mentors included “...*involved the student and eased her anxiety”* (Student 5). Forward thinking in addition to the importance of effective role modelling was shown by the following comment *“That one day you might be that mentor, that you could help (?) someone like that patient”* (Student 8)*.*

***The world of the student nurse: Authentic learning, emotion and empathy (S-T).*** The authenticity of the learning was seen as extremely positive and illustrated by *“everyone can relate to that story”* (Student 7) “...[it] *brings up issues that many student nurses would feel”* (Student 10). The story “...*gives me the chance to think about my experiences and what actions with people I’ve worked with have affected me and also how I can act around others”* (Student 4). The value of reflecting upon the stories and applying this to their own practice was apparent as a way of learning from the stories.

Students finding the stories reassuring was evident by the following quotes “...*reassure you that other people feel the same!*” (Student 6) and *“...useful for reassurance*” (Student 2). Another identified with the student narrator recognising “...*feelings/emotions you may face as a student nurse*” (Student 4) while another student reflected that there are different approaches to dealing with difficult situations through the comment “...*makes you see things positively”* (Student 6).

Through verbatim quotes, students expressed a number of emotions as illustrated below: *“humbled”* (Student 11), *“kind of proud”* (Student 8), *“heart warming”* (Student 2), *“hones[ty]”* (Student 9) and *“inspiring”* (Student 6).

Feelings of empathy with the situation described or with the student nurse within the story was captured within these verbatim quotes: *“you can relate to it and see yourself in that position”* (Student 8), *“shows how daunting nursing can be”* (Student 6) and *“not many people would admit how overwhelmed they may feel on placement”* (Student 9).

One question asked students what they liked less about the stories althoughthere were relatively few comments made in response to this. Several students’ views can be represented by “*makes you reflect on your practice”* (Student 8) and uncomfortable issues, a characteristic trigger for reflection (Atkins and Murphy, 1993; Gibbs, 1988) were also mentioned. The following verbatim quotes illustrate the cognitive dissonance sometimes created by the stories “...*makes you feel bad if your mentor isn’t like this one*” (Student 6), “...*feel bad as you notice how little things make such a big difference*” (Student 7, about Story 1) and “...*look at your practice to see if you have possibly overlooked people*” (Student 7, about Story 2).

Theme B: Students’ perceptions of the value of different media formats and other potential uses of the stories

This section focuses on the different media formats and how they could be used in future.

***Would you use podcasts or audio files if they were made available?*** Before asking this question, the difference between an audio file (e.g. MP3) posted in the virtual learning environment (VLE) and podcasting (subscription and delivery to a mobile device) was explained. Students overwhelmingly agreed (92%) they would use this learning strategy (Table 2) although their views reflected a representative range of behaviours from “*Would be very beneficial, would use the podcasts, it sounds easy to use/accessible”* (Student 1) and *“I think it would be inspiring every week”* (Student 13) to *“Can be beneficial but don’t think I’d use them”* (Student 6)*.* Accessibility is dependent on having the technology to participate in these learning experiences and this is important to acknowledge and respect. Three students stated they did not have a suitable mobile device.One cautionary comment is presented to conclude this section *“Yes, as long as not overloaded with incoming podcasts!”* (Student 4).

<Insert Table 2>

***How do the stories with music compare to those without?*** Most students (92%) preferred the stories with the added musical soundtrack (Table 3) although some, despite expressing a preference stated that, if well made, it wouldn’t matter. The benefits of music were highlighted as “...*it evokes more emotion which I think makes it easier to empathise with the situation”* (Student 6), “...*adds more depth to the piece*” (Student 2), “...*music in the background helps listening to the story”* (Student 11) and “*Music works well, it’s emotive and helps me to reflect*” (Student 1).

Comments to consider in future learning situations included: “*Music would distract me if I was listening through phone or Ipod*” (Student 9) and “*the music might change how you hear/see the story*” (Student 8).

<Insert Table 3>

***What is your preferred story format for the tutorial?*** Most students (64%) preferred the digital stories to the narrative with added musical soundtrack (27%), no students’ preference was the spoken word alone during the tutorial situation being evaluated (Table 4). One student indicated that any preference would be dependent on the situation in which they would be used although one student reported that “*the pictures can be distracting*” (Student 6).

<Insert Table 4>

***How else could these stories be used to enhance learning?*** Three main areas were identified by students: preparation for practice, mentorship preparation and reflection and discussion; these are explored further below.

*Preparation for practice:* Each practice module is preceded by study days which prepare students for their forthcoming placements. Many students suggested including them within preparation for practice, in particular *“very useful for first year students and revisited during the course”* (Student 1) and would provide an opportunity to *“...revisit and reflect with own changing experiences”* (Student 1). Suggestions for future development of this resource included tailoring stories to the type of placement “...[to] *prepare before going to complex care, care of the elderly etc*” (Student 7), “...*a lot of stories for a lot of eventualities”* (Student 2) and “...*make a library and e-library of experiences*” (Student 8).

*Mentorship preparation:* One of the stories described how a mentor had provided a memorable episode of care and the importance of the mentor’s role was highlighted by several comments. Many students considered this would be useful to include in mentor preparation sessions “...*because mentor will be aware what students think about them”* (Student 12). Students suggested that stories from mentors would be useful “...*to hear what mentors think about what makes a good student*” (Student 2) and also “...*patients could share their experiences about students and nurses*” (Student 12).

*To initiate reflection and discussion:* This was identified from comments such as “...*give a good starting point and focus”* (Student 11) and “...*useful for starting conversations/reflection/sharing feelings”* (Student 6).

DISCUSSION

In studies of medical and nursing students towards the end of their education programme, when more patient care occurs, students exhibit less caring behaviours and less empathy (Hojat et al., 2009; Mackintosh, 2006; Murphy et al., 2009; Neumann et al., 2011) and once in practice, practitioners may miss opportunities to demonstrate compassion to their patients (Easter and Beach, 2004). Within studies investigating the key components of a quality patient experience of care, practitioners consistently rank technical skills higher than compassionate qualities, which is exactly the opposite to responses from service users and carers (Flocke et al., 2002; McDonagh et al., 2004). Therefore it is essential that evaluative research, such as this study, continues to explore the evidence around the value and contribution learning and teaching methods may make on the development of practitioners’ compassionate skills.

This study shows that the second year students in this study were readily able to recognise and critically discuss elements of compassion as shown by the comments from which the sub-themes of Theme A emerged. These sub-themes were person-centredness, compassion in practice, care of relatives, the importance of effective mentor support and ‘the world of the student nurse’.

The data richly demonstrates effective reflection on the situations described within the narratives. These students, half way through their preparation for registration, were able to identify and analyse actions that illustrated features of the sub-themes and discuss the feelings and emotions these actions evoked. Adamson and Dewar (2015) found that podcasts about compassionate care posted in the virtual learning environment (VLE) encouraged students to reflect on their placement learning but that student participation and engagement was limited. This study found that short narratives of compassionate care generated considerable participation and engagement when used in the classroom. The narratives provided a very effective opening to highly positive discussion of students’ experiences in practice. Person-centredness and compassion are key professional values (International Council of Nurses, 2012; Nursing and Midwifery Council, 2015) and these were easily recognised by the students in this study.

However, one of the key components that distinguishes compassion from empathy or sympathy is that of action. This is demonstrated by Way and Tracy (2012) who suggest that compassion has three components: recognizing suffering, relating to individuals in suffering and re-acting to suffering (the latter being the component that distinguishes compassion from empathy). Therefore, the reflective phase of the study asked students to consider how they would have reacted, both mentally and in their behaviours, to the digital narratives. This is an essential component of compassion and should be visible within any learning and teaching methodology claiming to explore compassionate behaviours in healthcare practitioners.

There is also growing evidence reporting that delivery of compassionate care has positively affected patient outcomes (Sinclair et al., 2016). Demonstration of compassionate behaviours from clinicians increased the sense of responsibility and control of the service users’ own health (Lloyd and Carson, 2011; van der Cingel, 2011). In the Schwartz Center for Compassionate Healthcare survey, both patients and physicians agreed that compassionate care bolstered patients’ trust towards their clinicians and increased patient hope (Lown et al., 2011). Compassion has also been associated with improved job satisfaction (van der Cingel, 2011; Way and Tracy, 2012) and clinicians found it easier to acquire information from patients by improving disclosure of information from them (van der Cingel, 2011). The use of digital narratives could help to develop practitioners’ compassionate caring skills, bringing improvements to both patient outcomes and job satisfaction.

The insights provided into ‘the world of the student nurse’ suggest the stories engender a feeling of community (Koening, 2002) and facilitate reflection on the realities of clinical practice (Charon, 2006) although this was not unconditionally positive. Abma (2003) states that stories are grounded in reality that is recognisable to learners; the findings of this study strongly support this assertion. Development of students’ professional identity, as suggested by McAllister et al., (2009), is also evident from the data. The importance of effective mentorship is well recognised by academic and practice-based nurses however the students in this study also clearly recognised and valued this too. This reinforces the importance of role modelling and that anyone, not only mentors, involved in supporting students in practice can profoundly impact on students’ experience and learning in clinical settings.

Insight into ‘the world of the student nurse’ was an unexpected finding which has implications for pedagogical practice. A debrief including facilitated and supportive discussion around feelings and emotions raised by these stories was essential to minimise or manage cognitive dissonance or strong emotions experienced by students.

The enthusiastic discussion that immediately followed each story suggests that they gained students’ attention (Koening, 2002). Although short (lasting 3–3.5 minutes), they were sufficiently long and contained enough detail to stimulate lively and constructive discussion. The data support use of short digital stories as an effective method of triggering reflective discussion about compassionate care within professional education as recommended by Francis (2013).

Short audio files and digital stories are inexpensive and simple to create and use. Students who developed their stories found this a worthwhile activity, giving them considerable pride and satisfaction as suggested by the Patients Voices Programme (2014). They had created an innovative artefact that they could discuss at job interviews following registration. Two students presented their stories and reflections on their journey with their story at national and international conferences.

Digital narratives could be developed to reflect particular settings or aspects of specific fields of nursing practice or midwifery and/or different cultural situations. Furthermore, they provide a reliable and accessible resource which can be used in a number of ways. Regarding preferred formats, students preferred digital stories in the classroom setting although for mobile use, images are neither necessary nor desirable. Most students find an added musical soundtrack enhances their understanding although this is not universal. It is important to consider accessibility if use of stories is expected out with the classroom or VLE as not all students have mobile devices on which to access media resources.

CONCLUSIONS

The findings indicate that students empathised and engaged deeply with the situations underpinning their peers’ stories. All formats acted as powerful triggers for enthusiastic and constructive discussion that included emotions and feelings; they enabled learning and facilitated reflection. As such, these digital stories provide ready access to the affective domain.

This study adds to the literature on both compassionate care and narrative pedagogy by demonstrating students learn, reflect insightfully and highly value accounts of their peers’ experiences of compassionate care; this is supported by a final comment “...*leaving the session feeling inspired with lots to think about*” (Student 1). In addition, the data provides evidence on which to focus development of further resources in a considered way and students’ perceptions of which media formats are appropriate for different types of learning activities.

It would be interesting to replicate this project using a larger sample in future and to investigate students’ perceptions of stories told by individuals in other roles, e.g. service users, carers and mentors.

REFERENCES

Abma, T.A., 2003. Learning by telling storytelling workshops as an organizational learning intervention. Management Learning 34, 221-240.

Adamson, E., Dewar, B., 2011. Compassion in the nursing curriculum: making it more explicit. Journal of Holistic Healthcare 8, 42-45.

Adamson, E., Dewar, B., 2015. Compassionate Care: Student nurses' learning through reflection and the use of story. Nurse education in practice 15, 155-161.

Adamson, E., King, L., Moody, J., Waugh, A., 2009. Developing a nursing education project in partnership: leadership in compassionate care. Nursing Times 105, 23-26

Andrews, C.A., Ironside, P.M., Nosek, C., Sims, S.L., Swenson, M.M., Yeomans, C., Young, P.K., Diekelmann, N., 2001. Enacting narrative pedagogy: the lived experiences of students and teachers. Nursing & Health Care Perspectives 22, 252-259.

Atkins, S., Murphy, K., 1993. Reflection: a review of the literature. Journal of Advanced Nursing 18, 1188-1192.

Atkins, S., Murphy, K., 1994. Reflective practice. Nursing Standard 8, 49-56.

Ballatt, J., Campling, P., 2011. Intelligent kindness: reforming the culture of healthcare. RCPsych publications, London.

Boje, D.M., 1991. The storytelling organization: A study of story performance in an office-supply firm. Administrative science quarterly 36, 106-126.

Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. Qualitative research in psychology 3, 77-101.

Brown, S.T., Kirkpatrick, M.K., Mangum, D., Avery, J., 2008. A review of narrative pedagogy strategies to transform traditional nursing education. Journal of Nursing Education 47, 283.

Charon, R., 2006. The self-telling body. Narrative Inquiry 16, 191-200.

Chochinov, H.M., 2007. Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care. BMJ 335, 184-187.

Costello, J., Horne, M., 2001. Patients as teachers? An evaluative study of patients' involvement in classroom teaching. Nurse Education in Practice 1, 94-102.

Cousin, G., 2009. Researching learning in higher education: An introduction to contemporary methods and approaches. Routledge, New York.

Creswell, J.W., 2007. Qualitative inquiry & research design : choosing among five approaches, 2nd ed. Sage, London.

Department of Health, 2008. High quality care for all: NHS next stage review: final report. Available at <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf> Last accessed 14 April 2015. Department of Health, London.

Dewar, B., Mackay, R., Smith, S., Pullin, S., Tocher, R., 2010. Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting. Journal of Research in Nursing 15, 29-41.

Easter, D.W., Beach, W., 2004. Competent patient care is dependent upon attending to empathic opportunities presented during interview sessions. Current Surgery 61, 313-318.

Edinburgh Napier University, NHS Lothian, 2012. Leadership in compassionate care programme: final report. Available at <http://researchrepository.napier.ac.uk/5935/1/CompCare_Fin_Rept_All_Apr_13.pdf> Last accessed 14 April 2015. Edinburgh Napier University, Edinburgh.

European Association for Communication in Healthcare, 2013. About EACH. Available at <http://www.each.eu/> Last accessed 14 April 2015. EACH, Salisbury.

Flocke, S.A., Miller, W.L., Crabtree, B.F., 2002. Relationships between physician practice style, patient satisfaction, and attributes of primary care. Journal of Family Practice 51, 835-841.

Francis, R., 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Available at <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry> Last accessed 14 April 2015. Stationery Office, London.

Gibbs, G., 1988. Learning by doing. Further Education Unit, Sheffield.

Gilbert, P., 2005. Compassion: Conceptualisations, research and use in psychotherapy. Routledge.

Gilbert, P., 2010. The compassionate mind: A new approach to life's challenges. New Harbinger Publications, Oakland, CA.

Gilbert, P., McEwan, K., Matos, M., Rivis, A., 2011. Fears of compassion: Development of three self‐report measures. Psychology and Psychotherapy: Theory, Research and Practice 84, 239-255.

Goetz, J.L., Keltner, D., Simon-Thomas, E., 2010. Compassion: an evolutionary analysis and empirical review. Psychological bulletin 136, 351.

Haigh, C., Hardy, P., 2011. Tell me a story—a conceptual exploration of storytelling in healthcare education. Nurse education today 31, 408-411.

Hojat, M., Vergare, M.J., Maxwell, K., Brainard, G., Herrine, S.K., Isenberg, G.A., Veloski, J., Gonnella, J.S., 2009. The devil is in the third year: a longitudinal study of erosion of empathy in medical school. Academic Medicine 84, 1182-1191.

International Council of Nurses, 2012. ICN Code of ethics for nurses. Available at <http://www.icn.ch/images/stories/documents/about/icncode_english.pdf> Last accessed 14 April 2015.

Ironside, P.M., 2006. Using narrative pedagogy: learning and practising interpretive thinking. Journal of advanced nursing 55, 478-486.

Koening, J.M., 2002. Using storytelling as an approach to teaching and learning with diverse students. Journal of Nursing Education 41, 393-399.

Lloyd, M., Carson, A., 2011. Making compassion count: equal recognition and authentic involvement in mental health care. International Journal of Consumer Studies 35, 616-621.

Lown, B.A., Rosen, J., Marttila, J., 2011. An agenda for improving compassionate care: a survey shows about half of patients say such care is missing. Health Affairs 30, 1772-1778.

Mackintosh, C., 2006. Caring: the socialisation of pre-registration student nurses: a longitudinal qualitative descriptive study. International Journal of Nursing Studies 43, 953-962.

McAllister, M., John, T., Gray, M., Williams, L., Barnes, M., Allan, J., Rowe, J., 2009. Adopting narrative pedagogy to improve the student learning experience in a regional Australian university. Contemporary Nurse 32, 156-165.

McDonagh, J.R., Elliott, T.B., Engelberg, R.A., Treece, P.D., Shannon, S.E., Rubenfeld, G.D., Patrick, D.L., Curtis, J.R., 2004. Family satisfaction with family conferences about end-of-life care in the intensive care unit: Increased proportion of family speech is associated with increased satisfaction\*. Critical care medicine 32, 1484-1488.

Moon, J., Fowler, J., 2008. ‘There is a story to be told…’; A framework for the conception of story in higher education and professional development. Nurse education today 28, 232-239.

Moon, J.A., 2010. Using Story to Enrich Learning and Teaching: In Higher Education and Professional Development. Routledge, Abingdon.

Murphy, F., Jones, S., Edwards, M., James, J., Mayer, A., 2009. The impact of nurse education on the caring behaviours of nursing students. Nurse Education Today 29, 254-264.

Neumann, M., Edelhäuser, F., Tauschel, D., Fischer, M.R., Wirtz, M., Woopen, C., Haramati, A., Scheffer, C., 2011. Empathy decline and its reasons: a systematic review of studies with medical students and residents. Academic medicine 86, 996-1009.

NHS Choices, 2012. Your health, your way: your NHS guide to long-term conditions and self care. Available at <http://www.nhs.uk/Planners/Yourhealth/Pages/Realstories.aspx> Last accessed 14 April 2015. Health and Social Care Information Centre, Leeds.

NHS Commissioning Board, Department of Health Chief Nursing Officer, Department of Health Chief Nursing Adviser, 2012. Compassion in Practice: nursing, midwifery and care staff: our vision and strategy. Available at <http://www.commissioningboard.nhs.uk/files/2012/12/compassion-in-practice.pdf> Last accessed 14 April 2015. Department of Health, Leeds.

NHS Education for Scotland, 2013. Compassionate connections. Available at <http://www.knowledge.scot.nhs.uk/midwifery/learning/compassionate-connections.aspx> Last accessed 14 April 2015. NES, Edinburgh.

NHS Employers, NHS Health Education England, 2014. Recruiting for values. Available at <http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/recruiting-for-values>. Last accessed 14 April 2015. NHS Employers, Leeds.

Nursing and Midwifery Council, 2010. Standards for preregistration nursing education. Available at <http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx> Last accessed 14 April 2015. NMC, London.

Nursing and Midwifery Council, 2015. The Code: professional standards of practice and behaviour for nurses and midwives. NMC, London.

Nussbaum, M., 1996. Compassion: The basic social emotion. Social Philosophy and Policy 13, 27-58.

Patient Voices Programme, 2014. About patient voices. Available at <http://www.patientvoices.org.uk/about.htm> Last accessed 14 April 2015. Pilgrim Projects, Cottenham.

Patients Association, 2012. Patient stories 2012. Available at <http://www.patients-association.com/our-campaigns/patient-stories/> Last accessed 14 April 2015. Patients Association, Harrow.

Point of Care Foundation, 2015. Point of Care Programme. Available at : <http://www.pointofcarefoundation.org.uk/> Last accessed 14 April 2015.

Royal College of Nursing, 2011. Health and social care research: RCN guidance for nurses. Available at <http://www.rcn.org.uk/__data/assets/pdf_file/0010/78607/002267.pdf> Last accessed 14 April 2015, 2nd ed. RCN, London.

Schantz, M.L., 2007. Compassion: a concept analysis. Nursing Forum 42, 48-55.

Schulz, R., Hebert, R.S., Dew, M.A., Brown, S.L., Scheier, M.F., Beach, S.R., Czaja, S.J., Martire, L.M., Coon, D., Langa, K.M., 2007. Patient suffering and caregiver compassion: new opportunities for research, practice, and policy. The Gerontologist 47, 4-13.

Scottish Government, 2010. NHSScotland quality strategy: putting people at the heart of our NHS. . Available at <http://www.scotland.gov.uk/Publications/2010/05/10102307/0> Last accessed 14 April 2015. Scottish Government, Edinburgh.

Silver, D., 2001. Songs and storytelling: bringing health messages to life in Uganda. Education for Health: Change in Learning & Practice 14, 51-60.

Sinclair, S., Norris, J.M., McConnell, S.J., Chochinov, H.M., Hack, T.F., Hagen, N.A., McClement, S., Bouchal, S.R., 2016. Compassion: a scoping review of the healthcare literature. BMC Palliative Care 15, 1.

StoryCenter, 2015. Available at: <http://storycenter.org/> . Last accessed 14 April 2015.

van der Cingel, C.J.M., 2011. Compassion in care: A qualitative study of older people with a chronic disease and nurses. Nursing ethics, 0969733011403556.

Von Dietze, E., Orb, A., 2000. Compassionate care: a moral dimension of nursing. Nursing Inquiry 7, 166-174.

Way, D., Tracy, S.J., 2012. Conceptualizing compassion as recognizing, relating and (re) acting: A qualitative study of compassionate communication at hospice. Communication Monographs 79, 292-315.

Wood, J., Wilson-Barnett, J., 1999. The influence of user involvement on the learning of mental health nursing students. Nursing Times Research 4, 257-270.

Woodhouse, J., 2007. Strategies for healthcare education: how to teach in the 21st century. Radcliffe Publishing, Oxford.