

**Specialist Community Public Health Nursing Students' Experiences of Receiving
Compassion from Educators in Higher Education and on Placement**

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Abstract

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Recent cumulative narratives indicate university cultures and learning environments are becoming less compassionate spaces and important relational characteristics eroded. This has important implications for nurse education where compassion is fundamental, deeply significant, and invariably involves the ability to notice distress and alleviate suffering. Whilst the study of compassion and its development are extensive in nurse education, less is known about how nursing students experience compassion from educators in the learning environment of university and on placement. The aim of this study was to explore and reveal Specialist Community Public Health Nursing Students' experiences of receiving compassion from educators in Higher Education and on placement. Specialist Community Public Health Nursing is a postgraduate specialism of nursing. Informed by Heideggerian philosophy of hermeneutic phenomenology, three face to face interviews carried out termly in a one-year programme in the Southwest of England revealed the detail, complexity, and intricacies of students' experiences. Findings revealed three overarching dimensions: compassion as observable, compassion as hidden and compassion as opportunities. Within the three dimensions were five themes illustrating experiences of compassion in the lived world as reducing troubling emotions, as creating a safe learning environment, as caring and as a feeling or spirit of compassion. The fifth theme related specifically to university group work and illustrated opportunities for compassion. A three-dimensional model, the Observed, Hidden and Opportunities (OHO) model provides a lens in which educators can consider compassionate pedagogical practices and the student experience. This has implications and relevance for compassion in health and social care education more widely.

The study and data collection took place in 2018 before Covid 19. Data analysis and the writing up of the thesis took place during Covid -19.

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Abbreviations

DH	Department of Health
DfE	Department for Education
DCSF	Department for Children, Schools, and Families
HCP	Healthy Child Programme
HE	Higher Education
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
NHS	National Health Service
PHE	Public Health England
SCPHN	Specialist Community Public Health Nursing
SLAiP	Standards to Support Learning and Assessment in Practice (SLAiP) (NMC, 2008)
TEF	Teaching Excellence and Student Outcomes Framework

Terms

Term	Meaning
Critical Compassionate Pedagogy (Hao, 2011)	A pedagogy of noticing and challenging classroom practices that may favour one group over another, challenging behaviours that are inequitable, unfair, or discriminatory
Culturally Competent Compassion (Papadopoulos, 2017)	Culturally competent compassion takes account of cultures and practices and is defined as <i>“the human quality of understanding the suffering of others and wanting to do something about it, using culturally appropriate and acceptable interventions, which take into consideration cultural backgrounds”</i> Papadopoulos (2017, p.69)
Moralised Compassion (MacKenzie and Maginess, 2018)	Rather than compassion based on judgements around shared values and similarities, in moralised compassion there is a recognition of the injustice, unfairness or disadvantage of another’s situation. Compassion is based on the fundamental principle that we are all human and a non-contingent regard for others.
Intersectional Compassionate Pedagogy (ICP) (Godfrey, Larkin-Wells and Frechette, 2018)	Intersectionality provides an analytical framework enabling a more detailed exploration of how aspects of a person’s social and political identities combine to create multiple discriminations. The sustainability of future generations may be achieved through a process of understanding intersectional compassionate pedagogy (ICP)
<i>“Troubling Emotions”</i>	<i>“Troubling emotions”</i> refer to academics experiencing discomfort and disturbance in educational and

Term	Meaning
(Haynes and Macleod-Johnstone, 2017, p.182)	academic practice. In the thesis troubling emotions is applied to students and represents feelings of negative affect, for example anxiety, panic, vulnerability. The term is used generically and illustrates varying degrees of suffering.
“Worrisome Narratives” (Boyd and Grant, 2019, p.72)	“Worrisome narratives” refer to academic concerns around high workloads and demanding working environments,
Emotional Labour (Hochschild, 1983)	Hochschild (1983) refers to emotional labour and although originally drawn from service industries has wider applicability to all roles where there is a need for a performance or management of emotions in carrying out a task. Emotional labour is particularly relevant when working in complex, upsetting, or distressing situations.
Compassionate Reflexive Inquiry (Oliver, 2005)	Reflexivity is a process of open and honest dialogue that examines beliefs, judgements, and practices. In practising reflexivity, we become more aware and informed and thus able to develop. Oliver (2005) identifies five principles in compassionate reflexive inquiry: systemic, constructionist, critical, appreciative, and complex. Each principal points to a level of inquiry that enables a more informed position of our own world view.
Salutogenesis (Antonovsky, 1987)	Salutogenesis used in healthcare is a term that denotes health creating rather than on illness or cure. It forms a principle of public health practice. More recently the term is appearing in the educational literature and considers learning that promotes a more positive and

Term	Meaning
	productive healthy position. Compassion may offer a mechanism of supporting salutogenesis.

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Chapter 1 Introduction and Background

The qualitative nature of learning experiences in higher education (HE) is important for all students, viewed as central to social justice, citizenship and preparing graduates for a complex and uncertain world (McArthur, 2016; Sutton, 2015; Anderson and McCune, 2013). Some may argue for healthcare students the qualitative nature of learning experience is even more important and that compassion is a fundamental feature of this in view of its significance and prominence in nursing discourse (Health Education England, 2019; Nursing and Midwifery Council (NMC), 2018; National Institute for Health and Care Excellence (NICE) 2012).

Compassion in Western research tends to cross three main orientations; having compassion for others, receiving compassion from others and compassion for oneself, self-compassion (Jazaieri *et al.*, 2013). This study explores the experiences of receiving compassion for seven postgraduate students undertaking a one-year full time nursing programme, Specialist Community Public Health Nursing (SCPHN). The study took place in a post-1992 university in the Southwest of England.

1.1 Content Chapter 1

Chapter one explains the background, rationale, and relevance of the research. A personal section explains how a study on compassion seems timely and fitting personally and professionally. I also introduce Heidegger (1968) and hermeneutic phenomenology as the philosophical framework underpinning the study and the assertion that as human-beings we all live and exist in social, political, and cultural contexts. The latter section introduces reflexivity, a method of improving the integrity and trustworthiness of qualitative research (Patton, 2015; Finlay, 2002).

1.2 A Perceived Deficit of Compassion

Working as a lecturer on a Specialist Community Public Health Nursing programme I have been aware that for some students the programme can be particularly challenging, students often highlighting experiences of learning as overwhelming. As mature students I regarded some degree of feeling overwhelmed as a normal and recognised response to a demanding programme and I assumed students received compassionate responses to the challenges and feelings experienced. Whilst ambiguity exists in terms of what defines or constitutes a mature student (Christenson and Croft, 2021; Hayden, Jeong, and Norton, 2016) mature here is a student having previously undertaken an undergraduate nursing programme and worked in the health care sector.

Specialist Community Public Health Nursing (SCPHN) programmes are postgraduate and undertaken by individuals who are already qualified as nurses or midwives (NMC, 2004). SCPHN has three fields of practice: health visiting, school nursing and occupational health nursing. In this thesis SCPHN relates to health visiting and school nursing, fields of practice within my expertise. SCPHN students spend half of their time in practice placements within the National Health Service (NHS) and half in study as set out by the Specialist Community Public Health Nursing Standards (NMC, 2004). In the UK Specialist Community Public Health nurses take a lead role in the implementation of the Healthy Child Programme (HCP) (Department of Health (DH) and Department for Children, Schools, and Families (DCSF), 2009; Public Health England, (PHE) 2021; 2016). The HCP offers every family an evidence-based programme of interventions that includes screening tests, developmental reviews and information and guidance to promote health, well-being, and parenting. The role has a public health focus on reducing health and social inequalities with health visitors focusing on preconception to five years and school nursing from five to nineteen years.

The assumption that SCPHN students experienced compassion in the programme was questioned when I was contacted on two consecutive days by two

different students, Jane, and Jess. Jane and Jess are pseudonyms to provide anonymity. Jane and Jess reported feeling upset and a lack of compassion. Their accounts highlighted variations in expectations of learning and tasks across university and placement, neither environment understanding or accounting for the other. The result was competing priorities and expectations that they felt they could not achieve. Both reported a lack of consideration for their personal lives and wellbeing. Tearful and upset they perceived themselves as failing and under-achieving, describing feelings of vulnerability, helplessness, and despair. Both expressed feelings of disempowerment, a lack of understanding of their situation and a lack of compassion. This they perceived as having significant impact on their ability to learn and their wellbeing. One referred to the environment as harmful, resonating with recent and cumulative narratives claiming educational environments as toxic and uncaring (Kinchin, 2019; Liu and Pechenkina, 2019; Gibbs, 2017; Haynes and Macleod-Johnstone, 2017; Smyth, 2017; Waddington, 2016). Jess reported conflict in her team, her relationship with the practice teacher as difficult, that they had not connected, and she felt isolated and at times excluded. The incident led me to question the extent of compassion experienced as a student and if the reported experiences were the tip of the iceberg.

Waddington (2016, p.1) had questioned *“if students do not experience a compassionate learning environment in universities, it’s no surprise that there is a compassion gap in [nursing] practice”*. Waddington refers to the post Francis landscape (Francis, 2013) and the highly publicised account of an alleged lack of compassion by nurses in a hospital in Mid-Staffordshire. Prominent levels of bullying and abuse in contexts which the nurses worked appeared counterintuitive to the relational constructs of caring and compassion (Francis, 2013). The events of Mid-Staffordshire led to increasing questions around nursing education and the extent in which organisational cultures influenced and facilitated the development of compassion (Clouston, 2018; Younas and Maddigan, 2018; Dewar *et al.*, 2014). Waddington (2016) recounts attending an educational conference on compassion and receiving a round of applause when she questioned the compassion gap

experienced in universities that educate the individuals who then go on to work as healthcare professionals.

I had not at that time contemplated education as lacking compassion or considered understandings of suffering in education. In drawing parallels between healthcare and HE Waddington identified the failure to prioritise compassion as subtler in education, but nevertheless present. I perceived the two students accounts as a critical incident; critical incidents provide an opportunity to rethink meaning (Pearce, 2007). I felt surprised and anger at the upset and distress experienced. I saw this as suffering and experienced disappointment in what I too understood as a lack of compassion. As SCPHN students and thus qualified nurses I assumed an understanding of compassion, adding to the legitimacy and credibility of their accounts. This incident proved a stimulus in exploring whether Jess and Janes' accounts of suffering resonated in the wider SCPHN cohort and to what extent compassion was present and visible in the SCPHN programme. This may also have relevance to other nursing and healthcare programmes where students spend time in placement and university.

A further important trigger was the recognition that in HE a more disturbing conversation was taking place, questions around increasing workloads, compassion deficits, uncaring and toxic environments impacting on the academic workforce and the student experience (Kinchin, 2019; Gibbs, 2017; Smyth, 2017; Waddington, 2016). MacKenzie and Maginess (2018, p.44) reported students experiencing "*bruising and unsympathetic encounters with the system*" with Haynes and Macleod-Johnstone (2017, p.182) referring to "*troubling emotions*" and Boyd and Grant (2019, p.72) to "*worrisome narratives*". "*Troubling emotions*" referred to academics experiencing discomfort and disturbance in educational and academic practice and "*worrisome narratives*" to academic concerns around high workloads and demanding working environments, discourses supported by others (Bonnardel *et al.*, 2018; Caddell and Wilder, 2018; Mark and Smith, 2018; Darabi, Macaskill, and Reidy, 2017;

Times Higher Education Survey, 2016; Waddington, 2016). The picture presented pointed to varying degrees of suffering and upset in HE.

Recent attention has focused on the shifts in HE to private enterprises and market economies, some arguing that the continued drive to competitive and individualised cultures are at the expense of collegiality and social responsibility (Bergland, 2018; Gibbs, 2017; Smyth, 2017). Emerging and growing voices are increasingly questioning the extent in which compassion is present and visible (Boyd and Grant, 2019; Liu and Pechenkina, 2019; Hancock, 2018; Gibbs, 2017; Waddington, 2016). Students at the 'heart of the system' (Business, Innovation and Skills, 2011, p.1) were also seen reporting feelings of disconnect via the dominant discourses driving education policy (Kinchin and Kinchin, 2019; Kandiko and Mawer, 2013). Educators facing constant pressures, competing demands and heavy workloads inevitably seen as impacting students' experiences. Gabriel (2012, p.1137) refers to "*miasma*" to describe a constant state of pollution, something unpleasant and pervasive in organisations that constantly alter and change. A "*preoccupation on image sometimes at the expense of substance*" (Gabriel, 2012, p.1140) summing up the move to competitive, business models that impact on the quality of education.

Parallel processes have been evident and experienced in the NHS and healthcare organisations for some time (West, 2021; Appleby and Thomas, 2000; Mason and Araujo, 2020;). The damaging consequences for staff health and patient safety reported by the Kings Fund in 2018 (Health Foundation, 2018). My own experiences as an NHS manager in the early 2000's supported this in observing high staff sickness and stress, constant change and reorganisation and demanding complex workloads. West (2021) provides a contemporary overview of a continuing crisis in the health and social care sector that includes pre- and post-Covid 19, illustrating how elevated levels of stress, complexity, and workload impede the quality of compassionate care. West (2021) notes the need for shifts in leadership to enable a culture of compassion where "*attending, understanding, empathising and helping*" (West, 2021, p.63) are prioritised. According to West (2021), Castledine's

(2003) prediction of disillusionment, burnout, low performance, cynicism, and resistance to change, a consequence of the business led approach has been true for some time. The NHS Long Term Plan (2019) recognises existing deficits of compassion and the considerable impact amongst its workforce, a quarter of staff having experienced harassment, bullying or abuse, in the main from other staff. Calls for developing and embedding cultures of kindness, inclusion, and compassion are required to reverse this dominant trend. This has more relevance due to the additional pressures and demands placed on NHS staff from Covid-19. West (2021) cites examples where Covid-19 has triggered increased support and a more purposeful bringing together of communities, with examples of healthcare staff covering shifts and more emphasis on the emotional climate of the team.

It is important to note that a significant part of the study took place before Covid 19 including the data collection. Analysis and interpretation have taken place during the pandemic which has seen an increased need for compassion in both education and the NHS. Covid 19 has had a significant impact on the physical and mental health of the student population (Ihm *et al.*, 2021; Dhar *et al.*, 2020). I refer to this later in the thesis.

In SCPHN education students immerse in two cultures, the NHS and university, both performance focused (West, 2020; Ball, 2003). Unlike undergraduate nursing students, SCPHN students are qualified nurses and expectations are often significantly higher in placement around delivery of tasks, expectations and undertaking responsibilities. Managing and juggling demands and competing priorities can be challenging. Exposure and immersion in two cultures may intensify any negative impacts arising from performance-based values such as stress, anxiety, and a decline in wellbeing. The incident described with Jane and Jess referred to pressures experienced in both settings, each environment not accounting or understanding the other in terms of expectations, workloads, and wellbeing. Jess also experienced isolation and disconnect with thoughts of withdrawing from the programme. I refer to this as the double whammy, *“a combination of two usually*

adverse forces, circumstances, or effects" (Merriam Webster, 2021), adverse forces here viewed as the impact or fall out of performative cultures. Ball (2003, p. 216) describes performative cultures as "*terrors of performativity*" (Ball, 2003, p.216), a regime of performance management used as a controlling purpose in that performance links to measures of productivity and output. The upset and distress experienced by Jane, and Jess I saw as the impact at the micro level of education. I wondered to what extent the discord and darker side to university life referred to by Waddington (2016, p.5) and evident in health (West, 2021) impacted on the student experience, and the degree of replication for healthcare students more generally. Whilst some literature points to students experiencing "*bruising and unsympathetic encounters*" (MacKenzie and Maginess, 2018, p.44) the focus is mostly from the educator perspective.

Smyth (2017) highlights a conspicuous absence of existential accounts of what life is like for students in contemporary universities and calls for insider investigations to identify the intricacies of lived experiences, the stresses, and strains that students experience and the consequences of modern-day life. Waddington (2016) suggests personal narratives may be helpful in opening nursing education to scrutiny and enquiry. In SCPHN education there is limited literature with Cowley (2013) suggesting the term 'health visitor/SCPHN' in the title, abstract or key words of publications to build and develop a coherent body of knowledge. The lack of empirical studies continues and has been an underpinning motivator for this thesis and in including SCPHN in the title. To date there are no studies that explore how SCPHN students or postgraduate students experience compassion in their learning environments, the paucity of literature noted by Everitt-Reynolds *et al.* (2022).

1.3 Aim of the Study and Questions

Considering the above, my main question was;

What are students' lived experiences of receiving compassion from educators in the learning environment of university and on placement over a one-year SCPHN programme?

In response to this question, I sought understandings to the following;

- ❖ How do SCPHN students understand compassion?
- ❖ How do SCPHN students' experiences of compassion impact on their learning and development?
- ❖ Is there an impact of performative cultures on students' experiences of compassion at the micro level in Higher Education?

1.4 The Philosophical and Theoretical Frameworks

Philosophy is the study of the nature of existence, fundamental questions about who we are. Heidegger (1968) asserted that as human-beings we live and exist in social, political, and cultural contexts and do not stand alone, we are always in the world or "*being-in-the-world*", a term he called '*Dasein*' (Heidegger, 1962, p.33). The world exists whether we are there or not, and our understandings and meanings derive from our authenticity of being in the world. Heidegger's notion of '*Dasein*' and the lived experiences from "*being-in-the-world*" (Heidegger, 1962, p.33) underpin the study.

Phenomenology is a theoretical perspective (Moran, 2000; Crotty, 1998). A fundamental assumption in phenomenology is that the lived experience is a first-hand account of a phenomenon gained from direct involvement in daily life (Eskandari *et al.*, 2016; Gill, 2014; Husserl, 1997). Phenomenology is interpretative, underlying assumptions about how we see the world dependent on the philosophical underpinnings of either descriptive phenomenology (Husserl, 1997) or hermeneutic phenomenology (Heidegger, 1968). Descriptive phenomenology adopts a position of putting aside our personal understandings of the world or bracketing our presuppositions, whilst hermeneutic phenomenology embraces our personal

understandings evolved from the past and present (Heidegger, 1968). This position emphasises that it is impossible to clear the mind of previous understandings, they are always present and facilitate further understandings. Hermeneutic phenomenology is the theoretical framework informing the study.

In research hermeneutic phenomenology does not have clear steps to follow, although steps taken need to align with the philosophical assumptions (van Manen, 2016). van Manen (2016, p. 30-31) offers a hermeneutic phenomenological method of inquiry of six guiding activities to investigate lived experiences. The six principles facilitate structure, though this is not so set in stone that it cannot be flexible (van Manen, 2016, p. 30-31). I use van Manen to guide my study. Hermeneutic phenomenology and van Manen's (2016, p. 30-31) six guiding activities are explained fully in Chapter four which offers an in-depth outline of the philosophical approach and methodology.

The theoretical framework underpinning the study sees compassion as fundamental and in the cultivating of compassion fair and just cultures are created. A commitment to compassion is pivotal in fostering shared goals and understanding, whilst also recognising hostile forces can hinder and thwart compassion (Nussbaum, 2013;2001;1997). Equity and just societies is based on the central principle that we are all human, an *"acknowledgment of our shared humanity"* (MacKenzie and Maginess, 2018, p. 43). Papadopoulos acknowledges humanity's diverse cultural heritage and in fostering fair and just cultures calls for a culturally competent compassion, *"the human quality of understanding the suffering of others and wanting to do something about it, using culturally appropriate and acceptable interventions, which take into consideration cultural backgrounds"* (Papadopoulos, 2017a, p.79). Notions of fairness, equity and justice fit with the ethos of public health nursing.

1.5 Compassion and Issues of Definition

Compassion is a nebulous concept with few writers agreeing on the exact meaning (Younas and Maddigan, 2018; Gilbert, 2017a; Taylor *et al.*, 2017). The

Oxford English Dictionary defines compassion as stemming from the Latin '*compati*,' meaning '*to suffer with*' and as "*feeling or showing sympathy and concern for others*" (English Oxford Dictionary, 2020) and Merriam Webster. Com as the "*sympathetic consciousness of others' distress together with a desire to alleviate it.*" Others simply describe as kindness (Gilbert, 2013) and a "*kind of practice*" (Brown *et al.*, 2014, p.384). Theoretical and conceptual understandings, often derived from historical and evolutionary positions (Chaney, 2020; Coles and Gent, 2020; Gibbs, 2017; Goetz, *et al.*, 2010; Gilbert, 2013) are evident in the literature. Mostly viewed as positive, contested perspectives also exist; compassion as stifling another's flourishing (Hoffman, 2000); subject to bias (Hoffman, 2000); confused with notions of pity (Nussbaum, 2013) and giving too much compassion leading to burnout (Smajdor, 2013). Chapter three provides more detail of contested perspectives.

Compassion is a worldwide movement, articulated in Armstrong's (2008) Charter for Compassion, now adopted by over 400 communities in 50 countries. The Charter for Compassion is a purposeful commitment of responsibility and caring for each other through compassionate action. The United Nations Sustainable Development Goals (2015) allude to compassion through peace, justice, and wellbeing. The fight for justice through the expression of compassion is one of the five strands of compassion (Gibbs, 2017) and a fundamental way of life endorsed by Coles and Gent (2020). Coles and Gent (2020) see compassion as an embodiment weaved into all aspects of life, a way of seeing and living. Founder of the Compassionate Education Foundation (CoED) Coles has published extensively, significantly contributing to compassion as a radical way of being, where everything we do is "*permeated by love*" and "*love-in-action*" (Coles and Gent, 2020, p.7). Coles and Gent provide a well-versed critique of the neoliberal economic world that according to Bergland (2008) causes competition and jealousy. Coles and Gent argue strongly for a re-examination of society's values to reverse the current status quo that seems to "*idolise growth-greed consumerism*" (Coles and Gent, 2020, p.3). Whilst viewing compassion with love may feel sentimental and unrealistic, its' roots and ideological beliefs of a fairer, just, and inclusive world seems hard to dispute.

Viewing from this lens human survival depends on creating a compassionate world that moves forward socially, politically, and economically. Yet, the harmony or co-existence of compassionate cultures seems problematic. As I write the outbreak of the Russian/Ukraine conflict has escalated into war. van Kleef *et al.* (2008) in referencing power illustrates that whilst responding compassionately to individuals is foundational to our social collectives, social power diminishes emotional reactions to suffering; the more power a person has the less compassion experienced in response to another's suffering. The pursuit of marketisation and ensuing power runs counter to a more communitarianism ethos (Cowden and Singh, 2017).

Education systems remain in a prime position to bring about change, yet *"education is failing to bring about any benefits ... failing to address or solve the challenges afflicting the world today"* (Papadopoulos, 2017a, p.74). Challenges refer to xenophobic discrimination and ethnic and culture-religious conflicts (Coles and Gent, 2020; Papadopoulos, 2017a). Rather than reversing social inequalities, education systems perpetuate these through increasing competition and in the aim of achieving higher university rankings. Ideas of the 'best students' oppress, marginalise, or side-line those already underrepresented for example minority and disadvantaged groups (Woodham, 2017). Whilst a refocusing on compassion and collegiality within universities pre-and post-pandemic is evident (Kinchin, 2019; MacKenzie and Maginess, 2018; Haynes and Macleod-Johnstone, 2017; Walker and Gleaves, 2015) there is a sense that much more is required. Pre-pandemic universities and academics were beginning to focus on compassionate cultures as a way of promoting health and wellbeing, a response to deteriorating mental health in the student population (Mental Wellbeing in Higher Education Expert Group (MWBHE), 2021; Tabor *et al.*, 2021; Barrett and Twycross, 2020; McCloud and Bann, 2019; Hughs *et al.*, 2018; Storrie *et al.*, 2010) and the recognition of increasing discourses suggesting compassion deficits (Gibbs, 2017; Smyth, 2017).

1.6 Understandings of Compassion in Nursing and Education

In nursing compassion is fundamental (NMC, 2018a), deeply significant, and invariably involves the ability to notice distress and alleviate suffering (Gilbert,

2013; Goetz *et al.*, 2010). In nurse education both undergraduate and postgraduate, cultivating, facilitating, and modelling compassionate behaviours as part of continuing development remains paramount. Compassion remains a core expectation of all healthcare professionals and is visible in United Kingdom (UK) DH initiatives to promote a caring culture in the NHS (NHS England, 2016; DH, 2015a; DH, 2012; National Health Service (NHS) Confederation 2012; NICE, 2012). In 2019 compassion became a mandatory topic within healthcare education as part of the UK's NHS Plan (Health Education England, 2019) in reversing current NHS trends of increasing sickness, stress, and mental ill-health (West, 2021; Health Foundation, 2018). Associated with professional competence (Badger and Royce, 2012) and a hallmark of quality provision (Sinclair *et al.*, 2020; Curtis, Horton, and Smith, 2012) Davison and Williams (2009) describe compassion as a nurse's most precious asset. Whilst compassion as many benefits to patients and staff (Lown, Rosen, and Marttila, 2011) compassion can also be an emotional drain on staff (Keogh, 2014) and as such may not be compatible in health care (Smajor, 2013). Despite its prominence and visibility, limited practical suggestions exist that help nurses understand and develop compassion and where they do exist are context specific.

In SCPHN practice and in the preventative approach of public health compassion tends to be subtler. MacKenzie and Maginess (2018, p.42) refer to "*the imaginative dwelling on the condition of the other person, an active regard for her good, and a view of her as a fellow human being*" as a compassionate position. In SCPHN practice "*alongsideness*" (Pound, 2013, p.104) also illustrates a subtler way of working where compassion is a sitting by the side of, of acceptance and non-judgement, also facilitating a feeling of possibility and wellbeing. In education, compassion may be conceptualised in a comparable way, "*alongsideness*" (Pound, 2013, p.104) alleviating suffering that is sometimes invisible or indistinguishable in the classroom or practice learning setting.

In education compassion has relevance in checking in with student's wellbeing and noting and responding to students' needs in a considered and thoughtful way. Pedagogical activities as a lecturer are often task focused, teaching, and delivering

content relevant to the chosen field rather than a value-based provision of education based on empathic responding and compassionate acts. White, (2017, p.19) defines value-based provision as an *“involving of the ability to put our own concerns to one side and to see things from another perspective; responding to the needs of others and even anticipating those needs before they arise”*. An endeavouring to see things from the students’ perspective, to take note and adapt (Waghid, 2019) seems a reasonable assumption yet the reality of workloads and competition embedded into HE can present challenges that may hinder or inhibit compassionate responses and compassionate cultures.

1.7 Neoliberalism and Performative Cultures

In undertaking the study there was a recognition that the literature on compassion in HE was increasing (Waddington, 2018). *“HE; Success as a Knowledge Economy”* (Department of Business, Innovation and Skills, 2016) opened HE to markets and competition as an opportunity to prepare universities for the future market economy. Recent scholarship highlights that the cultivation of compassion in academic landscapes is increasingly necessary as a means of mitigating adverse and undesirable consequences of market economies and performative cultures (Anderson *et al.*, 2019; Mutch and Tatebe, 2017; Gibbs, 2017). Performativity resonates with consumer business models, performance linking to measures of productivity, targets, and outputs (Ball, 2003), the consequence of the wider context of neoliberalism. Neoliberalism viewed as a global phenomenon is a controversial term to define (Boas and Gans-Morse, 2009). In appraising over a hundred journals Boas and Gans-Morse (2009) highlight neoliberalism as a broad variety of phenomena; democracy, radical reform of marketisation, economic reform and performance measures. As a term it is often employed unevenly. McGregor (2001) defines neo-liberalism as comprising three principles, individualism, free market via privatization and deregulation, and decentralization. A major critique emerging is that globally the processes of neoliberalism are profoundly reshaping the HE sectors, in Australia (Boyd and Grant, 2019), Canada (Dickenson and Somerville, 2018) and in the UK, where the impact is particularly sharp (Caddell and Wilder, 2018). Visible

across all sectors; health, defence, the environment, and education are the subsequent rise in policy, international league tables, competition, and performative measures (Piattoeva and Boden, 2020). McCoy and Gafton (2018) argue that neoliberalism has become so pervasive, normal, and routine, embedded in how we think and behave, that we no longer question its presence, oppose it, or even see it.

Embedded in HE cultures is the shift to consumerist ideology (Mutch and Tatebe, 2017) with notions of 'excellence' (Stevenson, Whelan, and Burke, 2017) and well-rehearsed signifiers; '*excellence*', '*cutting-edge*' and '*world-class*' (Gabriel, 2012, p. 1140) highlighting the strive for dominance in the sector. In the main universities are determined by economic imperatives that focus on student employability (Burke, Stevenson, and Whelan, 2015; Ball, 2003). Ball (2003, p.220) writes of the "*struggle for the soul of the teacher*" in referring to the obligatory identity challenges as academics struggle with constant change and reformation. Performativity, integral to the way we live, and think is an ideology that values competition, individualism, and meritocracy. This view endorses the idea that as human beings we are selfish, greedy, and materialistic.

A continued focus on performance, outputs and outcomes causes dissonance in universities and a "*preoccupation with efficiency ... and the consumerization of students*" (Preston and Aslett, 2014, p.504) viewed as detrimental to students and employees (Bunce and Bennett, 2019; Jabbar *et al.*, 2018; Bunce, Baird, and Jones, 2017; Tomlinson, 2017; 2014). Students as consumers now compete for places in a market of increasing costs (King and Bunce, 2020) where knowledge is a purchased commodity (Horton, 2016; Molesworth, Scullion, and Nixon, 2011). Mutch and Tatebe (2017, p.223) describe their experience of working in a neoliberal university in New Zealand as "*mice on a treadmill*" illustrating the challenges under three main themes; the university as an instrument of neoliberalism; the academic as managed subject; and the student as entitled consumer. Mutch and Tatebe (2017) offer examples of resisting competitive and individualising regimes, caring compassionate cultures integral to this, a means of mitigating the more detrimental impacts. What

is clear from their discussions is that despite the many challenges, there are also possibilities to reframe and reinterpret negative claims. Damage and disruption can work to mobilise and strengthen commitments and with this a stronger resolve to resist the negativity that prevails in favour of more positive and compassionate decisions.

In the UK whilst there appears an increasing commitment and resolve to deliver a more compassionate, HE climate the observable damage and despair in terms of the consequences of market forces remain. Smyth (2017) refers to toxicity and the market as a dagger in the life of the university thrusting deeper and deeper into its very soul. Narratives of “*the dark side*” of university life (Waddington, 2017, p.53) illustrate the difficulties experienced by students, academics, and managers. The ‘*zombie academia*’ (Brabazon, 2016; Whelan, Walker, and Moore, 2013) suggest environments as contaminated and murky. The ‘zombie’ metaphor refers to the idea that whilst things may look energetic and vibrant, underneath lies more dead, stagnant ideas. The power of performativity is as such viewed as “*reaching into the heart of relationships in the academy; in the classroom, in our meetings and in our pastoral roles with students*” (Haynes and Macleod-Johnstone, 2017, p.182). With such dominant and discursive language questions arise around the space and time for the more humanistic virtues and the relational aspects of what it is to be human and what it is to thrive and to feel connected.

Waddington (2016) argues of parallels between UK universities and the UK NHS, citing Ballatt and Campling’s (2011) analysis of relentless regulation and reform in the NHS and the observed impact on staff and patient experience. Constant metrics and counting measures resulted in serious failures, the prioritisation of compassion being one of these. Waddington (2016) offered caution to universities implementing the Teaching Excellence and Student Outcomes Framework (TEF) (DfE, 2017), to be alert to the emphasis on metrics and the possible negative cost on student experience. Business models viewed from this lens can result in undesirable side effects, a “*dissolving of interconnectedness*” (Gilbert, 2005, p.54) and people viewed

as *“commodities rather than respected citizens”* (Ballatt and Campling, 2011, p.139). The continued emphasis on efficiencies and performance may erode our abilities to remain nurturing and caring and within our places of work the sense of community and structures that support group mentality under constant threat (Gilbert, 2013). Presenting as a dichotomy, performativity and competition versus compassionate and relational cultures proposes only one or the other is possible, rather than collaborative and mutually beneficial existence.

Nurse education sits within both health and education sectors, where performance, competition, markets, and consumer choice are dominant (Clegg, 2008; Ball, 2003). SCPHN students, as post graduate students are situated within both cultures and although enrol onto the SCPHN programme mostly from an NHS background may have been out of nursing practice for some time. SCPHN students, although post graduate students may also have been away from study and academia for significant amounts of time. The double whammy, *“a combination of two usually adverse forces, circumstances, or effects”* (Merriam Webster, 2021) introduced in Section 1.2 may be very real in terms of how students experience their lived world.

1.8 The Personal

As a researcher it is important to feel enthused and interested in your area of study, *“no problem just falls from heaven, something awakens our interest-that is really what comes first”* (Gadamer and Dutt, 2001, p.50). My interest in compassion evolves from a twenty-five-year nursing career in the NHS prior to my current role as senior lecturer within a SCPHN programme. I strongly believe that how we relate to others is vital for a meaningful and healthy future. Like Nussbaum (2013) I see compassion as integral to relationships, to communities and to the sustainability of populations and development. Nussbaum (2013) draws significantly on cultivating compassion as a means of creating fairer and just cultures although also recognises hostile forces that may thwart or hinder compassion such as envy.

I have always seen myself as compassionate and caring, often feeling others' distress deeply. I trained as a General Nurse in 1986, followed by Midwifery in 1991

and Specialist Community Public Health Nursing in 1995. As a nurse the ability to be caring and compassionate is fundamental, evident by its position in nursing policy, practice, and education (NMC, 2018a; NMC, 2018b; Francis, 2013; DH, 2012).

Personal understandings and how we come to perceive and make sense of compassion derive from wider ontological and epistemological perspectives, ways of understanding how we view and make sense of the world. Although often interwoven, the terms ontology and epistemology are distinguishable; Crotty (1998) distinguishes ontology as embodying a way of understanding or thinking about the world, our perspective of what it is to be and what is real, and epistemology on what it means to know and ways of knowing. Definitions of compassion thus vary depending on our ontological and epistemological perspectives. As a nurse my knowledge and understandings originate from practical caring, compassion demonstrated in sensing or observing a person's discomfort or suffering and motivated to act.

As a child I have clear memories of wanting to help and make things better for others. I grew up in a working-class family. My parents were both factory workers in the industrial Stroud valleys and no one in my immediate or extended family were professionals. I was fortunate to go to grammar school and obtain a good education, leaving with two A levels and thirteen O levels. I remember debates with an uncle and aunt who lived by the sea, of heated discussions on poverty, homelessness, discrimination, and prejudice. Viewed by my family as an advocate for those who were suffering, I was often frustrated by the injustice and inequity I saw, fighting the cause and wanting to make things right. Nursing however was not an intentional destination; social work was my plan. However, my life took a different direction, meeting at eighteen the person I was later to marry. Following a few years of drifting I applied to nursing.

As a nurse, midwife, health visitor and educator within the NHS building relationships and actively caring for people has been my 'bread and butter' for twenty-five years, feeling compassion and being compassionate embodied in nursing identity and one that I prescribed to with enthusiasm. Moving into education I have

experienced a significant shift in my development, a raising of consciousness and criticality, a much deeper understanding of the inequities that exist and the injustices that continue to perpetuate. An exploration of compassion as a thesis subject feels like destiny, an apt choice. In health and education, I have observed first-hand the relentless pursuit of change and the impact on workloads, of increasing complexity, administrative tasks, and challenges. Equally, I am aware of the benefits of compassion on health and wellbeing, again experiencing first hand in my own educational journey. My experience throughout this study I recognise as a legitimate source of knowledge. Bolton and Delderfield, (2018) refer to a willingness to explore the interrelatedness of professional and the personal and see as valuable.

The experience I bring to this study is a strength. Whilst there is a recognition that the cultures of health and education have similarities, they are also different. I have understandings of both. Compassion may have various interpretations and understandings across sectors yet in research terms the focus tends to be one or the other. Here, I explore both, placement (NHS) and university, integral to the SCPHN student experience in an HE programme. The research focus is also often on the educator rather than the student. Smyth (2017) highlights a conspicuous absence of existential accounts of what life is like for students in contemporary universities, across all disciplines, and calls for insider investigations to identify the intricacies of lived experiences, the stresses and strains and the consequences of modern-day life. Waddington (2016) suggests personal student narratives to open nursing education to scrutiny and enquiry. SCPHN as a nursing specialism, as already stated has limited research. Professionals moving onto doctorate study are small and niche (Cowley *et al.*, 2013).

Research studies often focus on undergraduate students in nursing rather than postgraduate. No study to date has focused on how postgraduate students in public health nursing experience compassion. Findings will elucidate the lived experience and through an interpretative lens inform and update pedagogical practices. As a thesis it is important that the study contributes new knowledge and

adds to the current body of literature in a meaningful and purposeful way. New insights from the student perspective will enable a fuller and more comprehensive understanding of postgraduate students and in terms of receiving compassion enable more tailored pedagogy. Findings may be valuable to all educators involved in health care and nursing programmes. This is not an exhaustive list as the study may be of interest and value to all individuals interested in compassion and education. In the practice of teaching and of learning it is only in the micro aspects of what it is to be human and how we relate and experience life that can inform and influence the macro. Only in informing and a raising of consciousness can change occur. The thesis is particularly topical and current post Covid 19.

1.9 Reflexivity

In qualitative research the researcher is always present. Corbin-Dwyer and Buckle (2009, p.55) refer to this as the '*personhood of the researcher ... an essential and ever-present aspect of the investigation*'. As a novice researcher there is a risk of producing research dominated by personal characteristics, prejudices, and bias (Finlay, 2002).

Reflexivity improves transparency through open and honest reflective dialogue that examines beliefs, judgements, and practices (Finlay, 2002). In "*making visible the practice and construction of knowledge*" (Pillow, 2003 p.178) bias and subjectivity reduces and confidence and credibility promoted (Denzin and Lincoln, 2011). Although reflexivity remains to date contested, questions around process, meaning and significance (Darawsheh, 2014), a confessional tone is valuable (Sparkes, 2002). As such I have integrated reflexive thoughts seamlessly into the text. Remaining reflexive has not been an effortless process. Whilst reflexivity has some familiarity in nursing, shifting to a research lens has been more challenging. Finlay (2002, p.209) defines the "*muddy ambiguity*" as researchers "*negotiate the swamp of interminable deconstructions, self-analysis and self-disclosure*" whilst also advocating the need to avoid "*navel gazing ... a preoccupation with their own emotions*" (Finlay, 2009, p. 13). The danger of naval gazing may privilege the researcher over participant. Maintaining

some balance and a conscious effort to sustain an awareness of researcher bias I have acknowledged my beliefs in Section 4.3. I also explain how this aligns to hermeneutic phenomenology. Throughout I have reflected on the degree in which my own thoughts, beliefs and values may have influenced or hindered the research process and findings. I reflect on this process in Chapter four.

1.10 Synopsis of Chapter

The introduction illustrated two key motives for the study, firstly Jane and Jess experiencing a lack of compassion and secondly discourses suggesting increasing workloads, compassion deficits and toxic environments, consequences of the neoliberal society. I introduced the philosophical framework underpinning the study as following Heidegger (1962) where human human-beings exist in the lived world within social, political, and cultural contexts. Central to this is the belief that just and fair societies can be created through compassion. I now turn to Chapter 2 that provides context around public health nursing and SCPHN.

Chapter 2 Specialist Community Public Health Nursing (SCPHN)

2.1 Content Chapter 2

Chapter two explains SCPHN as a postgraduate nursing specialism. SCPHN has had many policy changes in the last ten years reflecting shifts to performative cultures. To orientate the reader to public health nursing I have provided a brief overview of the historical origins adding further detail in appendix one. Accounts of history are always partial and incomplete and whilst it is not possible to provide a comprehensive overview of public health nursing, understanding some of the historical underpinnings enables a more insightful perspective of public health nursing today. Further sections explain policy, practice and the SCPHN programme, including demographic data of the United Kingdom SCPHN student population. The specific challenges faced by students undertaking SCPHN programmes I explore in Section 2.5. This section equally fits in the literature review. I have chosen to situate here as the knowledge is specific to the SCPHN profession. I now turn to a brief history of public health nursing.

2.2 History of Public Health Nursing

A history of public health nursing, specifically health visiting draws on the origins of health and social care initiatives in the early 1800's. Health visiting evolved in this period with a focus on improving sanitation and home conditions, particularly for poorer families. One initiative, the Manchester, and Salford Sanitary Reform Association, set up in 1852 (Heggie, 2011) culminated in paid employment in 1862. Women were paid to visit the homes of families deemed vulnerable to disease and poverty offering practical help, advice, and health education (While, 1987). This initiative was the start of public health nursing and specifically health visiting (Dingwall, 1977).

The events of World War 1 (1914-1918) and World War 2 (1939-1945) exposed the nation's limited healthcare and lack of focus on prevention, culminating in the Beveridge Report in 1942. This report laid the foundations for Britain's health and social care systems today, the cradle to grave concept and a focus on improving inequalities. Recommendations established the call for a sustained coherent plan to

overcome the five 'giant evils' of 'Want, Disease, Ignorance, Squalor, and Idleness' reported in the 1942 Beveridge Report (UK Parliament, 2021). The Establishment of the NHS in 1948 was one recommendation with a focus on hospitals, primary care and community services, community services incorporating nationwide health visiting services. Health visiting and school nursing services according to Malone (2000) went through significant periods after the war that saw a rise in health promotion and public health services. This resulted in 1977 of four key principles set out by the Council for the Education and Training of Health Visitors (CETHV). The principles were and remain today; search for health needs, the stimulation of an awareness of health needs, the influence on policies affecting health and the facilitation of health-enhancing activities. The setting up of the Nursing and Midwifery Council (NMC) in 2002 saw newer requirements for health visitor registration and in 2004 the health visitor register closed migrating to a newer more inclusive public health registerable qualification, Specialist Community Public Health. This qualification adhered to the original four principles and became embedded in newer Specialist Community Public Health Standards (NMC, 2004). The standards included the three fields of public health practice: health visiting, school nursing and occupational health nursing. SCPHN as a specialism remained a post registration qualification due to the skills, advanced knowledge and autonomy required in public health. SCPHN programmes are eligible to individuals who are already registered nurses on either Part 1 (Nursing) or Part 2 (Midwifery) of the NMC nursing register. Debate has continued around the three fields of practice positioned within the generic SCPHN title, the diversity in roles most recently explored in a review by Blake-Stevenson. Blake Stevenson (2019) called for the disinvestment of the generic SCPHN standards and a move towards more clearly distinct roles understood by the public. Following the review, a comprehensive consultation has taken place and newer updated standards expected in the summer of 2022.

2.3 SCPHN Policy

Specialist Community Public Health Nurses are central to the UK public health workforce and align to Public Health England's 2020-2025 strategy (PHE, 2019). Many

definitions of public health exist although Acheson's (1998) definition seems most accepted of preventing disease, prolonging life, and promoting health. Whilst applicable to public health nursing the World Health Organisation's (WHO, 1998) acknowledgment of the wider social and political implications seems most relevant. Inequalities between the rich and poor persist (Marmot *et al.*, 2010; 2020; Institute of Health Equity, 2020) with social justice and reducing health and social inequities underpinning public health practice (Naidoo and Wills, 2016). The impact of the wider determinants of health and the continued existence of health and social inequalities is a focus of SCPHN practice and forms much of the SCPHN curriculum. In 2016, PHE published an integrated health visiting and school nursing model, known as the 4-5-6 model; 4 standing for four tiers of service, community, universal, targeted and specialist levels of support; 5 standing for five health reviews at specific ages and 6 standing for six high impact areas, areas of public health priorities. This approach provided a framework for a progressive universal service that included community capacity building and updated delivery of the 2009 Healthy Child Programme (DH and DCSF, 2009). A further refreshed and update of the Healthy Child Programme was in 2021 (PHE, 2021).

Successful applicants onto SCPHN university programmes secure either a secondment opportunity or an employed position from an employing organisation. Successful applicants undertake 52 weeks of education (NMC, 2004) in relation to the field of SCPHN practice, health visiting and school nursing to achieve the NMC standards of proficiency for Specialist Community Public Health Nursing (NMC, 2004). The programme comprises fifty percent university and fifty per cent practice-based learning. Practice-based learning takes place in placements with traditionally one student assigned to a practice teacher. In SCPHN education practice teachers are experienced SCPHN practitioners. At the time of the study the NMC's Standards to Support Learning and Assessment in Practice (SLAiP) (NMC, 2008) were in place, practice teachers required to undertake an additional qualification, Community Nursing Practice Teacher (NMC, 2008). The qualification undertaken in approved HE institutions aimed to equip practice teachers with the essential teaching and

assessing skills. Practice teachers were and remain responsible for facilitating knowledge and skills development in the placement setting, assessing students' competencies, and facilitating learning. Practice teachers are accountable to the NMC for confirming the student's fitness to practice against the SCPHN standards (NMC, 2004). Prior to 2011, practice teachers worked closely with their students, often side by side or on a one-to-one basis during placement. My experience of this model was that the relationship was positive and practice teachers knew their students well, prior learning was recognised and the development of learning individualised. In 2011 the Coalition government announced a Call to Action (DH, 2011), a policy directive to dramatically increase the number of health visitors and re-frame the vision for children and young people. The dramatic increase in student numbers led to long-arm approaches, one practice teacher often responsible for three to four students. SCPHN student's learning and development has been a cause for concern around the time for practice teachers to support students (Carr and Gidman, 2012; Lindley, Sayer, and Thurtle, 2011; Kin, 2010; Kenyon and Peckover, 2008). This remains applicable today although the literature illustrating experiences is scant and is deduced from statistics revealing staff shortages and absences (West, 2021).

More recently updated standards around supporting students in placement have come into place, Standards for Student Supervision and Assessment (NMC, 2019b). These standards allow approved education institutions (AEIs) and practice learning partners more flexibility to develop more innovative approaches in nursing and midwifery education in supervising and assessing students. The new standards removed the requirement for practice teachers to have an additional qualification, the aim to provide all nurses with the experience and skills to assess and support learning, the emphasis on *"current knowledge and experience of the area in which they are providing support, supervision, and feedback"* (NMC, 2019b, p.6). The Queens Nursing Institute (QNI) (2021) on receiving feedback that the new standards are ineffective in supporting more experienced postgraduate students are currently exploring supervision and assessment recommendations for postgraduate students.

No recent studies could be located that explore the impact of the Standards for Student Supervision and Assessment (NMC, 2019b) on postgraduate students.

In the university where the study took place students commence on the full-time programme in January and complete in December, studying at either degree or master's level. Delivered by a team of academic lecturers, practice teachers and mentors, each have a role facilitating learning in the classroom and in practice. Delivery of the SCPHN programme is through a mix of formal teaching and informal teaching, using lectures, seminars, workshops, and blended learning approaches. University learning platforms, podcasts, bespoke sessions, and experiential learning are commonplace. Teaching online was at the time minimal, the study and data collection occurring prior to Covid 19.

2.4 SCPHN Practice

SCPHN practice is emotionally challenging (Taylor, Smith, and Taylor, 2017; Cowley *et al.*, 2015; Pound, 2013). SCPHN students need to develop skills and attributes through the programme that enable them to form effective relationships and practice with a high degree of autonomy in situations that are emotionally demanding and complex. Developing and sustaining compassionate relationships with service users is essential, compassion seen as hallmark of quality provision (Sinclair *et al.*, 2020; Curtis, Horton, and Smith, 2012). In their student role, SCPHN students are exposed to upsetting and distressing situations that may include child abuse, domestic abuse or working with families exposed to substance misuse, mental ill-health, and physical ill-health. Lindley (2013) highlighted how student health visitors found it difficult to cope with what they saw in practice. Cowley *et al.* (2015) in a practice analysis illustrated that relationship formation is fundamental and is the glue of all practice. Additional features focused on being person centred and in focusing on health at individual, family, and population level an orientation to practice that is salutogenic or health enhancing (Cowley *et al.*, 2015). All three core functions of practice; home visiting, relationship formation, and health needs assessment (Malone *et al.*, 2016) are underpinned by building effective relationships

(Cowley *et al.*, 2015; Peckover, 2013; Robinson, 2012; Appleton and Cowley, 2008) Maintaining a non-judgmental positive regard for all and working within a therapeutic stance requires purposeful attention to detail and a honing of verbal and non-verbal skills to engage and build positive relationships. Engaging and building relationships within public health practice is key in facilitating change. Pound (2013) talks of an ability to work “alongside ... as a *drive towards equality, a true partnership between client and professional which does not disempower by standing high and proud as professionals with special secret knowledge*” (Pound, 2013, p.85). Such an approach requires an understanding of compassion as genuine, non-judgemental, and respectful.

Regulating or managing feelings and expressions to fulfil the emotional requirements of the job are challenging, undervalued and poorly recognised (Taylor, Smith, and Taylor, 2017). Learning to manage difficult emotions especially when working in child protection and distressing or upsetting situations and respond in positive ways is important because emotional work is significant in public health practice. England and Farkas (1986, p.91) define emotional work as “*efforts made to understand others, to have empathy with their situation, to feel their feelings as part of one’s own*”. Hochschild (1983) building on emotional work refers to emotional labour and whilst based originally on service industries has applicability in roles where there is a need for a performance or management of emotions in carrying out a task. Hochschild (1983) defines emotional labour as “*the induction or suppression of feeling in order to sustain an outward appearance that produces in others a sense of being cared for*” (cited in Smith, 1992, p.7). Emotional labour is particularly relevant when working in complex, upsetting, or distressing situations (Hunter and Smith, 2007). Nursing is regarded as emotional work (Sawbridge and Hewison, 2011) as is compassion (Msiska *et al.*, 2014; Smith, 2008). Hochschild (1983) suggests that emotional work is often disguised in the accomplishing of tasks and may impact on employee’s health and wellbeing. Harm arises in carrying out the role where there may be constant pressure and in consistent containing of more difficult emotions. Taylor, Smith, and Taylor (2017) suggest that the ability to cope with emotional

labour and more challenging situations will falter when unsupported or the demands of emotional work go unrecognised. As emotional work is a significant part of the SCPHN role, practice teachers and lecturers need to support students in managing their difficult and troublesome emotions, in order that as practitioners they are able to successfully carry out their role. Equally practice teachers and lecturers as educators may need to simultaneously manage their own emotions to role model caring compassionate behaviours to students. Emotional labour has applicability also in the role of teacher (Nixon and Scullion, 2021; Hinshelwood, 2009; Isenbarger and Zembylas, 2006).

2.5 SCPHN Students

SCPHN students are mature. Ambiguity exists in terms of what defines or constitutes a mature student (Christenson and Croft, 2021; Stone and O'Shea, 2019; Hayden, Jeong, and Norton, 2016). Waller (2006) cautions against referring to mature students as a distinct social category sharing similar characteristics, highlighting their experiences as *"too complex, diverse and individually situated to be meaningfully understood"* (Waller, 2006, p.116). Mature here are students who have completed an undergraduate nursing programme and worked in the health care sector. Whilst all students' experiences are unique, some evidence supports that for mature students' additional challenges can make study more problematic due to competing priorities and demands (Christenson and Craft, 2021; Stone and O'Shea, 2013). For mature female students' challenges are exacerbated due to multiple roles (Saddler and Sundin, 2020; Stone and O'Shea, 2019). Stone and O'Shea (2019, p.97) refer to the *"largely invisible yet emotional and time-consuming additional load that many women are carrying"* and whilst refer here to online learning illustrate the competing demands placed on women. Stone and O'Shea (2019) feel such demands need to be much more acknowledged and managed at institutional level, the balancing of familial and financial responsibilities with study and placement exacerbating stress and emotional demands (Christenson and Craft, 2021). SCPHN students, as mature and in the main female present with similar challenges. In my experience these include the transition back from often expert status to student; from part time to full

time; a return to study after extended periods away; familial and caring responsibilities and at times financial (some students, although often seconded or sponsored take significant pay cuts). Furthermore, the shift from often acute nursing roles to a preventative and social model can feel discombobulating.

Of note and referred to, the SCPHN workforce is predominately female. In a study with alumni students from a university in London and the university in which the study is set, 98% were female, 21% between the ages of 36-40 and 64% were White British, the larger ethnic variation seen predominately in the London university (Brook, Thurtle and Murray, 2019). This is representative of the wider UK health visiting workforce, women more recently representing 89% of the total nursing and health visitor workforce (NHS Workforce statistics, 2019; NHS Digital 2019). This has implications in that women can be more disadvantaged due to gendered roles and responsibilities of caring (Stone and O'Shea, 2013). This is explored further in Chapter three.

2.6 The Lived Experience

SCPHN students are a distinct group of post graduate nursing students and as noted in the introduction limited empirical studies exist (Cowley *et al.*, 2015). Locating SCPHN studies more generally is problematic, the term SCPHN often neglected in titles. Where studies exist, the focus is on SCPHN practice, rather than education. More recently the Institute of Health Visiting (iHV) has contributed to the literature. Launched in 2012 the iHV is an independent charity, professional body and UK Centre of Excellence supporting the development of universal high-quality health visiting practice (iHV, 2021). Collated by the iHV each year, the State of Health Visiting Annual Survey 2019 (iHV, 2020) provides some insight into the workforce. The survey fails to account for the school nursing field of SCPHN. The 2019 report published in 2020 (prior to Covid -19) suggests that between 2015 and 2019 there was an 18% reduction in the health visiting workforce mostly caused by financial constraints and failure to protect the health visitor role after commissioning arrangements for the service moved from the NHS to local authorities in 2015 (DH, 2015b). Reports

highlight difficulties faced by the profession, reduced staff impacting service delivery, increased stress, anxiety and most important lack of care and continuity when working with families. Concerns and worry centred on the distress experienced *“about the risks to which “hidden” vulnerable children and families are exposed and how many are now left unsupported”* (iHV, 2020, p.4). Furthermore *“almost one in four health visitors told the Institute that they were having to access GP or other services for their mental health due to work-related stress”* (iHV, 2020, p.17). The impact this may have on SCPHN students is not collated.

No studies explore SCPHN students' experiences of receiving compassion although one study explored the development of compassion and another the transition from qualified nurse to student status. Pettit *et al.* (2018) implemented the Compassionate Mind Model (Gilbert, 2010; 2013) in a SCPHN programme, the aim to facilitate the expression of compassion and particularly the development of self-compassion. Neff (2003) suggests self-compassion as three constructs: self-kindness, common humanity, and mindfulness.

SCPHN students' experiences of transition from qualified status to student was troublesome with issues around loss of identity, credibility, and status (Hughes-Morris and Roberts, 2017). Transition was challenging with varying degrees of vulnerability, feelings of uncomfortableness, inadequacy, frustration, and disillusionment. This was experienced across sixteen SCPHN students including school nurses and health visitors. Reverting to student identity was particularly difficult, the student status conceptualised as requiring 'student' behaviours, behaviours that participants felt they did not always adhere to, *“maybe I was a bit more assertive than I ought to have been”* (Hughs-Morris and Roberts, 2017, p. 16). Other studies report similar challenges on the transition to student status (Kahu *et al.*, 2015; Biggs *et al.*, 2012; Christie *et al.*, 2008).

The transition for SCPHN students is multifaceted, many leave well-paid and expert nursing roles, often returning to lower grades and pay to undertake the

programme. Student status may therefore have financial considerations as well as a loss of autonomy, the loss of autonomy highlighted as especially significant by Hughes-Morris and Roberts (2017). Whilst compassion in this study is not referred to, responses to students' concerns and worries were clear, practice teachers responding and supporting students to create a sense of belonging and identity. Belonging is a basic human need, rooted in human connection and viewed as vital for survival (Maslow, 1970).

Literature illustrating detailed accounts are limited and anecdotal. Page (2014, p.20) reflecting on her SCPHN student experience highlights the course as *"extremely hard (almost impossible); a relationship breaker; and, overall, fairly unpleasant"*, later adding that whilst the pressures felt overwhelming, she would also undertake it again. Creer (2012) reports similar experiences in her own student journey and alludes to the support and guidance required in facilitating positive learning experiences.

In nurse education more generally, studies focus on educational interventions that develop compassionate skills in practitioners (Everitt-Reynolds *et al.*, 2021; Sinclair *et al.*, 2020) rather than the lived experiences of compassion as students. In recognising little is known how undergraduate nursing students experience compassion in educational contexts, Smith, and Smith (2020) investigated how American undergraduates received compassion in their Baccalaureate degrees. Four themes offer some insight; 1) compassion began in situations where students were lost, confused, frightened, and discouraged; 2) compassion emerged in a relationship focused on being recognized, valued, and understood; 3) compassion developed with the other taking charge, listening carefully, remaining patient, and maintaining presence; and 4) compassion ended with feelings of success, comfort, and belonging. Findings may be relatable to post graduate students, relatability in educational enquiry offering partial relevance and similarities that may be recognisable to others (Cleaver *et al.*, 2018). Reports of anxiety and *'feeling scared to death'* (Smith and Smith, 2020 p.320) may be similar for other students starting new programmes. A

very recent study Everitt-Reynolds *et al.* (2021) also exploring undergraduate student nurses found that in relation to compassion experiences were generally positive, viewed as kindness and caring and “*couldn’t do enough to help me*” (p.4). Reference to some incidences also noted that lecturers demonstrated a lack of compassion that provoked increased anxiety. No studies explore the experiences of post graduate students. I now turn to the next chapter, the literature review and provide an appraisal of emerging themes relevant to compassion in higher education.

2.7 Synopsis of Chapter

Chapter two provided an overview of SCPHN as a postgraduate nursing specialism and introduced policy, practice and some of the tensions and challenges in the profession. I now turn to Chapter 3 and the literature review.

Chapter 3 Literature Review

3.1 Content Chapter 3

Chapter three presents the literature review. In hermeneutic phenomenology reviews are primarily a process of developing understanding that are iterative and generative (Boell and Cecez-Kecmanovic, 2010). In the review I explain the literature searching process before moving to an exploration of compassion as a multi-dimensional concept with variable understandings across health and education. Underpinning the review is the belief that equitable and fair cultures are possible through relationships and the cultivating of compassion (Nussbaum, 2013). Considering this the review explores the potential and implications of bias in education, an affiliating of compassion to individuals or groups who are similar, or we assign to in some way (Hoffman, 2000). The latter sections relate to “*worrisome narratives*” (Boyd and Grant, 2019, p.72) and “*troubling emotions*” (Haynes and Macleod-Johnstone, 2017, p.182), terms introduced in Chapter one, Section 1.2. I complete the chapter with the benefits and development of compassion.

3.2 Introduction

In nurse education the development of compassion is fundamental, compassion a hallmark of quality provision in healthcare (Sinclair *et al.*, 2020; Curtis, Horton, and Smith, 2012). Highlighted in Chapter one, Section 1.3. “Compassion in Practice” (NHS England, 2012) identified six areas for nursing action known as the 6C’s: care, compassion, competence, communication, courage, and commitment. In nurse education the focus is often on the development of compassion rather than how nursing students receive compassion in their educational programmes and the impact this may have. Understanding lived experiences through the student lens may illuminate aspects of compassion previously unnoticed and inform pedagogical practices within programmes.

The literature exploring and advocating compassion in HE has experienced considerable proliferation and prominence (See Kinchin, 2019; MacKenzie and

Maginess, 2018; Waddington 2018; Gibbs, 2017). In searching the literature, rather than over-containing and taking a too systematic approach, potentially losing valuable information, I have remained open-ended, iterative, and flexible. In recognising there is no ideal method of literature searching (Boell and Cecez-Kecmanovic, 2010; Arksey and O'Malley, 2005) I refer to 'berry-picking' (Bates, 1989) as close to my own endeavours. Savolainen (2018, p.581) highlights berry-picking as *"an evolving activity during which information seeker identifies and selects information similar to an individual picking berries from a bush"*. Nevertheless, some limits were set to manage and structure the mass of literature. 'Compassion and student*' were original terms used to reduce the likelihood of ambiguity in terms of synonyms for compassion. Further terms included "lived experience*" and "caring." I excluded compassion fatigue, self-compassion, and the measurement of compassion as search terms as they exist as individual phenomena. They are however often interrelated with compassion and in research sometimes interwoven. As such complete exclusion was not always possible. I refer to these concepts in my writing where necessary to contextualise my work. Initial searching of the databases was in 2018 with a focus on Education Research Complete, the British Nursing Database, Medline and CINAHL (Cumulative Index to Nursing and Allied Health Literature) (Cumulative Index to Nursing and Allied Health Literature), databases selected to give the widest choice of relevant journals and policy literature relating to compassion, nursing, and education. As the study progressed 'berry-picking' (Savolainen, 2018, p.581) appeared more effective in *"synthesising and gaining a new perspective"* (Hart, 2018, p.31). Hart (2018) suggests twelve criteria to demonstrate the purpose of a literature review, gaining fresher perspectives seemed most relevant in a phenomenological hermeneutic study. Appendix two provides an example regarding literature searching. I now turn to the next section and explore understandings of compassion.

3.3 Understandings of Compassion

The introduction highlighted difficulties in defining compassion due to the use of interchangeable terms and variable understandings across cultures, religions, and

philosophical ideologies. Used interchangeably with compassion are notions of caring and similar concepts such as empathy, sympathy, and pity (Aagard, Papadopoulos, and Biles, 2018; McCaffrey and McConnell, 2015; Dewar and Nolan 2012; Goetz *et al.*, 2010; Berlant, 2004). A google search reveals thirty-one synonyms that include empathy, sympathy, and pity as well as kindness, understanding, sensitivity, concern, and care. Understandings of compassion are thus ambiguous (Gilbert, 2017a; Bray *et al.*, 2014), McMahon and White (2017, p.4) describing as “*contested, connected to, and conflated with similar constructs and therefore inherently complex*”. Caring often used interchangeably with compassion (Younas and Maddigan, 2018) is different, caring in a concept analysis viewed as an expression of “*positive emotion through words, thoughts, or actions with the intent of comforting*” (Spencer, 2016, p.2). In contrast compassion has a focus on acting and alleviating suffering, Perez-Bret, Altisent, and Rocafort (2016, p.65) defining in a systematic review as “*the sensitivity shown to understand another person's suffering, combined with a willingness to help and promote well-being of that person, to find a solution to their problem*”. This is a fundamental difference to caring, although caring has strong associations with compassion, as evident in the review.

There is no clear agreement on what compassion is; an emotion, a virtue, a form of emotional labour or a performative emotional state (Chaney, 2020). As such any study on compassion lacks clarity (Strauss *et al.*, 2016) although the literature is significant due to compassion crossing disciplines and the historical and intrinsic humanitarian values (McCaffrey and McConnell, 2015).

Gilbert (2017a) notes fine grained distinctions between empathy, sympathy, and pity. Empathy is the affective emotional component of compassion (Sinclair *et al.*, 2020; Durkin, Garbutt, and Carson, 2018; Strauss *et al.*, 2016; Jazaieri *et al.*, 2013) and like compassion has no universally accepted definition (Gerdes, 2011). Empathy is a feeling for others (Hein and Singer, 2008) or “*to enter into the experience of another*” from the Greek ‘*empatheria*’ (Gilbert, 2017a, p.55) and does not always imply suffering. Empathy most importantly has no motivational constituent or

intention/action to alleviate (Klimecki and Singer, 2011). van Der Cingel (2009) coins the term 'compathy' to highlight the inter-connectedness of compassion, empathy, and Nussbaum, (2013, p.146) describes compassion as an "*outgrowth of empathy*". Pity also excludes reference to alleviating suffering and is associated as concern for someone considered inferior (Goetz *et al.*, 2010) or a sense of looking down on another (Nussbaum, 2003). Nussbaum also sees compassion as encompassing a much broader state than pity (Nussbaum, 1997). Sympathy, another term often used interchangeably is more lenient, a softer notion than compassion as in I sympathise, or I recognise your plight, but it is less meaningful to me and thus I do not act (Crisp, 2008).

Whilst no definitive definition exists there are shared understandings. Compassion is thought to be derived from the Latin '*compati*,' 'to suffer with, the notion of suffering and alleviating in some way distinct across several studies (Durkin, Garbutt, and Carson, 2018; Sinclair *et al.*, 2017; Strauss *et al.*, 2016; McCaffrey and McConnell, 2015; Dewar *et al.*, 2014; Goetz *et al.*, 2010). Philosophical and religious emancipatory positions view compassion as a virtue, morally and unequivocally the right thing to do and thus hard to dispute (Armstrong *et al.*, 2000; von Dietze and Orb, 2000; Roeser *et al.*, 2018; Burnell, 2009; Schantz, 2007). Gilbert (2013) illustrates religious positions that embed compassion in ways of thinking, a means of enlightenment where enlightenment refers to a fulfilled sense of self and wellbeing. In Buddhism the development of compassion is all important, "*Upekkha*" standing for "*equanimity and a sense of connectedness/similarity to other humans ... that all seek happiness, and none seek suffering*" (Gilbert, 2013, p.7).

A well cited and comprehensive review by Goetz *et al.* (2010) defines compassion through evolutionary and historical origins with several systems at play; cognitive in appraising situations; the stimulation of an affective state like empathy and an initiation or activation of the motivational system (Goetz *et al.*, 2010). Other studies support the activation of systems and inherent components (Sinclair *et al.*, 2020; Durkin, Garbutt, and Carson, 2018; Sinclair *et al.*, 2017; Strauss *et al.*, 2016;

Kneafsey *et al.*, 2015; McCaffery and McConnell, 2015; Bramley and Matiti, 2014; Bray *et al.*, 2014; Dewar *et al.*, 2014; Schantz, 2007). Whilst compassion as a multiple construct is clear, variations exist in terms of the detail. Jazaieri *et al.* (2013) refers to four main constructs and Strauss *et al.* (2016) to five. Of relevance to the nursing and healthcare professions is the additional component cited by Strauss *et al.* (2016) of the ability to tolerate uncomfortable feelings or the distress that is associated with the witnessing of suffering of another. Specialist Community Public Health Nurses (SCPHN) work in safeguarding and child protection with exposure to distressing scenarios of abuse and domestic violence. As such there is a requirement to tolerate discomfort and distress. Smajdor (2013, p.113) considers this the “*double edged*” nature of compassion; as the spectator there is an experiencing of suffering in witnessing another’s distress, the spectator tolerating uncomfortable feelings. Alongside this is the distress experienced by the person suffering. Whilst some toleration of uncomfortable feelings or suffering seems reasonable, frequent exposure may lead to ‘compassion fatigue’ (Schulz *et al.*, 2007) or burnout. In this instance the spectator is no longer able to regulate negative feelings caused by an empathic response (Klimecki and Singer, 2011) and may experience additional stress, anxiety, or breakdown.

Compassion, according to Smajdor, (2013) may as such be incompatible in modern health care systems, an insurmountable amount of compassion unrealistic. Since it is the empathic response causing distress, Klimecki and Singer (2011, p.369) argue for the term “*empathic distress fatigue*” as opposed to “*compassion fatigue*”. Campling (2015) draws attention to defensive styles of coping that may result from recurrent and persistent exposure causing emotional harm. There is the possibility that these may become entrenched without support and space to process feelings. Environments that are safe, supportive, and caring facilitate the ability to tolerate uncomfortable feelings. For SCPHN practitioners and SCPHN students working in emotive settings there is also the need to receive and experience compassion. Already observed in the health visiting field of practice are increased workloads and

pressures resulting in stress and mental ill-health (Brook, Thurtle and Murray, 2019; NHS Digital, 2019). Section 3.9 of the review expands on this.

3.3.1 Compassion as Innate or Learnt

Compassion as innate is substantiated through neuroscience and neuroimaging that illustrate increased neurological activity of the parietal regions of the brain, also differentiating between empathy and compassion (Keltner *et al.*, 2014; Weng *et al.*, 2013; Klimeckie and Singer, 2011). Compassion also has strong links to evolutionary caring, is reproductively advantageous and promotes pro-social behaviours (Gilbert, 2017a, 2009; Keltner *et al.*, 2014; Goetz *et al.*, 2010). More recent claims of what Darwin called 'sympathy' or survival of the kindest challenges the original Darwinism idea of natural selection and survival of the fittest that justified aggressive and competitive behaviours (Darwin and Ekman, 1998). Newer understandings propose that societies responding to suffering, flourish best, compassion foundational to cooperative communities and producing a greater number of off-spring (Kukk, 2017). A major criticism of compassion as innate is that it does not explain the stark atrocities that continue to occur today, often in the pursuit of power, rather than pro-social behaviours that promote equity and justice. A compassion deficit is clear in society where inequalities, poverty and injustice remain (Marmot, 2010; 2020; Tyler, 2020).

Rather than compassion as innate, fixed, and static literature reveals that compassion is dynamic and like any other skill developed across the life span (Gilbert, 2017a; Peterson, 2017; Greenberg and Turksma, 2015; Richardson *et al.*, 2015; Roeser and Eccles, 2015; Dewar and Mackay, 2010; Herbst, Swengros, and Kinney, 2010; Gilbert, 2013). This presents a more optimistic view that change is possible and provides hope that compassion may in some way mitigate the inequalities and injustices that exist. For cultivation to occur the right conditions need to be in place that promote and facilitate a culture of compassion as opposed to those that may inhibit, for example fear, envy, and shame (Nussbaum, 2013) and target driven, pressurised environments (Gibbs, 2017). An over reliance on performative measures

that seek individuality and competition may set up a sense of threat, culminating in stress and tensions that influence and impact the way we relate and respond in relationships (Gibbs, 2009). With rationalisation of resources and constant efficiency measures comes the creation of tensions between “*the professional ideal of compassionate practice and the current reality of healthcare provision*” (Curtis, Horton, and Smith, 2012, p. 793). Environments perceived as supportive, caring, and compassionate enabling the delivery of compassionate care whilst environments facing staff shortages, rationalisation and restructuring inhibit and compromise compassionate care (Horsburgh and Ross, 2013). Mack and Rock (1998) refer to inattentional blindness, the capacity to be blind to ‘objects’ in plain view if our attention is engaged elsewhere. Whilst the texts are now dated, the idea remains relevant; noticing distress or suffering and being responsive in stressful situations lost when we are busy or over-stretched.

In nursing studies understandings of compassion as innate or developed varies. Papadopoulos *et al.* (2017b) in an international study of 1323 nurses found a sizeable majority (n=831) thought compassion was teachable whilst a sizeable minority (N =340) thought it could not. Those who saw compassion as teachable were more likely to have received compassion from their managers, although only 58 out of 1323 participants reported this. Personal experience influenced understandings of compassion with role modelling of compassionate behaviours viewed as important helping in the creation of compassionate cultures (Straughair *et al.*, 2019; Zamanzadeh *et al.*,2018).

3.3.2 Non-Contingent Compassion

Presenting compassion as something that simply happens in response to witnessing another’s suffering offers a reductionist and linear view, failing to consider the complexity of factors that may either hinder or facilitate compassion. Problems arise when considering the extent or cause of suffering and degree of response required to alleviate. Furthermore, responding may not always be evident. Suffering is also personal and subjective, understandings and meanings varied. Nussbaum

(2013, 2001, 1997) draws on Aristotle in defining suffering. Suffering viewed by an external spectator perceived as serious and significant, or trivial and inconsequential, or in between. Suffering may be the person's fault or unintentional with each requiring the spectator to make a judgement that draws on their cognitive functioning in assessing how the nature of suffering is experienced. This in turn influences the motivation and intention or desire to act. Judgements and decision-making are concerning since they depend on the spectator's values and beliefs, defined according to their social and cultural norms. This may work in a person's favour, in the appraising of a situation the spectators' decisions may be more disposed towards those who are the same or similar.

Nussbaum presents the notion of "*similar possibilities*" (2013, p.144). In the appraisal of another's suffering is the belief that the suffering observed, however suffering is defined, could happen to me. Nussbaum (2013) identifies similar possibilities as an important feature in facilitating compassionate responses. Nussbaum likewise offers the notion of "*eudemonistic thought*" (Nussbaum, 2013, p.144). Here the person suffering is important or meaningful in the life of the spectator and again promotes compassionate responses. Whilst similar possibilities and eudemonistic thought are enablers when considering compassion questions arise where difference exists, or the person suffering has no meaning in the life of the observer.

Issues of similarity and difference intertwine with justice, equity and fairness thus have implications when considering compassion in the educational or health setting. Hoffman (2000) highlights the potential in affiliating compassion to those groups who are similar or who we assign to in some way. Compassion is thus susceptible to bias towards in-groups, our appraisal and evaluations often focusing on non-moral features for example sex, ethnicity, colour, or accent. Hoffman (2000) alludes to compassion contributing and exacerbating existing power differentials, inadvertently intensifying feelings of exclusion and isolation in those who are not like us. Whilst behaviours or actions may not be explicit in any setting there may be small

nuances that appear unfair or unhelpful whilst another person may experience more positive behaviours or actions.

In reviewing the literature on compassion several approaches offer ways to minimize inequitable approaches and seek fairer more robust ways of assessing suffering and responding. The literature reviewed here focuses more on individualised perspectives for example MacKenzie and Maginess (2018, p.42) purport a moralised compassion that involves *“an imaginative dwelling on the condition of the other person”*. In moralised compassion, rather than compassion based on judgements around shared values and similarities, there is a recognition of the injustice, unfairness, or disadvantage of another’s situation. Here, compassion considers equity based on the fundamental principle that we are all human, an *“acknowledgment of our shared humanity”* (MacKenzie and Maginess, 2018, p.43). In humanity there is a foundational shared responsibility of caring and compassion that acknowledgement the discrimination and abuse that exists and in acknowledging a propensity for compassion that promotes repair. In this view there is a non-contingent regard for others where compassion is not dependant or associated with any conditions. This represents an inclusive ethos.

Metzger *et al.* (2020, p.5) see inclusion as the *“intentional incorporation of strategies and practices that foster a sense of belonging by promoting meaningful interactions among persons and groups representing different traits, perceptions, and experiences”*. In a large scoping study Metzger *et al.* (2020) illustrated that across thirty studies of nurse education students from underrepresented minority groups continued to experience discrimination from peers, faculty, and clinicians in the classroom, the clinical setting, and/or the larger institution. Discrimination ranged from subtle to overt during their educational experience with cumulative effects of a lack of belonging, consequently associated with adverse outcomes. Discriminatory practice arising from difference has also been noted in placements with nurses recruited internationally (Scammell and Olumide, 2011). Experiences appeared

dependant on similarities or difference, where difference existed, often in relation to ethnicity, this factor overshadowed all others and led to vulnerability.

Papadopoulos (2017a) purports an ethos of shared humanity and like moralised compassion, sees compassion as needing to encompass a much wider understanding that acknowledges cultural understandings. Papadopoulos calls for intercultural education where inter-cultural compassion is vital. She defines intercultural education as *“an active dimension of diversity that encourages understanding and respect for all people and cultures, fights racism and xenophobia, promotes equal opportunities and is based on human rights”* (Papadopoulos, 2017a, p.76). In order to achieve this Papadopoulos (2017a) presents a Culturally Competent Model that promotes compassionate understanding through four key constructs; cultural awareness, an awareness of our own cultural values and identity; cultural knowledge, a critical examination of how culture informs notions of compassion and similarities or differences to others; cultural sensitivity, a focus on our communication and acceptable ways of giving and receiving compassion; cultural competence, synthesise of the previous three and how the constructs work together. Central to this model is an understanding of self, our beliefs, and our values and how these impact on our behaviours with others. Reflexivity is integral in working through the model elucidating deeper thought and consideration. Papadopoulos (2017a) refers to courageousness to challenge injustice, expressing compassion to those with diverse cultural backgrounds and negotiating intercultural encounters where there are misunderstandings. This has clear resonance with promoting inclusivity and creating a sense of belonging.

Taken together the literature argues for an *“acknowledgment of our shared humanity”* (MacKenzie and Maginess, 2018, p.43) and a recognition that as citizens there is a need to grow and work collegiately, respecting difference and acting in ways that promote sustainable communities. Nussbaum (1998) says that as humans we should see ourselves bound to all other humans and that narrative imagination,

as in understandings others, is most important. Others see moralised compassion and humanitarian approaches incompatible with self-interest in market economies where businesses strive to survive and compete (Sznajder, 2000).

3.4 Caring and Compassion

Caring, like compassion is gaining increasing attention in HE, partly due to increasing concerns around deteriorating mental health of students (Broglia, Millings, and Barkham, 2017) and staff (Morrish and Priaulx, 2020; Darabi, Macaskill, and Reidy, 2017). Noddings (1992, p.27) sees caring as *“the bedrock of all successful education”*. Linked to the evolution of caring behaviours is compassion (Goetz *et al.*, 2010; Gilbert, 2013). The literature on caring, like compassion is significant and suggests a complex relationship between the multifaced nature of pedagogic care raising questions more generally around definitions of caring, the student, teacher relationship, and outcomes (Walker and Gleaves, 2016).

The UK Professional Standards Framework for Higher Education (Advance HE, 2013, p.3) states the need to *“develop effective learning environments and approaches to student support and guidance”*. The level of student support and guidance is open to interpretation and ambiguous with approaches in HE to teaching and learning varying across disciplines (Lindblom-Ylänne *et al.*, 2006). Although there seems no doubt that care as a relational practice is enshrined in professional education systems worldwide (Walker and Gleaves, 2016) and embodied in the emotional or relational aspects of teaching (Kinchin, 2019; Walker and Gleaves, 2016; Freire, 2005; Wilcox, Winn, and Fyvie-Gauld, 2005; Clouder, 2005) problematic issues persist.

The detail and interactions within student, teacher relationships are poorly understood (James and Pollard, 2011) and according to Simel Pranjić, (2021) the degree of caring required between adults as teachers and adults as students remains insufficiently researched and a grey area. The level of caring required and the impact

on learning is unclear with Ecclestone and Hayes, (2009) suggesting that the affective component of teaching has taken over the true purpose of education, which is intellectual understanding, debate, and rigour. Research has in the main focused on school aged children (Walker and Gleaves, 2015) meaning any conclusions drawn are often speculative in relation to generalisation to other age-groups. Research is also conflicting around what specific characteristics of relationship-focused teachers are associated with what learner outcomes (Coe *et al.*, 2014; Husbands and Pearce, 2012; James and Pollard, 2011). What is clear from the literature is that students recognise caring and see as vitally important and is a key indicator of good teaching (Anderson *et al.*, 2020). Walker and Gleaves, (2016) suggest much more research is needed in this area.

Caring as teachers appears to foster positive relationships built on trust, acceptance, and valuing with authentic and consistent responses (Hagenauer and Volet, 2014) with Thayer-Bacon and Bacon (1996, p.225) reporting *“teachers who care about their students are remembered, effect change, stimulate growth”*. Whilst this may be true where caring is valued and prioritised there is also the potential of bias, and that caring is dependent on educators’ own values, knowledge and understanding. Ideas of caring may vary, and like compassion have diverse cultural value systems. According to Spandler and Stickley (2011, p. 556),

Compassion can be facilitated or significantly inhibited within different social and cultural value systems. Yet it appears that dominant values in mainstream society are diametrically opposed to qualities associated with compassion ...neoliberal consensus has led to the dominance of values around choice, independence, personal achievement, as well as competition, selfishness, and the pursuit of profit, status, and power.

Cultures that prioritise individualism rather than collective and collaborative societies may prioritise achievement and success over more relational characteristics. Individualism and egotism in this sense viewed as the antitheses of

compassion; compassion is about others and individualism about self. In performative cultures value is most attributed to measurable and quantifiable commodities and although attempts to measure care and compassion exist (Durkin, Garbutt, and Carson, 2018; Sinclair *et al.*, 2017) they are context specific and not easily relatable to other settings.

3.5 Compassion in Education

Whilst there appears to be a recent renaissance of literature advocating compassion and care in education, compassion has a much longer history, philosophical debates around compassion and its role in education in a just world noted for centuries. Nussbaum (1998) draws on Greek philosophers of Plato (428-347 BC), Aristotle (384-322 BC) and Socrates (470-99 BC) highlighting education as a means of cultivating human emotions that facilitate practical wisdom, the understanding of others and compassion integral to being human. Coles and Gent (2020) postulated that education “*needs to help impart a series of allegiance to the species of mankind, providing opportunities for citizens to interact more and become more consciously linked across national borders*” (Coles and Gent, 2020, p xiv). Jazaieri (2018) supports a culture of compassion from pre-school to graduate as essential whilst Coles and Gent (2020) advocates an education system that incorporates compassion for self, others, and the planet. How compassion is conceptualised or explicated by teachers is variable and still work in progress.

The idea of compassion as a mechanism or glue in achieving and securing a more sustainable future is increasingly recognisable. A special edition on compassionate pedagogy in the Journal of Perspectives in Applied Academic Practice (December 2018 edition) provides a respectable start that according to Waddington (2018) marks the compassion turn in education. Gibbs (2017, p.1) also illustrates recent attentiveness to the embedding of compassion into “*the ethos of higher education*”. The December journal edition above-mentioned advocates compassion and its relevance in 21st century through case studies, research and reflective analysis, each

paper offering a valid contribution to newer, collegiate, and compassionate ways of working. Trail and Cunningham (2018) illustrate cultural change as a multi-layered process in the University of Virginia (UoV), recognising this does not happen overnight and requires a system wide approach. In the UoV students and staff in the School of Nursing can access retreats, compassion mentors and mindfulness programmes. Equally, there is consideration to contemplative pedagogy in undergraduate programmes and a focus on mindfulness (Trail and Cunningham, 2018). Here, institutional approaches advocate the clear promotion of a model that sees compassion as a collegiate and sustainable way of living.

Ideas around compassion and its integration into pedagogical practice has resulted in a critical compassionate lens at individual and organisational level. Hao (2011) suggests critical compassionate pedagogy as noticing and challenging classroom practices that may favour one group over another, challenging behaviours that are inequitable, unfair, or discriminatory. Hao (2011, p.92) refers to a *“pedagogical commitment” to “criticize institutional and classroom practices ... while at the same time be self-reflexive of actions through compassion as a daily commitment”*. Hao emphasises the critical engagement required on a personal level, the requirement to make changes in the classroom that enable all students to feel safe, supported and challenged.

Similarly, Godfrey, Larkin-Wells and Frechette, (2018) advocate the sustainability of future generations through an understanding of intersectional compassionate pedagogy (ICP). Intersectionality, a recognisable term following its introduction as an analytical framework enables a detailed exploration of aspects of a person’s social and political identities that combine to create multiple discriminations. As humans we can shortcut and homogenise groups into stereotypes that loses a person’s uniqueness and authenticity. Karaman and Christian, (2020, p. 517) describe how Muslim women’s experiences were shaped by their *“muslimness”* through the wearing of the hijab, their uniqueness and diversity often silenced. ICP fosters an education of the whole person, of authentic connections and compassion a means of building communities that collectively create togetherness and for some,

healing. As Ballet and Campling (2011, p. 26) illustrate, *“equality and warm positive interpersonal and group bonds are very simply healthier”* (Ballet and Campling, 2011, p. 26). ICP offers a further way of understanding another’s story from the lens of intersectionality and a shared understanding of our interdependence and responsibility for each other.

Moralised compassion (MacKenzie and Maginess, 2018) referred to in Section 3.4 sees compassion as a mechanism of promoting the experience of equity in education. Rather than compassion based on judgements of *“similar possibilities”* (Nussbaum, 2013, p.144) or *“compassionate imagining”* (Nussbaum, 2013, p. 144) this opens out compassion as an *“acknowledgment of our shared humanity”* (MacKenzie and Maginess, 2018, p. 43). Assessment around the deserving of compassion sees compassion as a discerning of and sensitivity to another, an understanding and interpreting of events to see the person and their vulnerabilities. MacKenzie and Maginess (2018, p. 43) refer to *“the everyday failures of imagination”* caused by insensitive, prejudiced, or ignorant responses, a sense that compassion maybe less when working with groups outside our own understandings.

As educators it is important to acknowledge our *“own pedagogical blind spots”* (Maina-Okori, Koushik and Wilson, 2018, p.293) and the role we play in laying claim or colonising our own cultures, thus sabotaging attempts to be inclusive. This has resonance with Hoffman’s (200) in and out groups. Godfrey, Larkin-Wells and Frechette (2018) suggests in narrowing the dichotomy of in/out groups consideration to making connections as humans and asking students to *“talk about their siblings, families and other personal information”* (Godfrey, Larkin-Wells and Frechette, 2018, p.620). This demonstrates the priority of kinship and compassion. Freirian methodologies purport getting to know learners and the issues they face, also being aware of boundaries in teacher-student relationships (Bates, 2016).

To acknowledge our *“pedagogical blind spots”* (Maina-Okori, Koushik and Wilson, 2018, p.293) reflexivity is key as is the need to do this well. Oliver (2005) identifies five principles in compassionate reflexive inquiry: systemic, constructionist,

critical, appreciative, and complex. Each principal points to a level of inquiry that enables a more informed position of our own world view. See Table 1.

Principles	Ideas
Systemic	Is about patterns of connection and patterns of disconnection and how patterns become embedded as stories in cultures, relationships, and identities. The systemic principle is based on the view that observations of the system will affect the system.
Constructionist	Is about the detail of language that includes verbal and non-verbal based on the assumption that all communication is our social reality. The constructionist principal is around reflective responsibility for the identities, relationships, and cultures that we create through our own powers of communication.
Critical	Is about how we as individuals become more critical and consider choices and our role in these choices. Power is integral as is the construction and enactment of power.
Appreciative	Is about the consideration and appreciation that all action is meaningful, we act in ways that makes sense and often these are around belonging and participation however although interpretations are meaningful, they are often partial contextual and unstable. The focus in terms of appreciative HE is very much focused on humility.
Complex	Complexity principle is around complexity theory and how as individuals we are all members of complex networks and systems. This position invites us to find value and benefit in what we might refer to as negative and difficult experiences

Table 1: Principles of Compassionate Reflexive Inquiry (Oliver, 2005)

Through reflexive inquiry educators can use new knowledge to create a more compassionate and collegiate community. Reflexive inquiry results in a non-contingent moralised compassion (MacKenzie and Maginess, 2018).

Compassionate pedagogy involves “the *ability to put our own concerns to one side and to see things from another perspective; responding to the needs of others and even anticipating those needs before they arise*” (White, 2017, p, 19). Resonating with “*compassionate imagining*” (Nussbaum, 2013, p. 144) and ‘*imaginative dwelling,*’ (Blum, 1980) responding is important when considering compassion that accommodates student variance, builds positive relationships and caring clearly recognisable (Anderson *et al.*, 2020; Gibbs, 2017; Walker and Gleaves, 2016). Waghid (2014) also acknowledges compassion as encompassing teachers’ authenticity and sense of self in the relationship.

Noticing student discomfort or varying degrees of suffering may be challenging. In education, suffering rather than physical may be emotional and manifested in various ways or as noted earlier in increasing mental ill-health. Whilst some degree of discomfort or suffering is reasonable and manageable, each student may have a tipping point where suffering, however defined, inhibits learning. Physiological processes can result in chemicals flooding the brain, flight or fight responses activated in environments that are unfamiliar and or seen as a threat. Anxiety, often triggered by previous negative learning experiences (Stone 2008) may result in an increased heart rate, sweaty palms and/or feeling sick. In this situation there is a reduction in the ability to focus on others or to assimilate new knowledge and self-preservation heightened (Gilbert, 2013). In such situations suffering may be invisible, veiled or hidden and as such indiscernible. Kahu *et al.* (2015) recognises unpleasant emotions in learning instilled at an early age maybe overlooked (Askham, 2008). The role of students’ emotions in learning appears to be unexplored and undervalued (Varlander, 2008) particularly in relation to the impact compassion may have in either reversing negative affect or in facilitating positive emotions and preparation for learning. Compassion may reduce and alleviate suffering, creating an

environment that is more conducive to learning. As the next section demonstrates compassion has many benefits at both individual, collective, and societal level.

Understanding suffering and alleviating in some way is not straightforward. To be meaningful and genuine requires active consideration. Compassion is not passive, there is a need to deliberate and consider what is appropriate, what action can I pursue, action between excess and deficiency. The arriving at such practical wisdom is the challenge for educator as errors of judgement are easily possible, in appraising situations, our responses maybe either under or overplayed, overplaying resulting in the stifling of another's flourishing (Hoffman 2000) and underplaying resulting in non-alleviation of suffering. Peterson (2017) also recognises the potential of compassion as permeated by "*unequal patronising standpoints*" (Peterson, 2017, p.3), that in attempts to be compassionate, compassion can be patronising, condescending, or confused with pity.

3.6 The Benefits of Compassion

Compassionate based approaches offer advantages for both the individual, wider group, and society. Whilst it is not possible to fully illustrate the totality of benefits it is possible to provide a breadth of research highlighting this. Compassionate cultures according to Coles and Gent (2020, p. 11) are "*profound*" and offer many advantages. Compassionate understanding of others enables the condemning of injustice and oppression, a means in which the world can become a better place to live (Friedman, 2000; Nussbaum, 1998). This aligns to intercultural compassion (Papadopoulos, 2017a) and reported in Section 3.3.

Kukk (2017) describes five areas in which research demonstrates the benefits; improvement of academic performance; fosters greater self-esteem and health; strengthens resilience; creates a happier workplace whilst increasing productivity, and profitability; and strengthens the political, civic, and economic health of communities. Benefits are also visible across several areas; psychological (Jazaireri *et al.*, 2013; Keltner *et al.*, 2014), social relationships (Canevello and Crocker, 2010; Cozolino, 2006) and physiological (Simon-Thomas, *et al.*, 2009).

At an individual level compassion generates greater psychological wellbeing (Gibbs, 2009). Trzeciak and Mazzarelli (2019) provide compelling scientific evidence of the undisputable value of compassion and whilst in the main dedicated to nursing and health care, the argument that compassion has significant psychological benefits is clearly visible for both the provider or giver of compassion and the receiver. In demonstrating compassion for another, the parasympathetic nervous system activates, calming and levelling after a stressful situation. The activation of the system, mirrored by the receiver results in brain waves parallel to each other (Goldstein *et al.*, 2018; Kok *et al.*, 2013; Shaltout *et al.*, 2012; Kemper, and Shaltout, 2011). In the receiving of compassion, the evidence suggests the heart rates slows, stress reduced and more positive emotions surface. Emotional contagion, emotional states of individuals influencing the mood of others, also known as mood linkage (Totterdell 2000; Totterdell *et al.*, 1998) is probable.

Compassion may also go some way in reducing the increasing rise of negative thoughts, self-criticism, and elevated levels of stress amongst students (Mantzios, *et al.*, 2020). This is an increasing area of interest in studies exploring how compassion impacts on emotional regulation (Jazaieri *et al.*, 2013; Klimecki, and Singer, 2011). Gilbert (2017a) illustrates that where compassion is evident in classrooms students feel a greater sense of belonging, are more confident in contributing and more able to be open and honest in sharing thoughts and ideas (Gilbert, 2017b). For a student experiencing anxiety, worry or suffering in some way, receiving compassion may calm, soothe, and enable a renewed focus on learning.

Compassionate approaches facilitate more productive and collaborative ways of working and thus mitigate the impact of competition, rivalry, individualism, and managerialism (Coles and Gent, 2020; Waddington, 2018; Mutch and Tatebe, 2017; Smyth, 2017; Peterson, 2017; Wilde, 2017). However there maybe tensions as organisational approaches adopt compassion as a philosophy and a way of working whilst simultaneously advocating performance and target driven agendas. This may

present to academics and students as confusing unless shared visions and ways of working are explicit and aligned. There are clear suggestions that this is now happening, and change is afoot. See Section 3.10.

3.7 Worrisome Narratives: The Academic Perspective

In considering experiences of compassion in HE it is important to consider the climate in which students are based and the experiences of those who teach and facilitate learning. The terms “*worrisome narratives*” (Boyd and Grant, 2019, p.72) and “*troubling emotions*” (Haynes and Macleod-Johnstone, 2017 p.182) conceptualise more generally the concerns expressed mostly by academics, although may have relevance for educators across all settings. In the thesis I use troubling emotions generically and apply to students to illustrate varying degrees of suffering, feelings of negative affect, for example anxiety, panic, vulnerability. Environments that are threatening may inhibit compassion and the more relational aspects of communication and impact on the student experience.

Whilst Boyd and Grant (2019) use “*worrisome narratives*” to refer to new academics transitioning into the academic workforce in an Australian university, the application seems fitting in the UK. Early academics in describing the neoliberal HE agenda in the UK refer to ‘*violence enacted against us*’ (Liu and Pechenkina 2019, p.186), the unusual use of violence in organisations less familiar. Liu and Pechenkina argue for violence as a much broader concept of harm. Autoethnographic experiences illustrate a tarnishing of their academic roles with “*mental anguish and anxiety*” (Liu and Pechenkina, 2019, p.185) through the pursuit of innovation. Broader understandings of harm against a person also understood here as assaults on dignity, identity, and representation (Hearn, 2003; Westwood, 2003). In this sense violence in organisations can be subtler, insidious in nature and occur over time becoming accepted and embedded. Liu and Pechenkina’s (2019) account illustrate the ease in which this occurs and how this often goes unnoticed.

Clarke and Knight (2015) recognise shifts to educational business models impact negatively on students as well as academics, again referring to violence. The point, and I use Liu and Pechenkina as an example, is the current quest for competitive advantage appears as harmful, undesirable, and damaging. Harm from organisations pursuing profit and business may become accepted and through processes of institutionalisation that become repeated and embedded the 'victim' then becomes part of the corrosion, unwittingly or unwillingly complicit in the violence (Bourdieu, 2004). Viewed from Bourdieu's lens of symbolic violence, a nonphysical form of violence, harm manifests in the power differentials between groups. Neoliberalism underpins symbolic violence in the processes and structures that maintain performative cultures, an internalising of dominant discourses. The status quo becomes embedded, "*the most intolerable conditions of existence can so often be perceived as acceptable and even natural*" (Bourdieu, 2001, p. 1). In this way harm and worrisome narratives, the by-products of symbolic violence, self-perpetuate.

The rise of harm and academics suffering seems palpable. Morrish and Priaux (2020) illustrate academics' health and wellbeing deteriorating, with increases in occupational health referrals and a 16% rise in counselling services between 2016-2018. Similarly, Moorish (2019) reports occupational health referrals have increased by one hundred and fifty -five per cent in the last few years. High stress levels are reported in academics across many studies (Kinman and Johnson, 2019; Morrish, 2019; Mark and Smith, 2018; Darabi, Macaskill, and Reidy, 2017). Academics' mental health are a further concern (Urbina-Garcia, 2020; Kinman and Johnson, 2019). Whilst the validity of some studies maybe called into question due to methodological limitations (Urbina-Garcia, 2020) the heavy workloads and reported stress seem defensible. In a systematic review Urbina-Garcia, (2020) highlight several limitations across a total of twenty-eight studies, in the main an over reliance on tools to measure wellbeing that lacked validity. The studies do however show that for many academics all is not well and the situation needs further investigation and some degree of resolution. Overall reference to universities as creators of anxiety (Berg *et*

al., 2016) or “*anxiety machines*” (Morrish, 2019, p. 9) and narratives of deteriorating health in academic staff (Kinman, 2008) imply significant difficulties.

Discourses of pathological effects exist in the language choice, HE represented here as corrosive; damage, despair, and violence (Liu and Pechenkina, 2019), toxicity (Smyth, 2017) and ‘*zombification*’ (Whelan, Walker, and Moore, 2013). Viewing the market as a dagger in the life of the university, thrusting deeper and deeper into its very soul Dixon and Somerville (2018, p. 24) argue now is the time that suffering is replaced with the “right to be well”. More recently, Kinchin (2019) in recognising the commercialisation of academia, increasing demands and uncaring professional environments refers to ‘pedagogic frailty’, the weight of neoliberalism inhibiting a teacher’s capacity to develop practice, consider what it is to be an educator and thus limiting more courageous pedagogical approaches.

The impact of performative organisations seems extremely palpable with reported increases in workload demands and existing heavy workloads (Kinchin 2019; Caddell and Wilder, 2018; Dixon and Somerville, 2018; Smyth 2017). Narratives lend support to the “*sheer grind of working in higher education*” (Boyd and Grant, 2019, p 71) and the “*ever-receding horizon where work is never completed*”. (Smyth’s 2017, p 9). The term “*troubling emotions*” (Haynes and Macleod-Johnstone, 2017 p.182) illustrates the discomfort, disturbance and difficulties experienced from the academic perspective. In recognising the complex and troublesome encounters with students and increasing worries experienced in teaching, the authors set up a compassionate learning space, an inclusive and supportive group where ‘troubled’ academic work and negative affect directly arising from teaching practice was explored and shared. Haynes and Macleod-Johnstone, (2017) highlight how insight, compassion and mutual support in the group unfolded and provided a real sense of belonging and network for collaborative support.

Caddell and Wilder (2018) question the extent in which environments under pressure leave space for compassion and kindness and the impact this may have on student’s learning. Whilst many educational environments foster a compassionate

culture, compassion prioritised and made visible (Gilbert, 2017a; Trail and Cunningham, 2018) ascertaining the impact on students' experiences and health and wellbeing remains challenging. Designated space for students to explore troubling emotions in the same way as Haynes and Macleod-Johnstone, (2017) are limited with curriculums and modules leaving little time for more emotional and relational aspects. Negative affect experienced by students as anxiety, unease and worry results in varying degrees of suffering, troubling emotions that may result in isolation, exclusion, and loneliness. Students may be reluctant to disclose and share experiences fearing stigma and ridicule (Kang and Min, 2019; Turner and Harder, 2018).

This section has highlighted that harm and suffering from the academic perspective may be subtle, insidious, and wrapped in various guises. Symbolic violence may become institutionalised through power and authoritative control. Whilst unintentional and unconscious educators and students may become complicit, the ability and capacity to be compassionate lost.

3.8 Worrisome Narratives: The Placement Perspective

Increasing workloads and prioritising of performance are equally true in NHS organisations with serious staff shortages and growing demands (West, 2021; Beech *et al.*, 2019; Health Foundation, 2018; Hoel, Giga, and Davidson, 2007). Waddington points to the parallel processes between healthcare practice and higher education, referring to the performative nature of organizations and the stifling of compassion, in favour of more competitive measurable values. Waddington (2016) refers to a compassion gap in nurse academia exacerbating the compassion gap experienced in the NHS, questioning if health care students do not experience compassion in their educational programmes how we can then expect them to go into the workforce, as compassionate practitioners. In SCPHN educations concerns exist around the quality of placements and compromises in view of high workloads. Questions exist around practice teacher availability to build trusting relationships that are nurturing and facilitative although literature overall is dated (UNITE 2013; Carr and Gidman, 2012; Lindley Sayer, and Thurtle *et al.*, 2011; Kin, 2010; Kenyon and Peckover, 2008;

Leysham, 2005). Evidence in support feels anecdotal and speculative although a recent survey by Brook, Thurtle and Murray (2019) illustrates workforce issues.

Brook, Thurtle and Murray (2019) illustrated increased workload and pressures had significant impacts on wellbeing and mental health amongst health visiting students, many reporting elevated levels of stress. Stress and physical health were most impacted with sixty seven percent reporting stress as making them more worried and anxious and twenty-six percent reporting negative effects on their physical health. Health Visitors reported feeling demotivated and struggling to concentrate. Over a third reported that they would leave health visiting if they could. The State of Health Visiting Report (iHV, 2018) illustrate seventy-two percent of health visitors report an increase in stress (N= 1200) with the main reason as long hours, not enough time to complete the work and constant worry over clients. Constant change resulted in workplace uncertainty and stress reflected in the rising sickness-absence rates. NHS Digital (2018) also report stress sickness-absence rising year on year for the health visiting field of practice. No data is available for school nursing.

In terms of workload impacts there has been a substantial rise in caseloads that health visitors have responsibility for, forty-four percent having caseloads of over four hundred children and twenty eight percent having between five hundred to one thousand. The iHV recommends a maximum caseload of two hundred and fifty children for the health visiting service to have positive impacts on outcomes. The picture presented illustrates a stretched service and that concerns are very real. The impact on SCPHN students on an individual level is not clear although the critical incident referred to in the introduction illustrates that experiences can be difficult. The double whammy, two adverse forces of performative cultures may at times be overwhelming and expose students to risks that are unacceptable. Compassion may go some way in mitigating the impact, although may not be enough to reverse or transform students' experiences. Undertaking the SCPHN programme in a one-year

period may add additional stress in achieving the SCPHN competencies (NMC, 2004) and the academic requirements.

3.9 Changing Narratives

To combat increasing levels of vulnerability, exclusion and isolation experienced by students in higher education, academic institutions are beginning to focus increasingly on compassionate approaches. Bergland (2018) argues that the time is ripe to change the picture of negativity in HE sectors towards a newer, more 'deeply reflective' focus on non-quantifiable activities in education, an ethics of care that resists neoliberal impacts of competition and insidious ranking ideals. Care, compassion, and support need to sit equally with university efficiency and measurable outcomes. Kinchin (2019) agrees with this and offers a model as a more productive way forward of three crucial interconnected ideas, an assemblage that includes care, pedagogic health and salutogenesis. The notion of salutogenesis is a familiar idea in public health practice, aligning with an orientation in public health nursing that is health-enhancing (Cowley *et al.*, 2015). Antonovsky's (1987) framework of salutogenesis seems a valuable approach in considering more healthier notions of learning although the focus on the individual ability to cope with stressors and stay healthy becomes a more collegiate responsibility across health and educator sectors. The central concept of a sense of coherence is related to the ability to manage tensions and stay well. Bauer *et al.* (2020, p. 118) recently stated that "*salutogenesis posits that life experiences shape the sense of coherence that helps to mobilize resources to cope with stressors and manage tension successfully (determining one's movement on the health Ease/Dis-ease continuum)*". Kinchin (2019) recognises salutogenesis as a well-used concept in health and more recently in education, drawing on the concept in his own model. Whilst Kinchin does not refer to compassion, his ethos appears centred on a responsive health enhancing position that seeks a changing of narrative.

Pedagogical approaches that integrate compassion in a more focused and prominent position appear to becoming more evident as the benefits become clearer

and the current status quo recognised as inadequate. Maginess and MacKenzie, (2018) in their pursuit of moralised compassion argue that “*an immunity to the hardship of others*” (p.43) cannot go unrecognised or continue. In the literature there now appear many examples of changing narratives and approaches taking many forms; visionary university approaches to establish deep roots of compassion (Billias, 2017; Trail and Cunningham, 2018); aligning to caring cultures (McCune, 2021; Kinchin, 2019; Walker and Gleaves, 2016; Clouder, 2005) and responding to widening participation agendas (Gill and Ursuleanu, 2017). Trail and Cunningham (2018) illustrate how the University of Virginia has shifted to a more compassionate space with a myriad of compassionate care initiatives. Similar initiatives such as Bonnardel *et al.* (2018) in the University of Winchester report on practices specifically aiming to embed more holistic approaches to student and staff well-being. Gill and Ursuleanu (2017) in recognising increasing diversity within their university, a result of widening participation sought to implement compassionate pedagogical approaches as alumni students. Recognising that culture may add to students’ vulnerabilities, inhibiting engagement or being shy or withdrawn Gill and Ursuleanu (2017) considered actions that attempted to create a deeper sense of belonging through “*small acts of kindness such as being approachable, friendly, making eye contact and taking an interest in their experiences*” (Gill and Ursuleanu, 2017, p. 227) as well as celebrating small successes and positives. What seemed important in the provision of support was that Gill and Ursuleanu had been recent undergraduates and as such were able to understand the experiences of students and offer more person-centred support, the idea of “*similar possibilities*” (Nussbaum, 2013, p 144) holding true.

Noting the increasing mental health issues amongst students as a rising concern, mindfulness projects are playing a particularly valuable role (Barker *et al.*, 2021). Furthermore, voices are calling for the contesting of market-driven narratives that place education in a negative light (Hancock, 2018) and for a reframing of challenges and a viewing of opportunities to reinterpret the discourse of neoliberalism and the negative claims within (Mutch and Tatebe, 2017).

There is also some indication that educators have negotiated the challenges and are finding their own solutions at least in some small way and protecting students from any fall out and impacts of performative cultures (Boyd and Grant, 2019; Mutch and Tatebe, 2017). Educators are continuing to prioritise students learning, development and wellbeing (Caddell and Wilder, 2018). Gilbert (2017b, p.190) has clearly highlighted the benefits of using compassion as a tool to facilitate effective inclusive group work. Early findings suggest working in this way contributes to raising achievement levels. Consideration to student safety and creating a real sense of belonging, a determination to make all students socially safe is fundamental. In advocating a more compassionate space, to “*embed attention to compassion in seminar and tutorial practice*” (Gilbert, 2017b, p.190) classrooms can become much more effective in developing students learning as well as developing teamwork. Gilbert’s work has demonstrated positive results through fine-tuned interventions designed to enable group members to be more compassionate towards each other and more collegiate. Gilbert refers to this as the microclimate of the group setting, an essential element in ensuring inclusivity. The idea is to embed attention into groups, noticing distress and a focus on behavioural moves, often non-verbal, students thus taking responsibilities for punctuating interactional processes, an approach that allows responsibility to remain with the group. Gilbert found there were simple strategies in an overall framework of compassionate pedagogy; eye movements, small shifts in gaze and non-verbal signals that shifted attention and made groups more inclusive. Evidence highlighted increased feelings of social belonging, personal safeness, and a reduction of social anxiety in students. Whilst there may be critics around the implementation of this in seminar groups; the time to set up; large student numbers; equity across student groups and modules; aligning all teachers to a caring and compassionate ethos may help.

3.10 Development and Cultivation of Compassion

Cultivating compassion is important for SCPHN students and students more widely since the impact of cultivating compassion stretches beyond education into

society (Gibbs, 2017; Papadopoulos 2017a; 2017b; Nussbaum 2013; Armstrong, 2008). Section 3.5 introduced the importance of educating students for world citizenship and the benefits this brings to all, a means in which the world can become a better place (Friedman, 2000; Nussbaum, 1998). Like any other skill, convincing evidence now suggests the cultivation of compassion across the life span (Roeser *et al.*, 2018; Gilbert, 2017a; Greenberg and Turksma, 2015; Roeser and Eccles, 2015; Richardson *et al.*, 2015; Dewar and Mackay, 2010; Gilbert, 2013). Less clear is the most effective or best methods and in this area, literature presents as confusing. It is not my intent or within the realms of this review to consider the methodologies in depth, although it is valuable to provide some context around current approaches. Relevant to this study and regarded by many as fundamental is the importance of compassionate learning environments, environments where students need to receive and experience compassion to develop compassion themselves (Waddington, 2018; Youngson, 2014).

3.10.1 Environment and Socialisation

One strategy for the development of compassion is through socialisation (Bernstein, 2001; Bolognini, 2004). Socialisation occurs in two main ways, formal and informal with formal approaches including curricular activities and interventions and more informal the imitation of what others do and say, or role-modelling (Straughair, 2019). Staff modelling caring dispositions, particularly in pedagogical relationship with students is important in developing compassionate dispositions in others (Cooke, 2015; Schwind *et al.*, 2014; Sawatzky *et al.*, 2009; Markakis *et al.*, 2000; McKeon *et al.*, 2009). Papadopoulos (2017a) in the ethos of intercultural competence purports 'care' as a recognition of shared humanity and an openness to otherness. Interculturally competent teachers respect learners' and work to eliminate discrimination and promoting belonging. Modelling dispositions and fostering self-awareness in all enables a more open acknowledgement of the inherent relations of power that shape the teaching-learning interaction.

The evidence is robust in that environments that nurture compassion facilitate compassion (Straughair, 2019; Cooke, 2015; Goodrich and Cornwall, 2008; Gilbert, 2013; Wear and Zarconi, 2008; Worline, and Boik, 2006). Tierney *et al.* (2017) presents a model of compassionate care based on the notion of flow, compassion enhanced by defenders, supportive colleagues, knowing the person, drawing on faith) or depleted by drainers, competing demands on time and resources. Cultures in organisations are as such extremely important in setting the tone of compassionate environments (Younas and Maddigan 2019; Dewar *et al.*, 2011; McCormack *et al.*, 2008).

Gilbert (2013) explains how socio-cultural factors in organisational environments have the potential, either positively or negatively to influence and impact on an individual's ability to practise compassionate behaviours. Understood through a social evolutionary lens, Gilbert explains through the competing functions of old and new brain functioning. Environments that are performance based, competitive and pressurized set up a sense of threat, triggering and activating the 'old brain,' fight or flight, evolved over thousands of years to help us prepare and survive in dangerous times. In stressful or conflict situations, survival tendencies kick in, influencing our ability to attend and focus on others, our abilities to be compassionate and consider others, compromised. Old brain psychologies work in contradiction to kindness and prosocial behaviours, when threatened or feeling at risk, the amygdala triggered, releasing stress hormones into the body for flight or fight. In this situation humans are less likely to exhibit empathy and compassion, and more likely to be self-focused, impulsive emotional. Gilbert (2013) suggests using the 'new brain,' with the technologies of imagination, reflection and purposeful focusing, compassion cultivated, trained to oppose the competing 'old' brain. Over time we can learn to train the brain to practise self-compassion and return to a state of calm. There is a significant increase in evidence to support this through compassionate mind training or trauma based contemplative practices (Lavelle, Flook, and Gharemani, 2017).

3.10.2 Interventions

In nursing significant literature exists discussing the development of compassion and which interventions are most successful. Findings are confusing due to the countless contexts in which studies take place and definitional issues (Durkin, Garbutt, and Carson, 2018). Most recently Sinclair *et al.* (2021) in a systematic review concluded overall interventions as limited. Whilst interventions included both curricula in formal education and interventions in clinical settings, challenges existed. Limitations included definitional issues or a tendency to focus on a single component; assessed exclusively by self-report; were devoid of a comparator/control group; and did not evaluate retention, sustainability, and translation to clinical practice over time. Furthermore, despite a range of teaching methods across all studies; humanities-based reflective practices, clinical simulation, role modelling, and contemplative practices none appeared replicative or transferable. Sinclair *et al.*, (2021) recommended that educational compassion interventions needed grounding in empirically based definitions, a competency-based approach and multimodal teaching methods. This enables an inclusion of the attitudes, skills, behaviours, and knowledge within the multiple domains of compassion. The lack of clarity and definition clearly presents scholars with several challenges in the development of compassion, in terms of measurement, judgement and evaluation. A shared definition and agreement remain elusive (Sinclair *et al.*, 2021; Sinclair *et al.*, 2017; Strauss *et al.*, 2016).

Worthy of note, although not specific to education, is the increasing number of individual adult compassion-based interventions, for example Compassion Cultivation Training (CCT), Cognitively Based Compassion Training (CBCT) and Cultivating Emotional Balance (see Lavelle, Flook, and Gharemani, 2017) that illustrate some initial positive outcomes. In their infancy and not yet conclusive, the studies offer some optimism that if individuals are willing to undertake structured programmes, focus on self, the cultivation of compassion occurs. Kirby, Tellegen, and Steindl, (2017) in a meta- analysis of twenty-one randomized control trials of adult-

focused compassion-based interventions, found increases in compassion, self-compassion as well as a reduction in anxiety, depression, and distress. Whilst caution is suggested in view of the small sample sizes and methodological rigour (Kirby, Tellegen, and Steindl, 2017) the implications and benefits of cultivating compassion more widely, seem significant.

3.11 Synopsis of Chapter

The literature review illustrated the complexity of defining compassion and the many conceptual understandings. Understandings of compassion has significance in how educators' value and endorse care and compassion in their pedagogical practices and therefore in how students experience this. Worrying narratives in health and education reveal the current contexts as troubling and point to compassion as essential in mitigating the challenges experienced. Integral was the concept of non-contingent compassion (MacKenzie and Maginess, 2018). Many universities are now developing compassionate pedagogical approaches as shown in Section 3.11. Knowledge is scant in terms of how undergraduate and postgraduate students experience and receive compassion in the current climate where performative cultures are dominant. I now turn to Chapter 4 the philosophical approach and methodology underpinning the study.

Chapter 4 Philosophical Approach and Methodology

4.1 Content Chapter 4

The purpose of the study was to answer the main research question; What are students' lived experiences of receiving compassion from educators in the learning environment of university and placement over a one-year SCPHN programme?

In response to this question understandings were sought to the following;

- ❖ How do SCPHN students understand compassion?
- ❖ How do SCPHN students' experiences impact on their learning and development?
- ❖ Is there an impact of performativity on students' experiences of compassion at the micro level in HE?

Chapter four describes how I undertook the research, explaining choices and decisions as well as the philosophical and theoretical frameworks. My approach remained inductive, iterative, and nonlinear (Christ and Tanner, 2003) in line with hermeneutic phenomenology. Hermeneutic phenomenology and van Manen's (2016) six guiding activities are explained, providing structure and logic to the study implementation. The data analysis, Section 4.8 offers detail to demonstrate alignment to hermeneutic phenomenology and the care and attention given to this stage of the process. I also consider ethical considerations in the latter section.

4.2 Introduction

To elicit lived experiences, it was essential to consider the most suited approach and methods. Research design and methodology are based on the bedrock of the researcher's philosophy and beliefs (Chesney, 2000). New to research I had not considered philosophical underpinnings that inform a design or commitment to a research approach. I was unfamiliar with ontology, the study of being (Crotty, 1998) and epistemology, the nature, and forms of knowledge (Cohen, Manion and

Morrison, 2011). Initial attempts to articulate philosophical underpinnings felt clumsy and confusing, meanings and traditions blurry. Understanding ontological, epistemological, and methodological approaches has been a journey I equate to *"swampy lowlands,"* a term used by Schön (1983, p.42) to highlight situations that are confusing, messy, and often incompatible with technical solutions. My initial perception was that understandings varied, often nuances and preferences of scholars offering limited clarity for my novice status. It was to Crotty (1998) that I turned for some lucidity and structure, although deeper understanding evolved in experiencing and being in the research process.

What is real and exists are ontological questions. Ontological questions and how one views the world have an impact on the study design and inform the theoretical framework of the study. In studying lived experiences of compassion I sought *"rich, context dependant knowledge"* rather than *"the vain search for predictive theories and universals"* (Flyvbjerg, 2006, p.224). Seeking rich experiences contrasts with the ontological perspective of objectivism where reality is separate, external and beyond our influence or control (Crotty, 1998). Objectivism assumes an independent world and epistemological knowledge observable and testable. Measurable and positivist theoretical frameworks sit within the more predictive quantitative approach, *"a real world with verifiable patterns that can be observed and predicted"* (Patton, 2002, p.91). This study rather than seeking objectivity seeks meanings, and understandings created in existing social contexts, the personal culturally derived and historically situated (Crotty, 1998). An interpretive reality-orientated perspective sits within a qualitative approach fitting well with nursing philosophy. Twenty-five years in nursing in the NHS has embedded the need to be person-centred, *"understanding unique individuals and their meanings and interactions with others and the environment"* (Lopez and Willis, 2004, p.727). Ontological understandings are from our experiences of being in the world and in our interactions, epistemological knowledge gained through our lived experiences. Polkinghorne (1983) emphasises the descriptions of lived experiences and of being in the world as the fundamental source of knowledge.

In considering qualitative research and the need for thick description (Geertz, 1973) I initially considered narrative. Narrative foregrounds participants' stories (Savin-Baden and Howell-Major, 2013; Reissman, 2008) and closely represents the context and integrity of people's lives (Frid, Öhlén and Bergbom, 2000). Mindful of criticisms of narrative as "*elusive, contested and indeterminate*" (Reissman, 2008, p.183) the overarching notion of "*unapologetic subjectivity*" (Sikes and Gale, 2006 p.31) appealed. In nursing patients tell true and authentic accounts, thus narratives are real, personal, and subjective. This felt safe and familiar. A methodology that reduces the objectification of participants and is person-centred seemed ethical and fitting with professional nursing accountability (NMC, 2018a). Waddington (2016) suggests narrative approaches may be helpful in revealing and rectifying failures of compassion. Narrative links events over time with specific characters settings (Reissman, 2008). My aim was to study the experiences of compassion and how compassion appeared as a phenomenon, to identify meanings and structural essences of the lived experience and in examining, attribute and interpret meaning (Morse and Richards, 2002). On reflection, a narrative methodology was not the best fit, phenomenology, a research methodology informed by philosophical traditions of the life world, the lived experience seemed most suited. Schutz and Luckman (1973) describe the lifeworld as the lived world of work and home and that each of us inhabit different life worlds at various times. van Manen (2016, p.102) offers the lifeworld as four existential structures; temporality (lived time) understood not as objective time, rather how time is experienced subjectively, perhaps slow or fast; corporeality (lived body), how in our bodily presence we feel, reveal and conceal though our body; relationality (lived relationship), how we make and/or maintain and engage with relationships with others in our lifeworld and spatiality (lived space) the space in which we find ourselves, where our culture and social conventions associated with space provides a qualitative meaningful dimension.

In this study I am interested in the lifeworld of SCPHN students and their experiences of receiving compassion in their everyday experiences of learning. Phenomenology considers how things appear to consciousness in the lifeworld and exists as a research methodology that seeks to see what matters, to make the unseen and taken for granted in the everyday, visible. What is familiar may allude us in our everyday experiences and is something that we see last, only when our direction or gaze is refocused does the familiar become once again visible. Phenomenology thus seeks to find out the hidden in our lived experience.

4.3 Phenomenology and Hermeneutic Phenomenology

Phenomenology is a philosophy with Greek roots, '*phenomenon*,' an appearance and '*logos*,' reasoned inquiry (Stewart and Mickunas, 1990) thus phenomenology embraces an exploration of "*a deeper understanding of the nature or meaning of our everyday experiences*" (Van Manen, 2016, p.9). Phenomenology focuses on lived experience and the exploration of the lifeworld (Morse and Richards, 2002) and is most used to answer questions of meaning (Cohen, Manion and Morrison, 2011; Langdrige 2007). Variations in phenomenology exist informed by philosophical underpinnings, how one views the world in terms of understandings and how one makes sense of the phenomenon in question. Descriptive or Transcendental (Husserlian) phenomenology and Interpretative Hermeneutic (Heideggerian) phenomenology are the most common variations with the generation of findings dependent on the approach used (Lopez and Willis, 2004). Descriptive phenomenology is based on the belief that the researcher sheds all prior personal knowledge, aiming to grasp the core or essence of a lived experience, a state of pure consciousness, or a more essentialist objective view. Edmund Husserl often referred to as the father of phenomenology recognized that in the description of our everyday experiences certain aspects are not immediately visible or accessible, the things that we take for granted (Husserl, 1980). Phenomenological study, according to Husserl is the vehicle with which the inaccessible becomes accessible, a process or set of procedures of getting 'back to the thing's themselves' (Moran, 2000, p.146). Achieving objective description is through "*putting aside our beliefs about our*

beliefs" (Moran, 2000, p.146), a process of 'bracketing' or 'epoch'. Husserl (1997) sees this as a critical, reductive method, a means of isolating the central structures of a phenomenon. In descriptive phenomenology, the researcher sets aside one's beliefs, the phenomena thus seen objectively in the participants subjective lifeworld. To bracket does not mean to be unconscious, it is a conscious effort to put aside beliefs to achieve pure objectivity and thus limit influence. In this way, Husserl (1980) saw the discovery of the true essence of a phenomenon.

Interpretative or hermeneutic phenomenology has a different philosophical standpoint evolved from a solid background in interpretation and understanding, derived historically from religious texts and studies. Hermeneutics originates from the Greek word Hermes, the Greek god interpreting messages between gods to mortals (Lopez and Willis, 2004). Hermeneutics thus seeks "*a deeper understanding of the nature or meaning of our everyday experiences*" (Van Manen, 2016, p.9) with the orientation towards creating meaning and achieving understanding (Lavery, 2003). Hermeneutic phenomenology thus focuses on interpretation and understanding where the researcher and participant work together to develop understanding of the phenomenon studied, less subjective, more collaborative. This philosophy, informed by the principal assumption that prior knowledge is always with us acts to inform, guide, and contribute to the findings. Bracketing and attempts to reduce or eliminate our presuppositions is as such contested. Heidegger (1962) a student of Husserl saw that as humans we are already in the world and as such cannot undo what we already know. Key to Heidegger's philosophy is the ontological perspective that as humans we are always in the position of '*being-in-the-world*' a term he called '*Dasein*' (Heidegger, 1962, p.33). As humans we are constantly in the world existing and "*Dasein always understands itself in terms of its existence*" (Heidegger, 1962, p.33). According to Heidegger we are always in a state of being and as humans thrown into the world with no choice or control (Heidegger, 1962). In this view it is impossible to understand experience as detached, we are already in the world and in our being, our attention is always directed to something. Heidegger referred to this as "*intentionality*" (Heidegger, 1962, p.105). In intentionality

Heidegger (1962, p.105) explains two main concepts; “ready-to-hand” describes our practical relationship to something, we engage and use what is “*ready-to-hand*” and “*present-at-hand*” is an attitude where we look upon an object and observe it, only when we engage and interact does something that was “*present-at-hand*” become “*ready-to-hand*”. Our understandings evolve from our historical and cultural existing lived world. Hermeneutic phenomenology seeks to consider and interpret experiences, interpretation inextricably related in the cultural, social, and historical context in which we live (Munhall, 1989). What characterises phenomenological research is that it “*always begins in the lifeworld*” (van Manen, 2016, p.7). Each of the lifeworld existential offers different points of focus, interwoven into the natural everyday life experiences with hermeneutic understandings arriving only in seeing the phenomena as experienced and through social, cultural, and historical context. Key differences between descriptive and phenomenological approaches are in table 2.

Husserlian Phenomenological Approach	Heideggerian Phenomenological Approach
Descriptive	Interpretive
Questions of what is known	Questions of what is experienced and understood
Mechanical view of person – objective	Person is viewed as a self-interpreting - subjective
Person lives in a world of objects	Person exists in and is part of the world and interacts with the world
Analysis focuses on the meaning given to subject	Analysis is the relationship between the subject and the situation
What is shared is the essence of the conscious mind	What is shared is culture, history, and language
Meaning is untouched by the interpreter’s view of the world (epoche)	Interpreter’s worldview plays a role in interpreting data
Subject’s meanings can be reconstituted by perceiving data to speak for itself	The interpretation of subjects’ meanings can only highlight what is already understood

Husserlian Phenomenological Approach	Heideggerian Phenomenological Approach
Strict procedures of interpretation guarantee validity	Development of individual criteria ensuring rapport

Table 2: Comparison of Husserlian and Heideggerian Phenomenology Approaches

Heidegger (1962, p.28) refers to a “*relatedness backward or forward*”, the idea that understanding is continual and cyclical and in disclosing answers we draw from what we know and what we will come to know, the ‘*hermeneutic circle*’ (Heidegger, 1962, p.28). Moran (2000, p.237) provides a comprehensive account illustrating that “*the circle is not closed*” and is in a constant flux as we engage in the world. Interpretation and attributing meaning exist in a circular relationship, we interpret our understandings, and our understandings arise from our interpretation’s. The hermeneutic circle is thus a way of interpreting ‘*Dasein*,’ that is our ‘*being-in-the-world*’ (Heidegger, 1962, p.33), in this way our understandings do not sit alone. Informed by this philosophy, compassion is not a one-off event or something that happens (as a part), meaning is in the wider social and historical context (the whole). Meaning is transient and evolving. Gadamer (1976) a student of Heidegger, explains that in the condensing of meaning, activities and interactions are separate and whole. Understanding is both in the separate [experience] and in the whole [experience that draws on the historical]. This is particularly important when considering analysis of data within this philosophy. Analysis begins as parts of the text, understood in relation to the whole, and vice versa, then individual texts understood in relation to all texts and vice versa (Cohen, Kahn, and Steeves, 2000). Gadamer (1976, p.95) in considering interpretation offers ‘*the fusion of horizons*’, fore knowledge is an initial interpretation and in reviewing hermeneutically further understandings evolve and fuse with others. Understanding therefore develops through the fusion of past and present. Lived experiences “*gather hermeneutic significance as we reflectively gather them to memory*” (van Manen, 2016, p. 37), the past and present cannot exist without each other, and interpretations of text

continue to evolve hermeneutically over time. Research approaches informed by the philosophy of Heidegger enable researchers to draw on prior understandings to interpret and consider past and future horizons in their interpretations within the hermeneutic circle (McConnell-Henry *et al.*, 2009). As interpretative, research can never be free of judgement or the influence of the researcher. Kinsella (2006) suggests that hermeneutic thought is an unacknowledged underpinning of all interpretative qualitative research. Questions of validity are as such much deliberated, an important criterion in assessing research quality.

Whilst bracketing has no part in hermeneutic phenomenology (McConnell-Henry *et al.*, 2009) challenging and creating a degree of doubt about what we think we know, questioning, distrusting, or discounting what we believe to be true can be of value across all research (Valle *et al.*, 1989; Jones, 1975). The point here is that maintaining a dialogue of our actions and thoughts as the researcher can promote transparency, reduce bias, and thus increase validity. Rather than bracketing and putting aside pre-existing beliefs Dahlberg (2006) suggests a much gentler, more realistic process in accessing our pre-understandings, whilst also being open to others. This is "*bridling*," an analogy of horseback riding where loosening and tightening of the reins allows a pulling back and moving forward, a position where we do not allow our thoughts and ideas to dominate or overrule. Bridling is to be tentative and not "*understand too quick, too careless*" (Dahlberg 2006, p.16). In considering our ideas and beliefs we assume awareness and accessibility of what we know whilst also looking forward for newer meaning. A critique of bridling and of bracketing is that we first need to recognise our beliefs and that many beliefs may be unconscious. Lesson and Skoldberg, (2000, p. 9) state "*it is difficult, if not impossible, for the researcher to clarify taken for granted assumptions and blind spots in their own social culture, research community and language*".

In consideration of this I illustrate my preunderstandings, not to exclude or bracket but to acknowledge and remain transparent.

Drawing on Heideggerian hermeneutic phenomenology my assumptions are;

- ❖ SCPHN practitioners experience compassion in the one-year SCPHN programme as kindness and as receiving support and care to facilitate learning and overcome barriers in accessing education.
- ❖ SCPHN participants can describe their lived experiences of compassion because as qualified nurses they have pre-understandings of compassion.
- ❖ As the researcher I can describe and interpret the participants lived experiences of compassion.
- ❖ My experiences as a SCPHN practitioner and lecturer are relevant to the research question and in interpreting and understanding participants lived experiences.
- ❖ My experiences of compassion in my own learning and development are relevant to the research question and study.
- ❖ How students experience compassion has practical application for their own development and understandings of compassion.
- ❖ Receiving compassion as students improves the overall learning experience and the development of the practitioner
- ❖ Compassion is innate and learnt.

4.4 **Method of Inquiry: Six Guiding Activities (van Manen, 2016)**

Hermeneutic phenomenology does not have clear steps or a set formula, thus allowing freedom and flexibility for the researcher. It is important though that any steps taken are consistent with the philosophical assumptions of the conceptual framework (van Manen, 2016). The method of inquiry in investigating lived experiences of compassion follows van Manen's six guiding activities (Van Manen, 2016 p. 30-31) facilitating structure, though not to set in stone that I cannot be flexible. In offering flexibility, the sequential process allowed steps to move in either direction, forwards or backwards, helpful as a novice researcher. The production of meaning between researcher and researched is also emphasised (Rodriguez and Smith, 2018). The six guiding activities are;

1. The researcher turns to a phenomenon or experience that is of significant interest and commits to the world, as the researcher I am "*being-given-over to some quest*" (van Manen, 2016, p. 31). The introduction outlined '*my quest*' to explore compassion as lived in the natural setting and acknowledged the personal in phenomenology, "*it is always a project of someone, who, in the context of particular individual, social, and historical life circumstances, sets out to make sense of a certain aspect of human existence*" (van Manen, 2016, p.31).
2. The researcher investigates the experience as we live it and chooses methods of data-collection, in this study a self-administered paper open-ended questionnaire and an interview. The self-administered open-ended questionnaire acted as a recruitment tool for face-to-face interviews. The questionnaire enabled an opportunity to ascertain participants' understandings and experiences of compassion and facilitated deeper thinking of the phenomena, compassion. The questionnaire was a methodological '*choice moment*' (Savin-Baden and Howell-Major, 2013, p.37), not wholly compatible with phenomenological enquiry. Conventionally, questionnaires align with quantifiable studies, explored in the methods section. Interviews, the second method are a common data collection tool in phenomenology (van Manen, 2016; Wilson, 2014).
3. The researcher reflects on the phenomenological themes that characterize the phenomenon. In reflecting I needed to move beyond what was immediately visible, "*bringing into nearness that which tends to be obscure*" (van Manen, 2016, p.32). In phenomenological research, themes point to larger contextual understandings of the experience, giving "*shape to the shapeless*" (van Manen, 2016, p.88), a way of making sense of data and what constitutes the nature of this lived experience and in hermeneutics, understanding.
4. The researcher interprets the phenomenon through writing and rewriting. van Manen purports that interpretation is through grasping the meaning

of themes, holding in mind the phrase giving “*shape to the shapeless*” (van Manen, 2016, p. 88). This was valuable in the interpreting and through writing, and rewriting, ideas and eventually tentative themes result. Reisman (1993, p.10) draws attention to the challenges of interpretation across five levels (attending to the narrative, in the telling, transcribing, analysing, and reading). Remaining mindful that respected researchers saw analysis and interpretation as complex offered some degree of confidence and certainty that feeling overwhelmed by copious amounts of qualitative data was expected.

5. The researcher maintains a strong orientation to the phenomenon to remain committed to the research question and to avoid being side-tracked. It was important to stay focused and steadfast, to retain a strong and orientated relationship to the phenomenon (van Manen, 2016). Moving through the research process it was important I remained aware of preconceived opinions, ideas, and experiences. Jotting down thoughts and notes early on, a reflective diary also nurtured Gadamer’s (1976, p.95) notion of ‘fusion of horizons’. I interpreted this as not looking too far ahead that I missed what was in front, whilst simultaneously not looking right in front of me and missing what was further ahead. The application of this notion was also pertinent throughout the doctorate journey, not looking too far ahead that I lost focus or felt overwhelmed, whilst keeping the end in sight to maintain motivation.
6. The researcher balances the research context by considering parts and the whole, drawing on Heidegger and the hermeneutic cycle, the idea that interpretation occurs as a continual, circular process, is never finite and occurs through reading and writing to elucidate deeper understandings.

4.5 The Pilot

A pilot study of the data gathering methods served several functions; determining the suitability of instructions at the point of data collection (van

Teijlingen and Hundley, 2002), pre-testing the methods (Leddy-Owen, 2015; Bryman, 2012; Baker 1994) and sharpening research skills.

An open-ended qualitative questionnaire acted as a selection and recruitment tool for the participant interview and as a preliminary data gathering tool to elicit initial understandings and experiences of compassion from the sample population. Leddy-Owen (2015) in recognition of the potential disadvantages of questionnaires such as low response rates, leading questions and inappropriate wording suggests time to the formulation of the questionnaire and a pilot to head off potential issues. Consideration to inclusiveness, clarity of wording, layout, and length before starting the substantive study was, as a fairly novice researcher extremely valuable. This is evident later in the section. Open ended and exploratory questions facilitated free text responses, phenomenological descriptions, and understandings. Questions as open and exploratory, focused on lived experience of compassion for example, “can you tell me particular examples?”

Wilson (2014) suggests in the hermeneutic tradition, observation, diaries, or drawings are effective ways to capture experience, as well as dialogue with participants through interviews (Van Manen, 2016; Wilson, 2014; Diekelmann and Ironside, 2006). Phenomenological interviews assume people make sense of their experiences and that understanding is in their stories and discussions (Kahn, 2000). Whilst diary entries and observations are closer to the pre-reflective lived experience, more in the moment (Hektner *et al.*, 2007), participants would be based in placement some distance away from the university in which the study is situated, observation as such would involve considerable time and travel costs.

Rather than traditional interviews of question-and-answer responses as the researcher I needed to remain open to unexpected or unfamiliar responses, allowing space for interactive exchange (Vandermause and Fleming, 2011). I devised a loosely formatted interview guide, thus testing the guide was particularly important in recognising that the quality of the interview fundamentally influences the results of

the study (Kallio *et al.*, 2016). Whilst, I had some experience in conducting interviews in 2012 during master's study, this was an 'outsider' perspective, I was now researching as an insider, in "*my own backyard*" (Malone, 2003, p.797) and as such shared similar values and ways of life (Corbin-Dwyer and Buckle, 2009).

I required caution in being open to participants becoming divorced from the everyday subjective or lived experience and moving to the more objective. In hermeneutics I wanted the subjective, 'this is what compassion is like for me,' rather than the objective, 'this is what we do '. Understanding this shift of meaning, subjective to objective, when exploring the life world was essential, although not without challenges. Piloting the interviews enabled a practice run in aligning with this position. I was also cognisant that insider research can be "*inherently messy*" and "*potentially dodgy*" (Sikes, 2006, p.111), piloting the methods would provide insight into challenges and prompt solutions and strategies. The challenges and management of ethical issues experienced as an insider researcher are in the ethics Section, 4.9.

I carried out a pilot study of the methods. Piloting is a key stage in the development of any new questionnaire and provided an opportunity to evaluate the performance in answering the research questions (Gerrish and Lathlean, 2015). I tested the questionnaire with three volunteer SCPHN students. Feedback was positive in terms of intelligibility and questions unambiguous. One participant felt two questions were similar. The two questions I changed to one. Feedback highlighted that the questionnaire took 20-30 minutes to complete and was long. In exploring the data however, I recognised subjective descriptions and experiences that were valuable and in considering this made the decision to keep the questions the same, despite this risking a lower completion rate in the substantive study.

I piloted the interviews with three students, providing the opportunity to practise in a safe space and assess the effectiveness of the interview guide. It was clear that interviews were more complex than initially given credence and despite

being common methods of data collection due to accessibility, practicality, and feasibility (Patton, 2002), there were many challenges to consider. The “*inherently messy*” (Sikes, 2006, p.111) insider implications were evident, connections made as a lecturer filtering through the researcher/participant relationship. Negotiating boundaries felt clumsy, and the need to be consistently vigilant a conscious tiring process (Sikes, 2006). Participants referred to my lecturing role, assumed understandings and at times shifted from participant to student, seeking programme clarifications. Equally, benefits as an ‘insider’ and sharing similarities were often a plus, as participants shared willingly, a surprise being the degree of disclosure spilling over from personal lives. Costley, Elliot, and Gibbs, (2010, p.41) refer to such disclosing as “*the gleaning of unguarded confidences*”, narratives perhaps not always intended to share. All three voiced experiencing various degrees of mental ill-health, feeling isolated, a sense of not belonging and upset. The three students whilst describing some elements of compassion also reported a significant lack of understanding and described experiences where compassion was not evident. The pilot interviews supported the testimonies of the two students outlined in the introduction. Furthermore, the interviews demonstrated the absolute importance of managing all research with care and ethical consideration. Ethical considerations of no harm and supportive mechanisms are in 3.9. I did not set out to use the pilot interview data and did not seek consent. The aim was purely to test the methods and enable me to plan and manage potential ethical issues.

4.6 Selection and Recruitment

Participants were eligible for study inclusion if they were on the SCPHN programme, on the Health Visitor or School Nurse field (areas within my own expertise) and started in January 2018. Recruitment began the fourth week of the SCPHN programme, 7th February 2018. Students had settled into the programme following the January start, had completed induction, and introduced to lecturers. I attended the start of a teaching session ran by a colleague, negotiating twenty minutes of time, cognisant not to impinge on teaching time. I informed students I

was completing a professional doctorate and that I was new to research. I gave the participant information sheet (PIS) (Appendix three) and the open-ended questionnaire (Appendix four) to all students present in the class (N=33). The PIS explained the study and stated taking part was voluntary. If students chose not to participate there would be no implications. I offered no incentives, aware British Educational Research Association (BERA), (2018) discourage incentives. I also allowed time for questions. Students were asked to complete the questionnaire if they chose to do so and return by the following week via hand in to the SCPHN team or sending direct to my university post inbox. As the recruitment tool for the interviews, I also asked students to tick a box and provide name, telephone and email address on a detachable page ensuring separation and anonymity from the questionnaire data. In ticking the box, I could contact students for interview.

In the PIS data I explained withdrawal from the study for method two. For method one students who chose to complete and return the questionnaire, data withdrawal would not be possible due to no direct identifiers on the questionnaire. For method two, data could be withdrawn up to three weeks post interview. I was clear that where participants had concerns at any stage of the process, these would be discussed, to reach a solution. Ethical responsibilities to the participant came first (BERA, 2018).

The aim was to achieve approximately seventy per cent completion rate for the questionnaire. A seventy-five per cent completion rate or above is good (Bowling, 2005), although often response rates are lower. A seventy per cent completion rate seemed adequate in providing a preliminary insight into how SCPHN students as post graduate nursing students understood compassion. For the face-to-face interviews I planned to recruit seven to ten students. The purpose was to gain in-depth understanding of experiences, the approach to pick a small number seemed fitting with phenomenology (Smith and Osborn, 2003). I also needed to be pragmatic in methodological decisions and consider access to students, working full time and space to interview. Patton (2002) highlights no rule of thumb exists in terms of participants and the focus is more around opportunities open to the researcher and

maintaining an open mindset of alternatives. SCPHN students have competing demands that add more time pressures to their lived world. Participating in research would add to this. Recruiting seven to ten in a hermeneutic phenomenological study seemed reasonable. It was evident in many other hermeneutic studies numbers are most often small. Recruiting ten also allowed possible drop out. This size sample would provide enough depth and detail of lived experiences to draw some interpretive understandings and answer the research questions. Equally, this felt manageable in terms of practical workload, timescales, and sample size.

Explaining and introducing the study personally to the sample population felt important. This was a study on compassion and relationships. A personal approach provided a humanistic dimension, demonstrated value and respect as well as providing an opportunity to connect with potential participants. Furthermore, this felt like an ethical starting point, embedding a compassionate stance in the research process. In presenting the study I also wanted to inspire other nursing colleagues, specifically to undertake doctorate study and strengthen the profession's research profile.

Following the initial recruitment, I emailed two prompts to the cohort, gently reminding to complete and return the questionnaire and to tick the box if they were willing to participate in the interviews. I was aware how easy it was for students in educational research to feel coerced or pressured to participate (Moore, 2012a; Malone, 2003). Power distances between researcher/participant (lecturer/student) are complex and seeing the relationship as *"always entangled in relationship of power"* (Juritzen *et al.*, 2011, p.648) was a useful stimulus to think ethically and consider my behaviours more deeply.

4.7 Data Collection

4.7.1 Questionnaire

I gave the open-ended questionnaire to students present in class, thirty-three, on the 7th of February. Five students from the potential sample were absent. I asked

the students to complete the questionnaire and return by the following week posting to the SCPHN team or direct to my university postal inbox. Personal details, name and contact were requested only if the student wished to participate in the interview, thus acting as a recruitment tool for interview. I sent two reminders as stated to students' email addresses, one and two weeks later acting as a gentle reminder and prompt. Challenges in recruitment often focus on non-participation of the sample population thus the management of non-responses in the recruitment process was an important consideration. I was keen not to 'hound' students or coerce and add any other pressure. Coercion and consent required thought and I explain further in Section 4.9. From the sample of thirty-three SCPHN students I received fourteen questionnaires, forty-two per cent.

4.7.2 Interviews

Seven students provided contact details and agreed to interview. Despite follow up emails no more students came forward. Rather than sending a third email I took the pragmatic decision that seven students as participants would provide enough data in a phenomenological study. I also did not want participants to feel coerced in any way. All participants had been qualified for over ten years, were female and white. Whilst I did not ask for gender or ethnicity on the questionnaires the cohort for 2018 were female and white. This was representative of the SCPHN cohorts each year. In a study with alumni students from a university in London and the university in which the study is set, 98% were female, 21% between the ages of 36-40 and 64% were White British, the larger ethnic variation seen in the London university (Brook, Thurtle and Murray, 2019).

I contacted students via email in February 2018 to arrange a time and venue. Interviews were March (term 1), July/August (term 2) and November (term 3). March was a suitable time for the first interview as participants had an opportunity to settle into study and had completed two module assessments. Participants also had experience in university and placement. July/August was a suitable time for the second contact as it was midway through the programme and November for the third

contact near the end. Three interviews provided an overarching trajectory of learning and experiences of compassion through the year.

I then contacted participants 2-3 weeks prior to each interview with a polite reminder and a confirmation email one week before. Hermeneutic interviews have distinctions from other interview techniques, the aim to keep the meaning of the phenomena open and maintain orientation to the research question (van Manen, 2016, p.98). Moran (2000) draws on Gadamer to illustrate that in hermeneutic phenomenology the revealing of 'things themselves' are through language, the art of interviews focusing on the nature of genuine conversation to allow understandings to appear.

The interviews took place in a small room in the university prior to the start of the day, lunchtime or at the end. Consideration of the environment was essential to provide uninterrupted privacy, quiet and effective audio-recording. A smaller room in the university was more intimate than a larger meeting room or classroom (Kvale, 1996). The possibility of sensitive discussions also needed consideration, a smaller room feeling more fitting. Timing was also important in terms of allowing time to interview and in prioritising participants lunch. Lunchtime remains a valuable time for students, for nourishment and networking. Many spend time in the library or have personal tutor time. My preference was to avoid lunchtime and complete either first thing or at the end of the day following their last teaching session at 4pm. Providing flexibility and being adaptable was vital to the successful completion of the interviews and provided some agency to the participant. What I considered small gestures helped the researcher/participant relationship and served to reduce power differentials. Equally, preparation was key, jotting down a few reminders such as consent, information check, time for questions and pseudonyms. A few opening and prepared words aided by the interview guide helping to allay my and participants' anxieties. I recorded all interviews via an audio-recorder that was password protected and secure. Each interview lasted approximate one to one and a half hours.

In the next section I explain the implementation of the three interviews highlighting challenges and points of note.

4.7.2.1 Interview One - March

The first part of the interview in March focused on establishing a trusting rapport and managing practicalities of the interview process; information giving, obtaining written consent (Appendix five) and data withdrawal. I discussed withdrawal from the interviews and data, although this was clear on the PIS it was useful to run through for clarity. Students consenting to interview could withdraw prior to each interview or during the interview without reason and without consequence. Following the interviews, data could only be withdrawn up to three weeks post interview. If a participant had concerns or felt they had disclosed too much or felt uncomfortable with certain aspects of the data my plan was to arrange a meeting to explore reasons and concerns. Edwards (2005) offers insight into the concept of withdrawal, suggesting that the unconditional right to withdraw may not respect participants' autonomy and runs the risk of seeing consent as given on a pure whim, rather than recognising participants as making informed and intelligent choices. Edwards (2005) suggests ongoing negotiation as the way forward. If a participant had concerns, I envisaged that negotiation and a compromise would be possible that achieved both elucidation of the phenomena and participant satisfaction.

Participants chose pseudonyms, the most usual form of anonymisation (Moore, 2012b, p. 332) at the start of interview one and throughout the study. I asked participants not to use any identifiable information to preserve anonymity and confidentiality. Guaranteeing complete anonymity to participants can be an "*unachievable goal*" in qualitative research (Van den Hoonaard, 2003, p. 141). Van den Hoonaard, (2003) offers a critical review illustrating the many identifiable features of qualitative research. Participants often revealed names in the telling of their stories and care was required at each stage of the research process. In view of this I spent time exploring the possibility that some details of some narratives may well be recognisable or identifiable and to be aware of this when describing events and experiences. To be respectful, I gave participants the opportunity to read their

transcripts before the analysis stage and secondly always to be cognisant to share only what they felt comfortable sharing. Whilst this may have caused some concerns for some participants or limited the narratives told I hoped that by explaining the process, participants would feel reassured and the process ethical and fair. I also made participants aware that it was possible that in the final stages reading their own words could potentially be traumatic and upsetting, as identified by Glesne (1999).

The initial phase of the interview focused on establishing a rapport and the researcher/participant relationship. The idea of "*faked friendship*" and "*doing rapport*" (Dunscombe and Jessop, 2002, p.108) refers to researcher activity that serves to reduce power, build trust, and influence the probability of quality data. Experienced in building rapport as a previous midwife I am aware that at times I can use communication skills to establish rapport and facilitate trust. In midwifery, the intention is ethical, aiming to secure wellbeing for mother and father. In this research, I noted that gains will be my own, although ensuring completion and sharing the data in terms of improving the student experience and understanding compassion and pedagogy will serve to minimise any breaching of ethical guidelines (BERA, 2018; NMC, 2018a).

Listening in the research interview is one of the most refined skills a researcher can cultivate (Seidman, 2006). Equally, accepting the participants' direction and moving the interview along with inquiring questions, co-creates the text. In using phrases such as "tell me what is happening so far? and "then what?" (Riessman, 2008) elicited "*the richest possible data*" (Lofland and Lofland, 1995, p.11). In hermeneutic interviews it is important to focus on the experience and ask open questions, crucial for the researcher to ask in a way that draws out the story without leading the participant into a set answer. Whilst this sounds straight forward this was at times challenging as participants invariably moved to opinions and facts rather than recounting direct experiences. This was something that I initially struggled with, although gently steering back to lived experience improved in each interview and I worried less if participants digressed. Dialogic context that is reciprocal, multi-faceted, historical, and dynamic aligns to the philosophical writings

of Heidegger (1962) and Gadamer (1975), phenomena occurring in a living context. When understanding is unclear, paraphrasing what the participant has shared can help to clarify uncertainties and avoid putting words in the participants' mouths (Benner, 1982). As a public health nurse there was familiarity in attempts to remain focused on the participant's accounts and a shared flexible dialogue.

In the interviews I jotted down some notes cognisant that a principal problem in interviewing is around meaning, "*language is not a clean logical tool like mathematics that we can use with precision*" (Schuman, 1982 p.22). Adding a few thoughts and personal reflections as I moved through were helpful when analysing the data more formally. Jovchelovitch and Bauer (2000) suggest the influence of the interviewer should be minimal and the setting arranged to minimise the interviewer's influence. In hermeneutic phenomenology questioning seeks understanding and the moving back and forth of turn taking aims to achieve an expanding circle of ideas in the hermeneutic circle (Heidegger, 1962). Using this circle, the researcher tries to discover the true meaning of the experience (McConnell-Henry *et al.*, 2009). Considering some of these challenges and reflecting on my own style helped to develop and refine skills and abilities for the substantive interview. It was important that I obtained meaningful data on which to theorise about compassion in education. Mischler (1991) points to the standard approach of questions/answers being inappropriate and inadequate in addressing central questions in the social and behavioural sciences, often resulting in a suppression of discourse, and neglecting a more comprehensive examination of understandings. Exploring the relationship to include wider social, cultural, and personal circumstances was important and I wanted as a new researcher to ensure the interviews opened rather than closed the experiences of participants. The interview guide (Appendix six) was a prompt to ensure consistency and support my research status. Interview guides provide some reassurance for the researcher and interviewee offering a more tranquil climate (Lofland and Lofland, 1995). Equally, this helped focus my attempts to stick with a point, a staying with the reflective gaze (Merleau -Ponty, 2002) in the discovery of meaning. This required careful listening, time, and exploration. Merleau -Ponty

(1962) describes this as if participants (or researchers) shine a light of reflection into a well, the light only carries so far, and the surface only is visible. Deeper sections remain dark and undiscovered. To unpick and access the deeper sections, often the more unconscious region, it is necessary to 'hang around' 'to stay a while,' 'to linger.' This can be challenging in an interview as I was aware that students needed to be back at a certain time. Staying focused, using a checklist as a prompt and the interview guide were valuable.

4.7.2.2 Interview Two - July

The second interview followed a similar format to the first and provided an opportunity to notice any gaps or omissions on reading of the first transcript. The interviews took place in July or August and again lasted for approximate one hour. There was a clear recognition that things had moved on and participants seemed more relaxed resulting in more fluid conversations and trust. I also took in previous observation notes and draft transcriptions to build on any points. Dialogues appeared more shared dialogue and discursive.

4.7.2.3 Interview Three - November

The third interviews took place in November, a three-month period from the second interviews and one month before the end of the programme. Participants were in placements and consolidated practice. The interviews were approximately one hour. One participant was ill, however contacted me and suggested a telephone interview. The telephone interview arranged at the participant's convenience, lasted just under an hour.

The transcripts although in draft format I offered to participants to take away and read. Although participants thought this was positive, they declined due to study and placement commitments. Identifying and sharing a few pertinent points seemed most realistic. This enabled the participants to have some trust and confidence in my ability as a researcher. Table 3 summarises the data collection methods and timescales.

Study	Method	Period	Purpose	Sample
Pilot	Questionnaire	11/2017	To determine the suitability of method	3
	Interviews	11/2017	To determine the suitability of method	3
Substantive	Questionnaire Self-administered	02/2018 7/02 - 4 th week of the SCPHN programme	Recruitment Tool Ascertain initial understandings of compassion	14
	Interview 1	Term 1 – 03/2018	To elicit lived experiences of compassion at the start of programme	7
	Interview 2	Term 2 – 07/2018	To elicit lived experiences of compassion mid programme	7
	Interview 3	Term 3 – 11/2018	To elicit lived experiences of compassion at the end of the programme	7

Table 3: Summary of Data Collection Methods and Timescales

4.7.2.4 Reflections on Interviews

In phenomenological studies the interviewer is the vehicle for eliciting rich accounts (Thomas, 2021). van Manen (2016, p.66) recommends interviews need to be “disciplined” to avoid “skimpy material lacking sufficient concreteness in the form of stories, anecdotes and examples”. Listening is vital in interviews (Thomas, 2020) and something I felt equipped to do, well-rehearsed in listening to parents’ narratives of children or eliciting information for assessments. In research interviewing, listening was challenging; feeling anxious when the participant went off at a tangent; feeling hesitant around the degree of direction to take or not take; my own feelings and thoughts intruding; maintaining a phenomenological position of description

seeking. Whilst the pilot interviews had alerted me to some challenges well recognised in interviewing, Kvale (1994) provides a comprehensive critique deepening understanding. Kvale (1994, p.148) refers to the possibility of interviews being *“sloppily carried out and yield trivial results”* and suggests planning and structure in the planning and delivery stages. I took several measures to improve quality giving time to prepare, enabling me to shift to researcher identity using both the interview guide and my notes as a visual prompt. Although bracketing of pre-understandings is not necessary in hermeneutic phenomenology, I gave some thought to this as a way of considering bias, thinking of my own position as a white, female, and professional. Elements of the pilot interviews had already sparked personal memories of learning and unrecognised anxieties, highlighting the need to always be alert to self and how my position and experiences impact at all stages of the research. I aimed to be *“critically conscious”* (Pillow, 2010 p. 179). Considering what do I expect to hear, what is my foreknowledge about compassion and how can I stay open to participants’ voices, enabled a more considered perspective. Listening attentively and intentionally, *“listening with the intent to understand, rather than the intent to reply”* (Covey, 2004, p.239) was something I tried to abide to.

Asking open questions would draw out participants’ lived experiences and pauses enable space for thought, encouraging more comprehensive responses. I remained aware of social desirability bias, that students may be unwilling to present stories that present them in a negative light or to expose what might be less attractive. Polkinghorne (2007) suggests participants may filter out more negative aspects to project positive self-image. Attempts to minimise bias and consider the validity of the study was at the forefront throughout the interview process.

In interviews with personal accounts, Mishler (1991) and Bryman (2012) emphasise the interview process as collaborative with researcher and participant implicated in the construction of a narrative or personalised account. Other authors suggest *“an abandonment of the self in a quest to enter the world of another”* (Andrews, 2007, p.15). This is something I deliberated for some time. In interviewing a complete abandonment of self is not possible, an attempt to be aware more

reasonable, aware of my own presuppositions but not a casting aside as in bracketing. Neither do I believe that through reflexivity it is possible to recognise and mitigate all blind spots at each stage of the research process. Whilst there is always some access to the deeper sections of the well (Merleau -Ponty, 1962) it is certainly not direct access. McEvoy (2001) explores the issue of interviewing colleagues in familiar fields and suggests several limitations of the insider perspective. Firstly, the taken for granted perspective where it is more difficult for the researcher familiar with the social world to question areas of that world that seems self-evident. Insiders may be subject to the constraints of group membership and avoid asking questions around well-established social norms. There may also be a reluctance to talk about sensitive issues. Furthermore, the insider's perspective can be more limited as the insider lacks the distance required to maintain a balanced and objective perspective of the world. Conversely this view may offer advantages as an insider, increased insight of complexities not visible to the outsider. The complexity of insider, outsider is summed up by Serrant-Green (2002, p.38), "*There appears to be as many arguments for outsider researcher as against, with the same issues able to be raised in support of outsider research, as against it*". This complexity has been realised through each stage of the research process in my experiential learning.

I further considered if students felt coerced to participate because of my insider status and therefore often overcompensated in terms of offering opt outs. This was an unnecessary worry as all seven students stated they were happy to be involved. I was also aware that my research role often felt less of a priority compared to teaching. I had been aware in the pilot interviews of not keeping students too long, yet simultaneously acknowledging the need to create a climate that embraced extended turn taking (Reissman, 2008). This has improved with experience.

4.8 Organisation and Data Storage

In line, with the General Data Protection Regulation (GDPR), (European Parliament and Council of European Union, 2016) I took measures to safeguard data at each consecutive stage. Following a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European

Union (EU) was an absolute must and non-negotiable. For method one of data collection, all hard copies of the completed questionnaires I stored in a locked drawer in a locked office. As stated, I recorded no identifiable information on the questionnaire. The personal details of those students agreeing to participate in the second method, i.e., had provided their name, telephone, and email address for interview, I detached from the questionnaire, therefore anonymising the data. The personal detail I kept in a separate folder in a locked drawer and in a locked office, ready for later contact.

The organisation and storage of the data from the interviews was more complex and required a clear research data management plan in line, with the university policy. Immediately post interview I downloaded the audio recordings from the password encrypted audio recorder to my work computer stored on an organisation secure One drive facility. The original recording once safely downloaded and checked I removed.

The audio recordings of the first seven interviews in March I transcribed verbatim working directly from One Drive. Transcribing transcriptions requires attention, time, and an understanding of the process. Transcription is interpretative (Brinkman and Kvale, 2018; Mishler, 1991) and distinctive features of the data of more analytical interest than others (Bailey, 2008). In transcribing verbatim, a slippery term according to Roberts (2004) due to conversations becoming "*abstract and fixed*" (Brinkman and Kvale, 2018, p.1) I kept as close to the transcript as possible and kept the participant in mind.

The second and third interviews I employed a verified university transcriber who had signed a confidentiality agreement with the organisation. In sending recordings and transcripts back and forth I used an encrypted password format agreed by the university. Transcripts were anonymised and identifying characteristic to participants or organisations removed. Whilst I recognised transcribing provided an excellent opportunity for me to familiarise with the data and begin analysis, an

integral stage in the interpretative and analysis process (Mishler,1991), transcribing took considerable time. The move to a designated transcriber was a pragmatic decision in view of a full-time academic role.

As stated, I stored the transcripts on One Drive. I plan to keep the data for five years after completion of the study to allow for publication. After this time, the data will no longer be relevant and safe, and disposal required in line with university regulations.

4.9 Data Analysis

Considering how the data from the questionnaire and interviews would be interpreted and represented to illuminate understandings of compassion took time and consideration, the third and fourth activity in the six guiding activities of enquiry (van Manen, 2016). As explained in Section 4.3. activities three and four relate to explorations of the phenomena and a recognition that this stage in the research is complex with the potential as a novice of feeling overwhelmed. Data collection did not set out to test hypotheses and this stance continued in the data analysis, taking an inductive, iterative, and nonlinear approach (Christ and Tanner, 2003). The study aim was to shed light on what receiving compassion was like for a specific group of specialist nurses, to see glimpses of meaning that live within the human experience (Crowther *et al.*, 2017).

Whilst several phenomenological analytical frameworks exist each aligning to philosophies and approaches (Crowther *et al.*, 2017; van Manen, 2016; Smith, Flowers, and Larkin, 2009; Christ and Tanner 2003; Cohen, Kahn, and Steeves, 2000) exploring these created some anxiety. It was imperative I presented the data in an ethical and trustful manner. This felt even more relevant in a study on compassion. In hermeneutic phenomenology interpreting and understanding meaning requires a flexible position of remaining thoughtful, focused and yet not too fixed. van Manen (2016, p.88) offers an approach that draws out phenomenological themes that give meaning and “*shape to the shapeless*” whilst also recognising that themes, however

interpreted are always an *“inadequate summary of the notion”* (van Manen, 2016, p.87). In giving shape to the data, this approach suggests developing a *“dialogue with the text”* (Rodriguez and Smith, 2018, p.96) and rewriting as interpretation evolves and develops, rather than structured coding sometimes criticised as fragmenting the data (Atkinson, 1992). There was also a recognition that in hearing participants lived experiences and initial reading of transcripts loose commonalities were appearing.

Immersed in the data (what I called loitering) I drew on several concepts that I found helpful as a novice. *“Flirting”* with the data asks us to undo our commitment to what we know and question its legitimacy (Kim, 2016 p.187). Phillips (1994) presents flirtation as exploiting the idea of surprise and curiosity and creating space for less familiar possibilities. Also useful was *“bridling”* (Dahlberg, 2006, p.16) introduced in Section 4.3, a gentler process in attempts to access pre-understandings, a motion of moving forwards and backwards. In line, with interpretative hermeneutic phenomenology I attempted to hold on to what I knew simultaneously looking beyond what was immediately accessible. Unlike Husserl’s (1980) bracketing in transcendental phenomenology, here there is a letting go in attempting to the data speak to me. Maintaining an open and curious stance requires an intimate understanding of participants experiences and patience, Gadamer (1975, p. 95) describes as ‘fusion of horizons’, the *“bridging of personal or historical distance between minds occur”*.

For questionnaire and interviews I followed van Manen (2016); initial reading, highlighting, seeking tentative understandings, meanings and thinking through. I worked meticulously and logically through both data sets. Data analysis for the questionnaire felt more linear, possibly because the narratives were short and more defined. At this stage of the study my understanding of hermeneutic phenomenology had developed. I came to see that some responses included subjective descriptions that provided glimpses of meaning as well as more objective conceptual understandings. In hindsight I could see the open-ended questionnaire whilst

originally viewed as not fully aligning to my choice of methodology was meaningful. With new informed knowledge I came to see meaning revealed in the experiences.

Interview data analysis was more structured although remained an iterative process of discovery. This included; initial reading of the texts; re-reading; re-imagining the interviews; consulting initial notes; jotting thoughts and hermeneutical understandings. A methodical working through each transcript followed, interview one, two and three, using the highlighter function to mark what I viewed as lived experience descriptions. Rather than a singular word or statement, this was mostly a cluster of phrases or descriptions pointing to a fuller and more illuminative experience. I highlighted certain phrases perceived as especially revealing, sometimes taking the form of analogies or anecdotes. Immersed in the data I created a document (Appendix seven) with highlighted phrases or statements copied and pasted. This enabled continued consideration, tentative identification and interpretation, the process of moving "*backward or forward*" (Moran, 2000, p.237). Interpreting and understanding guided by the hermeneutic circle (Heidegger, 1962) enables a back and forth for each participant considering the parts (each interview) and the whole (all interviews). Cohen, Kahn, and Steeves (2000) explains as the consideration of data via smaller number of units to increasingly larger units of data and back and forth.

The analysis took several months, thinking, writing, and exploring tentative interpretations. I also held onto the analogy of bridling, to not "*understand too quick*" (Dahlberg 2006, p.16). As the researcher my contribution was to offer an interpretation of the data, an unearthing of something more meaningful. Over time through writing, rewriting, drafting, and reflecting essential themes I captured what I felt most truly represented the data. van Manen (2016) distinguishes between an essential theme and an incidental theme. He explains this through a process of free imaginative variation, asking the question, "*is this phenomenon still the same if we imaginatively change or delete this theme from the phenomenon?*" (Van Manen, 2016, p.107). Essential themes are thus those qualities that make a phenomenon

what it is and without those, the phenomenon, would be different. Incidental themes relate to the phenomenon, although the phenomenon remains, as it was, without.

Van Manen (2016) existential lifeworlds of temporality (lived time), spatiality (lived space), corporeality (lived body) and relational (lived relationship) were visible in the data and I draw on these in the findings. This fits with the third step of his 6-step process in carrying out phenomenological research, *“the researcher reflecting on the essential themes which characterize the phenomenon”* (van Manen, 2016, p.30). I also attempted to remain open, drawing on Finlay’s (2008, p.2) notion of *“engaging with a sense of wonder”* whilst also restraining understandings to limit bias and subjectivity.

In the analytical process I also considered:

- ❖ Language is not always transparent: The process of transcribing into words for the first interviews felt linear, due to loss of tone, inflections, animation, and laughter. This was certainly true of the transcriber transcriptions. In the analysis calling participants to mind and visualising helped in the analysis and interpretation. This felt important to see participants as human beings and connected. Mishler (1991) provides an analogy to photography, photographs the artefacts and medium of reality, yet through certain lenses, films, and printing practices it is possible to produce many images and thus interpretations of the ‘picture’. My approach was one approach and others were available that may reveal other interpretations.
- ❖ Phenomenological analysis seeks to grasp and make clear the meaning, structure, and essence of a phenomena, in the lived experience of a person or group of people, transforming data into findings (Patton 2002).
- ❖ Data relevancy: I did not include all data due to the preservation of participant confidentiality and because not all the data was relevant to the research questions.

- ❖ Data analysis as fluid and complex: analysis starts in listening, thinking, and experiencing the interviews. Chase (2003) suggests writing notes and tentative interpretative comments immediately post interview. Significant learning in this qualitative analysis was the time this took and the more informal process of mulling over as well as a more formal working through in following Van Manen's six guiding activities (2016, p. 30-31). See Section 4.4 for a reminder of the guiding activities.
- ❖ Lived experiences are personalised narratives, stories, and accounts and as such may be told as a 'good story' rather than a faithful account, a process of narrative smoothing (Spence, 1986). In narrative smoothing there is a smoothing of the edges of something to make more valuable or attractive to others. This smoothing I believe is applicable in the analysis, brushing off the rough edges of disconnected data or involving omissions that may not fit or align with your assumptions or perceived knowledge. In my analysis I have attempted to be aware and alert to this.

Phillips (1994) presents flirtation as exploiting the idea of surprise and curiosity and of creating space for less familiar possibilities. This idea has some parallels with Husserl and bracketing, attempts at objectivity in seeing beyond what is immediately accessible and not looking for the expected. Reading the texts and attempts to put aside assumptions and see something new takes concerted time and thought, to see beyond what is at first a phrase or sentence and not become too fixed on an image or interpretation. To flirt with the data is to see what is not always immediately visible.

I was also mindful of the insightful cautions of Polkinghorne, (2007), as researchers' we do not have direct access to participants' meanings, therefore meanings are partial, and deeper sections remain dark and undiscovered (Merleau-Ponty, 2002). I took this position seriously. In my readings, I pondered, reflected, thinking, and searching for other understandings, pausing on initial notes, seeking what might be missing or less obvious to my untrained mind. Whilst the transcripts offer a more linear picture of words and language I imagined and pictured

participants, giving life to the analysis stage. The more I read and lingered the more I saw. I likened this to the well analogy (Merleau-Ponty, 2002) accessing deeper sections although never quite reaching the bottom. The essential and incidental themes revealed in the data analysis I came to see over time. Chapter five, the findings, reveal the themes.

4.10 Ethics

Ethics formed an integral part of the research process and required commitment, attention at each stage and reflexivity to consider and deliberate actions carefully. I also obtained formal ethics approval from the university in which the study took place. Whilst the British Education Research Guidelines (2018) were adhered to, I underestimated the thinking time required in ethical decision-making. Considerations around consent, power and disclosure required thought and contemplation. Tensions around sensitive data and the need for anonymity contrasted with presentation of the data in an honest and open format.

4.10.1 Consent, Coercion and Power

Researching within the university and drawing on SCPHN students' experiences positioned me as an "insider" researcher, that is sharing similar values and ways of life as the participants (Lee, 2014). Positionality, where one stands in relation to the other is assessed across multiple factors and shifts accordingly. In researching in "*my own backyard*" (Malone, 2003, p.800) the implications of my status were significant, a double-edged sword in presenting both advantages and disadvantages to the study (Kanuha, 2000). Hermeneutic phenomenology, informed by Heidegger, recognizes my insider status as an asset. My unique perspective of SCPHN practice, health, and education enabling a deeper level of understanding and interpretation (Fleming, 2018) than may be obtained by someone not deeply embedded, an outsider. It was also important to acknowledge my desire for positive outcomes in securing participants. Maintaining a considered reflexive dialogue, questioning status, of advantages (knowledge) and disadvantages (bias) a more honest interpretive position evolved.

Being alert to the potential of insider researcher as inherently coercive (Fleming, 2018), *“especially when done at home”* (Rossman, 1984, p.225) I made attempts to mitigate this. I became aware of my insider position early on in attempts to make connections and build rapport at the recruitment stage. I introduced myself as a nurse, midwife, and health visitor. In attempting to create connections and reduce perceived power differentials as lecturer I positioned myself as an ‘indigenous-insider,’ a person *“who endorses the unique values, perspectives, behaviors, beliefs, and knowledge of his or her indigenous community”* and *“who can speak with authority about it”* (Banks, 1998, p.7). Overstating the insider position felt over-zealous, my endeavors to secure participants overly enthusiastic. I was mindful of the potential for causing harm and students feeling coerced into taking part. As a lecturer this was a strong possibility. Jurotzen *et al.* (2011) questions how to assess participant’s competency to consent and participate and on what criteria is this based. In realising insider ethics was messier (Kuriloff *et al.*, 2011) than expected, I attempted to mitigate any feelings of pressure emphasizing participation was voluntary. There was no obligation to take part and no consequences if they chose not to. Setting clear limits and shared understandings were important. A *“persistent, sceptical stance towards the very notion of informed consent”* (Malone, 2003, p.813) seemed more realistic and transparent in obtaining voluntary informed consent, a pre-requisite required for research (BERA, 2018).

Seeking permission with participants at each stage and checking out any issues around consent and participation felt fair and responsive to participants needs, health and wellbeing. Whilst in terms of the recruitment this felt straight forward moving into the implementation stage was more challenging. The pilot interviews had alerted me to certain issues, that acting as lecturer and researcher would be complex. Power distances between researcher/participant (lecturer/student) are multifaceted and perceiving the relationship as *“always entangled in relationship of power”* (Juritzen *et al.*, 2011, p. 648) was valuable. There was a clear recognition at times of shifting sands, from insider to outsider and back to insider, dependant on dialogue. The nature of this was dynamic and flexible as participants reverted to student identity, asking questions, and making observations of the SCPHN

programme, connections made as lecturer/student filtering through the researcher/participant relationship. Merriam *et al.* (2010) sees the power dynamics of the interview process as negotiated by the interviewer, the interviewees, and the culturally embedded interview context. This was an interesting dynamic as I negotiated positions where at times I felt more in control and directive and others where participants directed, correspondingly moving between participant and student and researcher, lecturer. I pondered here in terms of how much this mattered. What seemed most important was an open and responsive connection, a relationship opened up as opposed to closing, a dialogue of shared recognition that we had meandered too much into student/lecturer territory. I sometimes shared my vulnerability as a new researcher in the hope that some dissipation of power occurred and a shared recognition of our humaneness, an experiencing of this moment together.

The idea of "*faked friendship*" and "*doing rapport*" (Duncombe and Jessop, 2012, p.108) as unethical was something that I constantly toyed with. As a researcher I was actively attempting to reduce power, build trust and influence the probability of participant disclosure through communication skills. I was aware of drawing on these skills to establish rapport and facilitate trust, a legacy from professional midwifery practice. In midwifery the intention was ethical, aiming to secure wellbeing for mother and father through the immediate establishing of a trusting relationship. In this research, gains would initially be my own. Sharing the overall aims and the research purpose, being open and honest, served to minimise manipulation and breaching of ethical guidelines (BERA, 2018; NMC, 2018a). Demonstrating honesty that the research was integral to my development and career felt important to disclose, as much as the knowledge and papers I intended to disseminate. Questions such as "*what should I do now?*" rather than "*this is what I should do now*" (Bergum, 1998 in Ellis, 2007) enabled a more dynamic interpretation of ethical standpoints. The BERA guidelines (2018, p.2) highlight adherence to "*the spirit of the guidelines*" and through maintaining a position of "*ethical mindfulness*" (Bond, 2012, p.110) I hoped this was evident. I aimed for a philosophy of relational ethics, a consideration of mutual respect, dignity, and connectedness. The guidelines have relevance with

the ethos of the Nursing and Midwifery Code of Conduct (NMC, 2018a); values that are person-centered, fair, and considered.

Despite foreseeing issues there is always the risk of unforeseeable events, *“the emergent nature of qualitative design precludes researchers being able to predict where the study will take them”* (Malone, 2003, p.800). I was aware participants were disclosing information perhaps not originally intended to share, *“the gleaning of unguarded confidences”* (Costley, Elliot, and Gibbs, 2010, p. 41), the detail and level of disclosure surprising, particularly in relation to mental health and personal issues. The premise of maximising participant anonymity alongside maintaining the integrity of data was also a consideration, the more disclosed the more possibility of recognition. Anonymity, maintaining participants identity as secret, one aspect of confidentiality is known as *“complex and far from water-tight”* (Saunders *et al.*, 2015, p.617). I viewed this as a continuum, from fully anonymous to identifiable, aiming for maximising protection of participants’ identities whilst also attempting to maintain the value and integrity of the data (Scott, 2005).

Glesne (1999, p.119) writes that, *“when others trust you, you invariably receive the privilege and burden of learning things that are problematic at best and dangerous at worst”*. As researcher and lecturer, the relationships with participants became more meaningful as we got to know each other, in the listening and hearing of their stories, the detail, depth and nuances, this was not always an easy position. Insider ethics can be complex and messy (Kuriloff *et al.*, 2011). Whilst there is literature that pertains to ethics and challenges of insider status from a student perspective in terms of coercion and power differentials, there appears less focus on the wellbeing of the lecturer as researcher, and the entanglement of various roles. Anxiety revealed by participants in the interviews often stayed with me and I felt unsure whether to refer to this in my lecturer position. Signposting to support mechanisms was valuable and in many respects mirrored my position as both lecturer and researcher.

It was also important to consider that to some students I was an outsider, an academic with power. Students, despite my attempts to mitigate, may have felt

coerced or pressurized to participate (Malone, 2003; Moore, 2012a). An outsider perspective offers some neutrality, a view not accessible as the insider (Bridges, 2001). Recognizing the dual role of researcher/lecturer considers "*slippage and fluidity*" (Merriam *et al.*, 2011, p.405) of the insider/outside dichotomy and positioning myself an "*inbetweener*" (Milligan, 2014, p.248) appeared more helpful. Consideration of boundaries and clarity for the participant was an absolute must and although at times I felt confused and needed to consider some challenges in more detail, it felt important to present to the participant with clarity. The decision around timescales and withdrawal of the data was an example of this. Finding solutions through drawing on supervisor's expertise was invaluable, setting a window of three weeks post interview to withdraw data. Setting fixed limits did not sit well yet doing so provided structure and clear information at recruitment stage.

Ethical decisions continued post implementation stage. Glesne (1999) identifies that post research participants may find reading their own words upsetting and this was a possibility in exploring students' experiences of compassion. In retaining an internal moral compass, to notice and respond to "*ethically important moments*" (Guillemin and Gillam, 2004, p.262) I gave considerable thought to this and the representation of the data. Equally, as the study was in depth and participants small numbers anonymity became more challenging. Students who had difficulties may well be recognisable and identifiable to both university and organisations. Participant validation, a means of showing credibility, discussed next in the validity and trustworthiness section, was an opportunity to consider anonymity and provide some shared understandings of presentation of the data.

Equally, it was also possible that participants may have disclosed bullying, safeguarding or practice concerns in the interviews. Ensuring policies such as safeguarding, whistleblowing and practice policies are accessible and up to date is key. In this study there were no such disclosures. The importance of viewing ethics as a continuous process rather than a one-off cursory approach or form to complete remained important throughout. It is in the axiology, the behaviours and activities that are visible to the participant and the internal consideration of the many

judgments on which decisions are made. All decisions need to be a balance in the best interests of participants, selves, and valid research.

4.11 Validity and Trustworthiness

Being reflexive and attentive to the impact of self will help to limit bias and according to Bishop and Holme (2013) promote confidence, congruency, and credibility of findings. As with any research maintaining the quality and integrity of the research process is critical. I attempted as a novice to take as much care and proceed ethically and with caution at each stage. In phenomenological research that considers texts and elucidating the life world of the participants (van Manen, 2016) judging on quantitative measures may be obsolete (Bryman, 2012). Cormack (2000) suggests several measures of assessment: trustworthiness, validity, reliability, rigor, reflexivity, and external validity. Guba and Lincoln (1994) suggest four, credibility, transferability, dependability, and conformability. Suggested differences highlight the complex nature in defining and deciding what makes qualitative research good.

I have referred to reflexivity throughout and suggest this as one method in illustrating transparency whilst recognising criticisms. In providing some critique and self-appraisal I have attempted to promote a degree of credibility in the research and in the ensuing findings. At each stage there is always criticality, the research process open to error, bias, and subjectivity (Bishop and Holmes, 2013). I have come to understand that researcher and the research is connected and meaningful separation an ongoing task. Although bracketing is not a feature in hermeneutic phenomenology an understanding of presuppositions is. I presented these in Section 4.8. In '*Dasein*' (Heidegger, 1962, p.32) meanings are not static, my lifeworld moves on and meanings, understandings, thoughts, and processes are transient. My hermeneutic understandings are ever partial and temporal in the 'fusion of horizons' of understandings (Gadamer, 1975, p.95). Viewed with this lens reflexivity is a mechanism of illustrating aspects of hermeneutic understandings.

In terms of credibility, participant validation has significance. Transcript themes identified by the researcher are objects for reflection and follow-up in subsequent interviews, researcher and interviewer collaborating and checking out validity (van Manen, 2016). Langdrige (2007) proposes this as way of seeking analytical rigor, participant feedback the major component that determines the quality of a hermeneutic phenomenological research. In this way no taken for granted attitude is acceptable during hermeneutic analysis. Whilst reflection and discussion were possible in interview two and three, a checking out of evolving themes, participants did not wish to read transcripts thoroughly. Clarification and checking out enabled a platform to build on, Gadamer's (1976, p.330) "*art of testing*", of questioning and laying open the subject matters of conversations valuable and collaborative. Restrictions, nevertheless, were present, checking out themes and reflection limited due to time. Ideally, validity of findings by an experienced researcher would have added further credibility to the resultant phenomenological themes. More possible in the analysis stage was a short reflective collaboration at the start of interview two and three plus focused discussions with supervisors and two doctorate colleagues.

4.12 Synopsis of Chapter

The philosophical approach and methodology chapter explains in detail the research design and data collection methods as well as the data analysis process. The focus is on lived experience, informed by Heidegger's hermeneutic phenomenology. In '*being-in-the-world*' (Heidegger, 1962, p.33) bracketing is not possible, interpretation drawn from our cultural and historical understandings. I now turn to Chapter 5 the findings.

Chapter 5 Findings

5.1 Content Chapter 5

This chapter reveals the findings and initial interpretations of the ontological nature of how Rose, Olive, Gill, Alana, Jade, Nicola, and Kate experience compassion. Following the introduction, I present the findings in two sections. The first section presents findings from the open-ended questionnaire. The questionnaire as detailed was a recruitment tool and provided preliminary data in initial understandings of compassion. Section two presents the interview findings. Whilst I provide some interpretation and discussion of the findings Chapter six discusses these more extensively.

5.2 Introduction

Understanding and interpreting I achieved through the data analysis process described in Chapter four, Section 4.8. I did not rush this stage recognising this as crucial and labour intensive. This was also the third activity in van Manen's six guiding activities of enquiry as explained in Section 4.4. Hermeneutic phenomenology has various methods of presenting from the natural raw data to the crafting of stories (Crowther *et al.*, 2017). van Manen (2016, p.168) suggests three main approaches: through participants, the existential life world, and phenomenological themes. I have chosen phenomenological themes because as stated I came to see loose themes evolving out of the data. To reiterate, essential themes are those qualities that make a phenomenon what it is and without those the phenomenon would be different (van Manen, 2016). Incidental themes relate to the phenomenon, although the phenomenon remains as it was without. I have at times also drawn on the existential life world; lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality) (van Manen, 2016, p.102) to facilitate meaning and understandings. Section 4.1 explains terms.

To reveal how compassion appeared in '*being-in-the-world*' (Heidegger, 1962, p.33) I use participants narratives and stories. Narratives and stories are

interchangeable here although subtle distinctions are apparent. Narratives relate to extended sometimes sequenced accounts appearing in the interviews or as threads across the interviews, participants moving back and forth. Stories appeared as shorter more defined contained accounts of an experience. I framed this as 'parts' (stories) and 'whole' (narratives) in the hermeneutic circle (Heidegger, 1962); understandings gained of the whole through reference to the parts and understandings gained from the parts through reference to the whole, the sixth guiding activity (van Manen, 2016). Where I present participants' voices these are in unedited form except for the occasional removal of conjunction words; and, as, for. This decision was based on understandings of other hermeneutic phenomenological researchers. Crowther *et al.* (2017) draws on van Manen's (2016) inclination of crafting transcripts into more refined stories even though they recognise this reinforces researcher's authority over participants. I felt most comfortable and ethical in preserving the naturalness and structure of participants' voices.

Understanding hermeneutic phenomenology as a process and not static is important in situating the findings. In both the data analysis and interpreting I continued to wonder what is going on here, what is this example an example of and what is the essence of experiencing and understanding compassion in this context. This process of sense making is articulated as *"a two-stage interpretation process, or a double hermeneutic, where the participants are trying to make sense of their world; whilst the researcher is trying to make sense of the participants trying to make sense of their world"* (Smith and Osborn, 2003, p. 53).

Phenomenological study engages with the lifeworld, investigating experience as we live it, as opposed to how we conceptualise it in a fixed way (van Manen, 2016). As such my intention moved past what the participant articulated *"to what is revealed in the telling"* (Finlay, 2013, p.180), the point to showcase meaning (Smythe and Spence, 2020; Crowther *et al.*, 2017). As the researcher I now present the findings and offer interpretation of the data. van Manen (2016) points to seeing or bringing those hidden or missed aspects of an experience in the everyday to light,

opening wider sociological issues. I am reminded that sociological information and issues are in the texts (Franzosi, 1998) and although introduced here within the phenomenological themes I explore more thoroughly in the discussion. Phenomenological themes appeared to sit within three broad dimensions.

- ❖ Dimension 1: Compassion as observable and explicit in the everyday experiences of learning.
- ❖ Dimension 2: Compassion as hidden and implicit in the everyday experiences of learning.
- ❖ Dimension 3: Compassion as opportunities in the everyday experiences of learning.

The three dimensions and phenomenological themes I reveal in Section two. I turn first to the questionnaire findings and the first subsidiary question; how students understand compassion.

5.3 Questionnaire Findings

Fourteen questionnaires were returned from a sample of thirty-three SCPHN students, forty-two per cent. The questionnaire as a preliminary data gathering tool was successful in eliciting initial understandings of compassion from the sample population. Some of the data was not relevant to the research although provided knowledge that enhanced my understandings adding to my own hermeneutic circle of understanding (Heidegger, 1962). Data analysis for the questionnaire was the same process as interview data. I now present an overview illustrating SCPHN students' responses to the subsidiary research question 'how do SCPHN students understand compassion.'

5.3.1 Understandings of Compassion

Responses revealed the variable and subjective nature of compassion substantiating current literature (Durkin, Garbutt, and Carson, 2018; Sinclair *et al.*, 2017; Strauss *et al.*, 2016; Goetz *et al.*, 2010). There was a tendency to draw on the

synonyms of empathy, kindness, and caring rather than more comprehensive. deeper understandings that considered cultural, moral, or religious dimensions. The following are all extracts from the questionnaire, indicated through text displayed in italics and with speech marks. Longer quotes are indented with no speech marks.

Compassion was described as having an emotional component of mostly empathy; *“empathy and understanding situations,” “empathy and understanding, an emotional response”* and *“empathy, sympathy, a listening ear someone actively listens- not just sitting there.”*

All respondents highlighted caring as a component of compassion for example, *“caring for others,” “being caring and thinking of others”* and *“it’s really about putting other people’s needs at the forefront of what you do ... genuinely caring of another.”* As postgraduate nurses caring appeared as fundamental in compassion. Acceptance and an acknowledgement of another’s feelings also appeared pertinent, *“being supportive, appreciating and accepting that people have different feelings and opinions,” “I feel accepted”* and

compassion to me is when someone displays empathy towards another, when I have received compassion, I feel they are accepting how I feel, that they understand how I feel and have been in my position or can put themselves in my position, compassion is displayed through warmth

Two respondents referred to fairness, *“compassion means showing understanding and treating everyone fairly, considering people’s personal circumstances”* and *“compassion means showing understanding and treating everyone fairly.”* Integrating the notion of fairness in compassion illustrates the notion of non-contingent compassion (MacKenzie and Maginess, 2018), consideration to equity and fairness presenting as a more considered understanding of compassion.

Connection was a further feature; *“compassion means to me kindness, being thoughtful of others and others’ feelings, it can mean to be connected and show support.”* Others saw kindness as compassion, *“tenderness, understanding, care, consideration and kindness.”*

Most definitions described compassion as generally an emotional response naming empathy, caring and acceptance. Only in the descriptions of subjective experience was an active component revealed and the essence of compassion as kindness observable. Two examples are provided here;

I think looking after a palliative patient is a good example-patients are often in pain, scared, at their last few days of life. Ensuring that you listen to their wishes, one patient wanted to see her dog one last time. I spoke to the ward manager and infection control nurse and we organized for one last visit on the ward with the dog. The patient and family were so touched by our compassion and I, honestly, I’ve never felt so humbled by her reaction, pure contentment

If someone is having a difficult time doing what you can to help, and relieve their stress, for example on intensive care on a busy shift I noticed a colleague had a stressful day or shift, I took on some of their work, relieving them so they could go on a break

Responses illuminated compassion as variable, a cluster of terms that included; *“being approachable,” “empathic,” “kind and friendly,” “non-judgmental.”* Behaviors included *“listening,” “showing guidance,” “good communication skills,” “caring,” “being encouraging,” “voicing those feelings are valid”* and *“signposted to support.”* Integral to receiving compassion was feeling listened to, also reflected on by participants in the interviews.

Of particular importance and again reflected in the interviews was the extent to which past recollections of learning appeared negative. Negativity and the subsequent emotions evoked by memories were seen to impact on the present. Terms such as belittled or incapable revealed that at times participants had not experienced compassion in learning;

Listening and making me feel valued that my opinions count and not belittling me. I can remember at school not feeling that I really counted, that is important, also, though helping me get through the exams and stuff that need to pass

Being treated as a member of the team rather than just the student, this makes for a much better learning environment, have achievable goals, and being delegated work and tasks appropriate to your level for example not being given inappropriate responsibility but also not being treated as incapable as this can be degrading, also having a mentor or practice teacher who understands what their role is, approachable and listens, also around being encouraged and constructively criticized

Several respondents commented on current experiences. At the time of completing the questionnaire students were four to five weeks into the programme. Three respondents revealed compassionate experiences and referred to shared similarities, “*my practice teacher has recently undertaken the course,*” “*we are similar*” and;

My practice teacher is compassionate. She has completed the course herself and understands the challenges, she’s always on hand with tea and cookies. Other students are compassionate too, makes you feel better as all in the same boat

Understanding another's experiences through a similar or shared experience appeared meaningful. The learning culture was also revealed as important specifically time to share, consider and contribute personal circumstances;

I think compassionate behaviours in the learning environment are ensuring there is a culture where students feel able to share their experiences, good and bad, having educators who listen to the student's individual aim or goals and work with them to try and reach it, educators should encourage students, ensure opportunities are available and take each student's personal circumstances into account ...I currently feel very lucky as I met my practice teacher and she is very approachable

The importance of shared similarities is explored in the discussion. Overall responses illustrate that post-graduate students who had completed the questionnaire understood compassion and shared some consensus of compassion as multidimensional. A shared consensus amongst qualified nurses and undergraduate students is substantiated in other studies (Papadopoulos *et al.*, 2017b; Bray *et al.*, 2014). Responses also revealed experiences where compassion was not evident; examples of belittling, not feeling counted and of being seen as the student rather than an individual by name. I now turn to the interview findings.

5.4 Interview Findings

I present the participants first, before the findings, to situate them as unique and bring each to life as post-graduate public health nursing students. Participants revealed data that may make them identifiable as discussed in Section 4.10. Viewed as a continuum from fully anonymous to very identifiable (Saunders *et al.*, 2015) I recognise the possibility that a practice teacher working in SCPHN practice or a lecturer on the SCPHN programme may recognise a participant. To be respectful of participants I considered the showing of the data as an ethical endeavour. Kamler and Thomson (2014, p.18) refer to the "data being produced, not found" and that the

researcher in the presentation of the data shapes the written texts in the decisions on what to include and exclude. I have changed small details in some cases to reduce as much as possible, loss of anonymity. Changes made have no impact on the integrity of the data.

5.4.1 The Participants

Rose was an adult nurse who qualified in 2000, her career as a nurse punctuated by periods abroad with her husband and three children. Rose had let her registration as a nurse lapse, her return to nursing prompted by her daughter *"mummy, you don't work because you are a girl"* (Interview 2, Line, 139). Rose was keen to present an alternative narrative to her children and described this as significant and critical *"this is not setting a very good example"* (Interview 2, Line, 139). Rose describes herself as mother and wife, *"I want to get the right balance between a career and working with a family, because I know, I have to sort of carry the load of that"* (Interview 2, Line, 224). Rose illustrated throughout that *"being the mum, I've struggled with that, still trying to do a lot at home"* (Interview 2, Line, 844) was challenging. Rose often foregrounded the personal demonstrating that her lived experiences as a student were often hijacked by the many competing priorities. Rose had not studied for over 10 years and experienced significant anxiety and self-doubt. Her anxiety was often palpable in interviews as was the need to get things right and to do well, *"I want to be good at it"* (Interview 1, Line, 402). Rose described herself as *"I just feel like a headless chicken running around and never quite sure am getting anywhere"* (Interview 3, Line, 2707) and often as a *"fish out of water"* (Interview 1, Line, 272).

Olive was a mental health nurse who qualified in 2000. Olive had returned to study after ten years of working predominately in mental health. Olive decided to consider a role in school nursing due to her considerable experience in working with young adults. Olive was married with two children and lived a significant way from the university. Olive saw compassion as fundamental;

I feel you can't really be functioning within a health and social care setting without compassion really, I think or would hope that most health professionals have that at the forefront of most things, compassion for me, it's about, being thoughtful to somebody else, perhaps putting yourself in their shoes

(Interview 1, Line, 34).

Olive also revealed considerable anxiety and described her experiences as *"I'm up and down, that rollercoaster, so up now and down"* (Interview 2, Line, 223). Olive found the juggling of study, placement, travel and being a mother challenging, *"if it's a choice between being able to put the kids to bed or study or even going out for a run, then I'm going to put the kids to bed or like get the shopping"* (Interview 2, Line, 1123).

Gill was an adult nurse who qualified in 2003 and had extensive experience working in acute medicine in an intensive care unit. Her motivation in undertaking the course was based on her own experiences, *"I had my first child in 2007 and met my health visitor and breastfeeding counsellor, I think that drew me into children's services, and volunteering, because I became a breastfeeding peer supporter and was running a group in an area of social deprivation"*. Gill was married with five children and describes herself as a nurturing and compassionate person. *"I think compassion's always been really like, very important all the way through my career really ... I came from a very nurturing, like my mother was very compassionate"* (Interview 1, Line 173). Whilst Gill thought compassion was important, she was unable to *"recall having teaching on compassion"* (Interview 1, Line, 163). Working in intensive care Gill had seen significant trauma and death and highlighted she sometimes found compassion *"a bit overwhelming if anything"* (Interview 1, Line, 173).

Alana was an adult nurse who qualified in 2008 and had nursing experience in drug and alcohol misuse, the prison service and in an acute mental health setting. Alana was married with three children and had previously moved several times with her husband's employment, until finally feeling enough was enough, setting down roots near her family home. Her first-hand experiences of postnatal depression were a facilitating factor in applying for health visiting as well as a positive placement in her initial nurse training. Alana saw compassion as fundamental and innate although thought compassion could be developed through experience. Alana also experienced considerable anxiety and a sense that she did not belong in the academic space, "*I got to a point where I was like I don't know if I can do this ... and then I'd panic, oh God, I don't know if I'm allowed to write like this, I don't know, I just found it all really difficult*" (Interview 3, Line, 60).

Jade was an adult nurse who qualified in 2010 and worked previously as a neonatal nurse. Jade lived with a partner some distance away from the university and travelled home to her family frequently, including weekends to provide emotional and caring responsibilities. Jade's responsibilities caring for others was a significant challenge through the programme and she often referred to these through the interviews. Jade openly acknowledged significant anxiety and the impact this often had on her confidence. She also recounted previous learning experiences in nursing, "*so I tolerated it as best I could, although I absolutely hated it*" (Interview 1, Line, 27). Her motivation into SCPHN was to move into community nursing and like Alana arose from a positive placement early on in her nurse training, "*I wasn't necessarily meant for ward working, I'd always liked my health visiting placement so I decided to do my training*" (Interview 1, line, 40). Jade saw compassion as fundamental in the nursing profession and that it could be developed, "*I think it, compassion can be learnt, I think the older you get the more difficult but definitely something that can be learnt*" (Interview 1, Line, 239). Jade could not recall any taught input on compassion, "*I don't remember any lectures teaching compassion, but our lecturers were very good with us when we were students*" (Interview 1, Line, 242).

Nicola was a midwife who qualified in 2005 and had worked in neonatal intensive care for several years. Nicola lived with her partner near the university and her friends and family were also settled in the area. Nicola drew on her own understandings of compassion, as the recipient and as a nurse. Nicola saw compassion as essential in nursing although not always present. She recalled previous incidents in midwifery training that she experienced as lacking compassion. Nicola attributed this to many mentors and assessors who did not know her and as such were not aware of her capabilities and levels of knowledge. Relationships were key to Nicola; *“because for me, I needed a mentor to know what I could do and my personality, to really be able to help and be compassionate, being kind and understanding of me as a student, not expecting me to be able to do more than I could do”* (Interview 1, Line, 177). Nicola was keen to work in prevention and public health seeing this as very much the next step in her career.

Kate was a children’s nurse who qualified in 2015. Kate had enjoyed her school nursing placement in her undergraduate training and once qualified recognised that in the acute ward setting, she enjoyed working with young people the most, particularly around mental health issues. This was the main motivator for Kate undertaking the SCPHN programme and wanting to work as a school nurse. Kate was keen to make a difference and often spoke of improving outcomes for children. Kate was living with her partner some distance from the university and was childfree. Kate saw compassion as having a role to play;

I think in most situations I have been in recently compassion plays a role, otherwise, I suppose it’s a little linked in to respect as well, isn’t it, that you have to be able to work together and if people don’t have compassion for other people, then they are not going to give people a chance

(Interview 1, Line 275).

I now turn to hermeneutic phenomenological understandings and present the findings as a summary of the dimensions and essential themes, my aim to facilitate and orientate the reader through the interview findings.

5.5 Dimensions and Themes

In the analytical process of seeking meaning to the research question (1) ‘what are students’ lived experiences of receiving compassion from educators in the learning environment of university and on placement’, I came to see the three overarching dimensions in which compassion appeared. As above-mentioned these were;

- ❖ Compassion as observable and explicit in the everyday experiences of learning
- ❖ Compassion as hidden and implicit in the everyday experiences of learning
- ❖ Compassion as opportunities in the everyday experiences of learning.

Within each dimension I came to see loose essential phenomenological themes and sometimes incidental themes. Essential themes include qualities that make compassion what it is or the essence of compassion, and incidental themes relate in some way to essential themes. Presenting the themes tentatively is important in recognition that in the hermeneutic circle (Heidegger, 1962) understandings are cyclical, temporal, and fluid, certainty never achieved. Finlay (2012, p.181) describes as *“the lifeworld is always provisional, and emergent, never static”*. I was mindful of limitations in naming themes too quickly or too forcefully and that however interpreted themes are always short or inadequate, never really representing the full picture (van Manen, 2016). I took time loitering and sometimes drifting in the data, *“developing a dialogue”* (Rodriguez and Smith, 2018, p.96) in asking what is happening here. I often wrote to see meanings afresh (Finlay, 2012) and remain open to new possibilities. This is step four in van Manen’s six guiding activities (Section 4.3), the researcher interprets the phenomenon through writing and rewriting. A summary of the findings explaining dimensions and themes are illustrated in Table 4.

Dimensions	Themes	
	Essential (Essence)	Incidental
Compassion as observable and explicit in the everyday experiences of learning	1. Compassion experienced as reducing troubling emotions	"a fish out of water" (Rose)
		"feeling inadequate academically" (Olive)
		"Carrying the load" (Rose)
	2. Compassion experienced as a safe learning environment	"Level basis" (Kate)
		"I don't feel silly" (Jade)
3. Compassion experienced as caring	No Incidental themes	
Compassion as hidden and implicit in the everyday experiences of learning	4. Compassion experienced as a feeling - the spirit of compassion	No Incidental themes
Compassion as opportunities in the everyday experiences of learning	5. Possibilities for Compassion in Group Work	No Incidental themes

Table 4: Summary of Dimensions and Themes

5.6 Dimension 1: Compassion as observable and explicit in the everyday experience of learning

In participants' descriptions compassion was at times observable and explicit. I saw this as the first dimension in understanding compassion in the lifeworld. In this dimension 'Dasein' or 'being-in-the-world' (Heidegger, 1962, p.33) I came to see three loosely shaped essential phenomenological themes, essential in understanding experiences of compassion; compassion experienced as reducing troubling emotions, compassion experienced as a safe learning environment and compassion experienced as caring. As specified "*troubling emotions*" (Haynes and Macleod-Johnstone, 2017 p.182) related to academics experiencing discomfort, difficulty, and

negative affect in their work. Here and throughout the thesis I have referred to students' experiencing troubling emotions. Troubling emotions is where students may experience negative emotions, for example, anxiety, distress, worry, discomfort, panic, as well as physical symptoms.

I now present my interpretations and naming of themes, giving "*shape to the shapeless*" (van Manen, 2016, p.88). Where relevant I have situated incidental themes within the main essential themes. Incidental themes originated from participant voice and mostly acted as triggers for the initiating of compassion. In the naming of themes, I acknowledge two cautions; the shrinking of meaning into what might appear too tight a category and secondly that the data in connecting to one theme may also loosely connect with another.

I turn first to the theme, compassion experienced as reducing troubling emotions and the incidental themes within; "*a fish out of water*" (Rose), "*feeling inadequate academically*" (Olive) and "*carrying the load*" (Rose).

5.6.1 Theme 1: Compassion experienced as reducing troubling emotions

In the descriptions of experiences compassion was revealed as playing a functional, restorative role that culminated in a reducing of troubling emotions. Experiencing negative emotions and feeling uncomfortable in the academic space were strong throughout, although most common at the start. The degree of troubling emotions experienced appeared high and in the main stemmed from three contributing causes. I viewed these as incidental themes; the transition to student status or "*fish out of water*" (Rose); an uncomfortableness in the academic space or "*feeling inadequate academically*" (Olive) and the competing demands of family and caring responsibilities or "*carrying the load*" (Rose). Compassion appeared in the descriptions as responses to these. I now turn to the first of the three incidental themes, a fish out of water or transition, located in theme one.

5.6.1.1 'a fish out of water' (Incidental Theme One)

Rose described "*I feel uncomfortable*" (Interview 1, Line, 402) as did Jade, "*I feel uncomfortable surrounded by clever people and not, well not comfortable*" (Interview 1, Line, 99). Experiencing and feeling uncomfortable I aligned with troubling emotions and varying degrees of suffering. These appeared to act as triggers or stimuli for compassionate responses from lecturers and practice teachers. Troubling emotions were especially visible in the transition period from nurse to returning student status. Transition triggered varying degrees of troubling emotions and in the telling of the stories, participants revealed compassion as present and sometimes contributing to reducing these. All seven participants revealed troubling emotions, the extent variable, although most prominent and most described in the first interview in the transition to university. All participants revealed the presence of compassion.

For Rose and Jade anxiety continued throughout the programme. Rose described the transition as feeling like a "*fish out of water*" (Interview 1, Line, 272) implying feeling uncomfortable, out of place and not belonging. Feeling like a fish out of water seemed to emulate or match the experiences of participants, Alana revealing "*I felt panicked*" (Interview 1, Line, 165), "*I can feel such anxiety*" (Interview 1, Line, 178) and "*I think so far stress but purely because I did not anticipate how heavy it is [the workload]*" (Interview 1, Line, 459). Olive referred to the transition as a "*a huge emotional rollercoaster*" and "*anxiety, real anxiety, some real anxiety where I have had sweaty palms, the tension headache, headaches, you know, the panic*" (Interview 1, Line, 145). Jade, Gill and to a lesser extent Nicola and Kate also experienced anxiety and worry. For Kate, anxiety remained tinged with concern around leaving an earlier role, "*it is challenging ... I've come from a job where I knew the team and people knew how I worked, I was probably one of the more experienced, now, it takes your confidence away*" (Interview 1, Line, 380). Whilst troubling emotions may be contextualised as a normal response when starting something new

the degree and severity appeared higher than expected when taking account of participants as post graduate students with prior study and qualification as nurses.

Participants revealed compassionate responses in their descriptions, practice teachers and lecturers experienced as; *“supportive ... helping me ...pointing me in the right direction”* (Rose, Interview 1, Line, 151); *“on my side and in my corner”* (Gill, Interview 1, Line, 258); *“caring and very responsive”* (Nicola, Interview 1, Line, 749) as well as *“warm”* (Alana, Interview 1, Line, 248). Olive described as an overall *“human experience”* (Interview 1, Line, 386). Practice teachers and lecturers appeared to respond in ways that reduced participants’ negative affect and reduced or alleviated troubling emotions in some way. What seemed important here was that participants felt they mattered, and that lecturers and practice teachers took troubling emotions seriously and where possible tried to make things better. Participants’ experiences mattered. Issues of seriousness and mattering (or significance) are important in motivating spectators to act (Nussbaum, 2013, 2001, 1997). Nicola described this;

I think I've had quite good experiences with all the lecturers. I feel like I matter, it's been nice to share my fears around my written work and feel like they understand, I feel like I've had lots of support and time, that's been important to me, I think that kindness shows and it feels like that is compassionate

(Nicola, Interview 2, Line, 1273)

Rose described in the first interview and throughout feeling like a *“fish out of water”* (Interview 1, Line, 272, 404 and 934), *“not really keeping afloat”* (Line, 934) and *“I am probably paddling a little bit easier, a doggie paddle, not a productive stroke”* (Interview 2, Line, 1153). I came to see the analogy of *“fish out of water”* as a phrase that captured ‘out of sorts’ and ‘uncomfortable’ in the learning space. Feeling like this appeared to continue for Rose, *“for a long time I did feel that fish out of water, I feel sort of better with that, although at times I still feel as though I am drowning”* (Interview 3, Line, 796). Asked if she was contemplating leaving as this was

my impression, Rose explained as “*a wobble stage, I just feel that I’m struggling*” (Interview 1, Line, 381 and 464). Rose thought compassion was evident describing her practice teacher as “*absolutely brilliant*” (Interview 1, Line, 585) and “*understanding of my needs*” (Line, 659) and “*given me confidence*” (Line, 672). Rose equated compassion in the university to sensing how the room was feeling;

I have put my hand up and I can talk if there are problems ... I think that some people can sense how the room is feeling and I do equate that to compassion, it’s understanding of where I’m coming from, being able to read the room ... the sense that there’s heightened anxiety and they try to alleviate it, letting me talk through problems

(Rose, Interview 1, Line, 243)

Rose went on to describe a seminar where she felt compassion had been explicit and its outcome positive;

I think that some people can sense the how the room’s feeling and act on that, like not understandings P values and evidence stuff, recognising some of us were lost, she noticed that, I, we were all looking at each other, and she said okay, let’s review this, and we did, I then got it ... it felt safe not to know, she made us feel safe, back on track and responding to us, not minding going back over the same thing again, and again, meeting our needs, she was lovely too, I can see I’ve lost you, okay, rewind, that restored my belief, I could do it and it felt good, I could do this ... others were nodding too

(Rose, Interview 1, Line, 251)

Compassion promoting greater psychological wellbeing and self-belief is evident in the literature (Kukk, 2017; Gibbs, 2017) and whilst participants did not refer directly to improved self-esteem or to the benefits of compassion, comfort, and

restoration or a soothing and easing of troubling emotions were clear. The psychological benefits as both giver and receiver of compassion appear to be well-documented (Goldstein *et al.*, 2018; Kok *et al.*, 2013; Shaltout *et al.*, 2013; Kemper, and Shaltout, 2011). Gilbert (2013) refers to the long-standing healing qualities of compassion and Mantzios, *et al.* (2020) to reducing negative thoughts, self-criticism, and stress.

Jade described herself as *“really nervous, I’m quite shy anyway and find it hard to come out of my shell, any new surroundings takes me quite a while to adjust”* (Interview 1, Line, 97). Jade revealed mental ill-health; panic, anxiety, and depression, also explaining *“I think I’m just a bit quiet and I can get a bit teary and a bit distracted”* (Interview 2, Line, 176). Jade described many experiences of compassion, often embodied in the relationship and the sense of connection she had with her practice teacher;

She knows everything that's been going on with my family life ... we meet in the morning to sort of talk about that and then it is out of the way ... I can then focus on my visits, so, she's been really good given me really good feedback and I think she can tell when I'm feeling stressed, she's been very good at detecting that and really encourages me ... we've got a lot of similar family background and she's gone through quite a lot similar to me

(Jade, Interview 2, Line,166)

Jade attributed her retention on the programme to the understanding and kindness she had received;

that's why I'm managing so well because the support I've received ... I think if I had somebody that didn't care, which I've had in the past, they've just said deal with it [anxiety ... she asks me how I am and I can talk

(Jade, Interview 2, Line, 310)

Most helpful in reducing troubling emotions triggered by feeling out of place or uncomfortable were opportunities to share experiences that included personal and private lived worlds. Descriptions illustrated this as valued and appreciated. Olive described on three occasions how beneficial a diagrammatic representation of transition (Fisher, 2012) was in her ability to normalise her experiences. The extracts below highlight this;

there was a curve, I forgot what it was called but it looked at, told us about the pinch points, and I just remember my peer, my colleague and we just looked at one another, relief, it really was relief as we were all feeling it, but we couldn't really say it, just this kind of visual what our experiences were, just really helpful

(Olive, Interview 1, Line, 49)

in the same way my colleague and I looked at each with that curve and we were like, wow ... it helped me a lot... definitely helped me to see those feelings, this is normal, how you are feeling is normal and this helped a lot in normalizing things ... we talked after about this and shared

(Olive, Interview 1, Line, 316)

Gill referred to a group activity, helpful in the transition period in reducing troubling emotions, an experience that she found compassionate. Sharing experiences was important here;

it was stressful leading up to the submission stuff ... having that activity that day in our personal tutor group... everyone was

talking about, you know, giving each other tips on how to cope, sharing stuff and so I think that was good, a good way to recognise that you're not on your own... it felt like I was understood, and we could feel for each other I just went away thinking don't be so hard on yourself ... I feel like that made a connection and yes, it felt compassionate, that there were people that were willing to listen

(Gill, Interview 1, Line, 282)

Olive revealed how a small act of compassion at the start of the programme set the tone in helping her and her colleagues feel supported;

we got stuck for a couple of hours in the snow that week and we had a message, how did everybody get home and did everybody get home okay and we all got a coffee ... that came as quite a surprise to me, almost like quite alien, that checking up how did we get on, I know my colleagues and I have found it really reassuring to have that support and follow-up, that caring, I think that made a difference, you know in setting the tone, enabled us to relax, and you know feel more settled, you know following that, it would have been easy not to have recognised that

(Olive, Interview 1, Line, 182)

Participants' experiences of compassion highlight that in the receiving of compassion, troubling emotions reduce or alleviate in some way. Feeling like a fish out of water, particularly at the start of programmes can be mitigated through reassurances, validating feelings and specific pedagogical activities that allow sharing and time to process troubling emotions. I now turn to a second incidental theme that

I also saw as sitting within theme one, compassion experienced as reducing troubling emotions.

5.6.1.2 “Inadequate academically” (Incidental Theme Two)

Troubling emotions appeared in descriptions as stemming from participants feeling inadequate in the academic space, the second incidental theme. Rose, Olive, Gill, Jade, and Alana revealed to a greater or lesser extent feeling inadequate academically with a focus on self-criticism and comparisons with others. Not studying for some time and previous experiences appeared to impact on how they experienced being-in-the-world of learning. The following quotations reveal this;

sometimes I think I’m just inadequate academically ... I’m just one of those slow ones, I was naïve about how much it was going to demand from me, I have struggled ... I didn’t know what was expected from me academically, whether I’m hitting the targets of what I should be, where the benchmark is, whether, where I need to be, above, below, you know and its insecurity, sleepless nights, that sort of physical effect on you, I’m used to policies and procedures, and suddenly I’m like, oh, I’m a fish out of water, I feel that I’m struggling and I don’t even know whether I can make it to consolidation of practice, because that’s how it feels. I feel uncomfortable

(Rose, Interview 1, Line, 100)

I haven’t done any academic study for over ten years ... I’m not really that good at it, I always knew that the academic side of things was going to be much more of a challenge ... that’s been the biggest challenge

(Olive, Interview 1, Line, 139)

I haven’t done any academia for years and, you know I’m struggling because I’m just not very good at it, I need a lot more help with it, because I don’t want to feel stupid, do I?

(Gill, Interview 1, Line, 341)

*The academic work is interesting, but I have found it so hard, I'm
not bright*

(Jade, Interview 2, Line,63)

*As a student I had done a SCPHN placement, but I never, I didn't
see myself as being clever enough to be able to do it, I'm not really
that clever*

(Alana, Interview 1, Line, 49).

Academic space can be understood through the existential life world of spatiality, of lived or "*felt space*," one of the four existential life worlds described by van Manen (2016, p.102). Lived space is the space in which we find ourselves, where our culture and social conventions associated with space provides a qualitative meaningful dimension (van Manen, 2016, p.102). Rather than physical space, felt space encompasses emotions and feelings, how we experience the space dependent on our own understandings and ways of being. The 'felt space' of university evoked feelings of inadequacy and of value-based judgements that in comparison to others were inadequate or deficient.

In response to anxiety and feeling inadequate, participants highlighted responses considered as kind and compassionate;

*she has allowed us to lead ... she really tuned into that, really
considered where we were, offered the sweet tin around, allowed
us to lead and provided space, I needed this, some recovery time,
it was valuable ... difference in style of teaching ... a real
recognition of our feelings ... the course content allows you to see
more, to be mindful of others and see compassion more*

(Olive, Interview 2, Line, 280)

Olive also recalled a particular experience where she felt very anxious about an exam and experienced being in a frenzy, removing herself from the group, *“because it was unhelpful, there was more vocal stuff and what a nightmare this was”* (Interview 1, Line, 176). Olive goes on to reveal how a lecturer acknowledged this, *“an acknowledgement that it was super tricky time for us”* (Interview 1, Line, 179). Olive highlights the academic support received when experiences felt particularly challenging;

when the pinch was particularly tight, the programme manager was great, her words were really it’s only an exam, it’s an exam, to help get perspective, think about the bigger picture, we did get it and she took time to reassure

(Olive, Interview 1, Line, 180)

The felt space of academia did not always appear to be a particularly happy place, participants highlighting that academic work was the biggest challenge and as such anxiety provoking. Not having studied for some time exacerbated this. Gadamer (1975/2013) states that people’s historical context prejudices their interpretation. Understanding participants’ history (seeing the whole rather than the parts) revealed more meaningful interpretations and helped me as the researcher to understand roots of troubling emotions;

I originally wanted to be a veterinary nurse, I knew I wasn’t going to make the grades for a vet ... I really struggled with A-levels, GCSEs I found okay, the transition into A-levels and the academic side of things I really struggled

(Rose, Interview 2, Line, 79)

Olive also recalled secondary school, *“I was petrified of saying the wrong thing, he just knew, it was like he picked on the weak ones”* (Interview 1, Line, 338). Experiences of feeling inadequate, of failing and not being good enough in former learning environments appeared to have long term consequences. Even though participants had qualified as registered nurses and worked in successful professions, negative connotations and consequences seemed lasting. Olive alluded to not feeling good enough and a sense that she did not belong, describing herself as a kind of fraud;

I’m not somebody that can just bosh something out in a weekend. I don’t have the weekend to be able to do that because I’ve got two young children ... I’m an over thinker so I spend longer on some things than somebody might, for me people that go to university are really clever, really clever, really bright, they write, they write papers and things ... then there’s Olive from the bloody, from the block, like, from the ghetto, like, I was the first person on the estate to ever go to university ... I’m one of six kids, only one that does any study so it does feel a little bit like I’m some kind of, like, fraud, I can’t bloody fail at it

(Olive, Interview 2, Line, 952)

Whilst Olive recognised that things are changing, *“you know, fortunately things have changed quite a lot from, from then”* (Interview 2, Line, 989) her self-belief remained self-deprecating; *“quite self-judged, critical and not that clever”* (Interview 1, Line, 193). Olive described her experiences akin to imposter syndrome, a term originally coined in the 1970’s by Clance and Imes (1978), a pervasive feeling of self-doubt and insecurity. In the lived world, Olive experiences doubts;

“sometimes here I think I’m going to get tapped on the shoulder, Olive, you’re in the wrong job ... I get a sense that everybody else

knows what they're doing, and everybody else is breezing it, that sort of anxiety, comparing ...it's really anxiety provoking

(Olive, Interview 2, Line, 863).

Negative connotations and references to not feeling good enough were also revealed by Alana;

I like being in education and there is always that learning of new things, I'm not very good though, I'm not, I can struggle to keep up, I'm a bit of a loser though as I always keep up with Twitter and those things to do with health visitors

(Alana, Interview 1, Line, 100)

I'm always been hard on myself, it's that up and down thing again, when down I feel guilty for being down, or you look around and on Instagram everyone seems to be having a better time, you know slimmer, on holiday, out and about, it makes me feel more down

(Alana, Interview 2, Line, 1221)

In the experiencing of troubling emotions and feeling inadequate performative cultures were revealed; *"I'm used to policies and procedures"* (Rose, Interview 1, Line, 100); *"I start comparing and feeling that I am underachieving"* (Rose, Interview 2, Line, 480) and *"it's very business model like, and it does not work"* (Alana, Interview 3, Line, 342). Comparison with others, competitive cultures and not feeling good enough appeared to reveal the darker side of life referred to earlier by Waddington (2016, p.5). Gill described feeling various degrees of competitiveness, *"there's definitely competitiveness, I try not to discuss the results and stuff too much, because I just think it causes... it is a competitive environment ... it is a kind of competitive world, dog eat dog, we are all now competing for jobs"* (Interview 3, Line 996).

Experiences of self-compassion and self-kindness appeared limited, self-kindness viewed an essential component in self-compassion (Neff, 2003). Alana referred to this, *“as nurses we are not that good at looking after ourselves, everyone always says that don’t they, and then they ask you to do something else, I always compare myself too much”* (Alana, Interview 2, Line, 1229).

Compassion appeared observable in the descriptions, although not always as a direct response to feeling inadequate or uncomfortable in the academic space. Compassion revealed itself through the relational mechanisms of feeling listened to, understanding, kindness and seeing lecturers and practice teachers as approachable. Alana revealed its presence although revealed it was not something she really thought about;

I think it’s hard in a way, because you don’t really think about it [compassion], not in any formal way, when I’m here everyone is kind, approachable, I feel listened to, I find the morning check in helpful, sort of having that discussion and feeling kind of like we matter, asking how we are, what have we have been up to, how’s placement, those kinds of things

(Alana, Interview 2, Line, 510)

Participants spoke of experiences of understanding, not feeling judged and as wanting to help;

I needed to steady myself, I think how the tutors have been very understanding and I have not really felt judged, I don't think you get, I wouldn't have gotten that level of support before or just somebody like really listening to me, understanding, that really helps me learn

(Jade, Interview 2, Line, 1136).

practice teachers have been lovely, some are not long qualified and have done the programme, that really helps, they been really understanding, they listen and want to help me as much as they can,

(Olive, Interview 1, Line, 122).

Feeling inadequate and not being good enough featured strongly in participants descriptions, often contributing to troubling emotions. Compassion appeared in the stories and overall narratives offering reassurance and encouragement.

5.6.1.3 “Carrying the load” (Incidental Theme Three)

Often foregrounded in participants’ accounts were caring and family responsibilities, the third incidental theme appearing to contribute also to troubling emotions. Engaging in study revealed experiencing guilt and anxiety, concerns around not spending what participants saw as enough time with their children and family. Rose, Olive, Gill, Jade, and Alana revealed caring and family responsibilities. Rose referred to the added responsibilities as *“carrying the load”* (Interview 2, Line, 274). Narratives revealed the personal as always present in the mind of participants. Practice teachers and lecturers understanding and taking account of personal circumstances was valued by participants, a recognition of the difficulties and challenges experienced as mothers. Being female and in traditional female roles added challenges to the lived experience as a student. Gilbert (2017a, p.11) describes compassion has having many *“textures and definitions which emerge”* in various contexts. For Rose understanding that she was a mother with responsibilities appeared as compassionate;

And she [Rose’s daughter] was taken into hospital, and I had to go and talk to a lecturer at that time, and had to communicate with

her that, you know, I needed to go, and it was lovely, because she followed it up with an email, and she also let the others know that there was, you know, an issue ... I just thought that was quite caring, compassionate, you know emailing too, really, supportive, so that was like hands-on compassion

(Rose, Interview 1, Line, 52)

Balancing responsibilities was clear; *“I want to get the right balance between a career and working with a family, because I know that family, I have to sort of carry the load of that”* (Rose, Interview 2, Line, 274) and *“there have been so many challenges for me personally, being away from home, being away from my children and working full-time”* (Olive, Interview 1, Line, 134). Gill also revealed challenges as did Jade and Alana;

The workload, balancing that with young children as well, giving everybody enough time, getting to where I needed to get to, and no one can really fix that, can they? Because at the end of the day I had to submit my essay and I had to, you know, feed the kids, and put them to bed and read them stories at night and do the things you need to do

(Gill, Interview 1, Line, 330)

I’ve been a young carer since I was, well, I can’t even remember, I have always been a carer, my mum, she had mental health problems, she was always depressed when we were younger...I have cared for my nan and uncle ...my brother has issues ... so yeah, I’ve always looked after people, and I think that’s where my caring side came from

(Jade, Interview 1, Line, 42)

I did not appreciate how hard it was going to be ... I feel guilty, I try not to put the course before my child, but I need to revise so hard to get that balance ... I have not had a break even if just an evening trying to get things done, always lots to do ... I feel guilty, I do try to do everything, you know my husband's reading to him, and I am feeling kind of guilty, but I need to revise so hard to get that balance ... it all feels very emotional

(Alana, Interview 1, Line, 464)

For Rose, family had been a significant motivator in her return to work;

my push factor to get back into nursing was when my then three-and-a-half-year-old said, 'But Mummy, you don't work because you are a girl,' I was like, 'This is not setting a very good example,' I was already in the process of, 'Shall I fill in the form, shall I not? We are quite comfortable, this is all nice, but I also had to show her what women could do, because I didn't want her to get the wrong impression of what we are capable of

(Rose, Interview 2, Line, 139)

Rose strived to present an alternative narrative;

because I want them to know that they don't have to be, they can be the main breadwinner if they choose it that way, it has been hard though to work and be a role model, never feel I am doing anything well at the moment, I feel lots of running around and juggling constantly that can feel too tired to learn ... I don't want them to feel that they're second fiddle to their husband

(Rose, Interview 3, Line, 32)

Rose also talked of the pressures, *"it's the pressures, the stress of managing everything, managing the children, doing the breakfast club, doing the after-school*

clubs, getting home then studying, not being a mum, I want to be because I've had so many other pressures on and not being the wife, I wanted to be "(Interview 3, Line, 296).

The constant pressures and experiences of carrying the load was for Rose embodied in her way of being. van Manen, (2016, p.103) states that "*phenomenologically we are always bodily in the world*" and for Rose I came to see 'the whole' more clearly, her lived body, or "*corporeality*" (van Manen, 2016, p.103) experienced through a powerful sense of what it is to be female and to present a strong female role model. At times this seemed a heavy load to carry. For Rose compassion was very much about understanding, not necessarily her own struggles as a parent but an all-encompassing understanding of what it is to be female and the challenges that this continues to present, "*to understand what's going on in each other's families*" (Interview 2, Line, 688).

As both a female and mature student, the challenges experienced in learning appeared constant. Rose and I both wondered how interviews with male SCPHN students, who are very much in the minority might have varied and how compassion might be or might not be characterized.

Gill described herself as a compassionate person and her narrative throughout the interviews substantiated this, "*it's always been for me like being able to feel what other people are feeling, so being able to put yourself almost in somebody else's shoes*" (Gill, Interview 1, Line, 128). Gill described carrying the load and the competing demands between placement, university, and home;

because everyone, people are putting on different pressures to you as well, you've got the university wants you to submit this, your practice teacher asking you to do a presentation at work, she wants to sign your formative review off, she wants to see another evidence, so you've got things coming in all directions and it's, it's just managing, and obviously it's got to happen, you've got to manage it, and I know

that I'll get to the end and I'll be fine, but it's just there's certain points ... I need a little bit more time, just to offload and feel reassured ... and then I've got my mum saying ... you just can't do it all

(Gill, Interview 2, Line, 1556)

Gill reveals that the sharing and acknowledgement of her feelings was reassuring and of value. Feeling understood in practice and provided with flexibility Gill describes as compassionate;

She [personal tutor] can be very accommodating and I need that, like taking x to the dentist, you know things like that, or my practice teacher recently giving me an extra half an hour to catch up on my portfolio, I just think as a mother that support is so needed, compassion has to be about recognising that and being empathic, I think most people here have kids, and so they know what it's like

(Gill, Interview 1, Line, 254)

For Gill, Rose, Olive, Jade and Alana, troubling emotions reduced as the programme developed. In receiving kindness, a sense of wellbeing and belonging described. The extract below highlights this for Jade;

I think because everyone is kind and as I have got to know everyone, you know I think I feel more settled, and a sense of wellbeing now, you know a sense of belonging, you sort of feel more settled and part of the team, and also that others see me and want to support me and help me ... feel making connections, yeah I think for tutors as they have started to get to know me, they're not just asking me about assignments, they are connecting on more, on different levels, seeing me, rather than just being polite or not

really meaning something, in practice like asking how are the children, or, you were talking about this last week and now this has happened, it's ways of showing that they are interested, remembering important things and understanding where I am coming from

(Jade, Interview 3, Line, 559)

Descriptions and references to receiving compassion were often related to participants experiencing understanding in terms of carrying the load. Relationships were key and in positive interactions participants revealed as the programme developed, feeling more positive and degrees of suffering and stress reduced.

In this section I have referred to theme one, compassion experienced as reducing troubling emotions. Three incidental themes revealed experiencing 'fish out of water,' 'feeling inadequate academically' and 'carrying the load.' I now turn to theme two, compassion experienced as a safe learning environment and two incidental themes, "*level basis*" (Kate) and "*I don't feel silly*" (Jade).

5.6.2 Theme 2: Compassion experienced as a safe learning environment

The second theme in compassion as observable (dimension one) was in relation to safe spaces. In experiencing compassion, participants revealed safe learning environments, spaces where students felt safe in terms of asking questions, safe to express opinions and safe to learn. Participants experienced 'not feeling silly' although in experiencing safe spaces and compassionate practice teachers, they did feel 'lucky.' Participants revealed interactions with educators as fundamental; relationality (van Manen, 2015, p. 105) or the lived relations maintained with others in the existential lifeworld acting to reduce power differentials and perceived differences between roles.

Within theme two I saw two incidental themes contributing to feeling safe in the learning environment, "*level basis*" (Kate, Interview 1, Line, 155) and "*I don't feel*

silly” (Jade, Interview 1, Line, 155). Relationships experienced on a “*level basis*” illustrated reduced power differentials between student/teacher. Compassion experienced as feeling listened to and responded to with warmth and understanding enabled participants to ask ‘silly questions. This theme had relevance for all participants. I now move to the incidental themes.

5.6.2.1 “Level basis”

Participants revealed experiences of reduced power differentials between student/teacher, referring to being on the same level or level basis. In creating a safe learning environment this was the first incidental theme. Kate describes this well;

I feel from the University it's kind of pretty relaxed, I don't feel particularly scared either, I think here now there is a much more level-basis, like I don't, I don't feel like the lecturers, like when I was an undergrad I felt they were going to tell me off, like very much authoritative figures, I feel like there's a much more equal level here, of respect kind of thing which makes you feel more relaxed ... , it's always a nice surprise when you go to a session and the people teaching you are on your level, it automatically makes you feel more relaxed and want to learn ... I've been on training courses and as soon as you go in an environment and the teacher feels like they are more important than you, it makes you feel you don't want to open up and learn

(Kate, Interview 1, Line, 155)

Olive also referred to the teacher/student relationship;

I had this idea that coming back to study later in life and I had really kind of put lecturers, you guys on a pedestal, serious, back at school kind of scenario and that is not how I have found it at all, you are all human-beings, I guess the background you all come

from your selves, nursing, that kind of forms you somewhat, maybe I would not have the same experience if I was doing chemistry, I don't know, but my experience might be different

(Olive, Interview 1, Line, 371)

Olive later stated, *"I was expecting there to be quite a distance, I suppose, within that academic learning and that's just not been the case"* (Interview 3, Line, 647). References to teacher/student relationships revealed experiences as warm and open, a relaxed environment that appeared as inclusive through terms such as *"all human-beings"* (Olive, Interview 1, Line, 155) and *"much more equal level here"* (Kate, Interview 1, Line, 155). Olive later reveals this and references an equal-footing:

I had this idea that I was going to come to university and everybody would, you know, the lecturers, it was going to be, you know, amazingly academic, lecturers are going to be a bit stiff ... I didn't expect that warmth to be honest, I thought would be bit austere, you know, bit scary, and everyone is warm and approachable, that atmosphere I think that helps, feels more relaxed than I thought, a more equal footing

(Olive Interview 2, Line, 306)

The findings also highlight that the experiences of learning were less scary than expected. The 'feel' of the environment appeared as a human experience, connections meaningful. This was surprising for Olive, *"I didn't expect that warmth to be honest"* (Olive Interview 2, Line, 306) and.

I expected to be arriving at these lectures and being delivered this academic information, and then we would go away, but the seminars, and even in the lectures, you know I have had lots of opportunities for free flow, discussion, which helps and you know

we have been invited from the beginning, to sort of make a connection, rather than being disconnected, rather than a them and us, my experience has been lecturers coming out and mingling with us, it just kind of makes for a more human experience doesn't it?

(Olive, Interview 1, Line, 389)

Nicola also revealed in her interviews how her experiences had been relational, referring to both hierarchy and the humanistic element in teaching, *"I know lecturers are seen as like the, I don't know, not hierarchy type thing, yes maybe but I think sometimes it's easy to forget that you're all people too ... and compassion works both ways"* (Interview 3 Line, 1452). I now turn to the second incidental theme that participants revealed as contributing to a safe environment.

5.6.2.2 "I don't feel silly"

Findings revealed a principal factor in safe learning environments was experiencing the lived world as a space where participants felt comfortable to ask what they considered silly questions and a climate where they did not feel 'stupid.' This was the second incidental theme. Gill revealed;

"I haven't felt like a nuisance sending my work in, my tutor has been really understanding, just listening, and showing me the way, previously, because you know that feeling like, a bit of a pain to have to keep, like, looking at somebody's work ... the replies have always been very much like, thank you for your work ... I find, is nice, when I've had an email and it says, oh, thank you for letting me see your work because then you kind of feel like you haven't been a pain

(Gill, Interview 3, Line 877)

Jade, Alana, and Nicola also described experiences where they felt silly and described learning environments that either eased or hindered asking questions. This was in the main due to the climate created. Of further significance was the notion of being lucky. In the descriptions, participants shifted over time from an inability to easily ask questions to a more confident and comfortable position. The first is an example in practice and the second in university;

Like this week, I can feel silly asking questions, but because it's just me and her and we are together for a lot of the day and she really wants me to do well I don't feel like any questions are a silly question, or asking something about the 20th time I don't feel silly for asking and she's really kind

(Jade, Interview 1, Line, 155)

I'm so much better like in this, like in uni now. I never used to ask questions at all, and when I first started here, I'd never put my hand up or I'd never answer, even if I knew something, or knew I wanted to say something. I do now and I feel ok

(Jade, Interview 3, Line, 1137)

Alana also reflected on feeling fearful. Alana described an incident where she could not ask a question, *"I was in a panic, I was mortified, I felt really stupid, and silly"* (Alana, Interview 2, Line, 680). Alana eventually asked her practice teacher who she saw as compassionate. I provide a longer narrative here to illustrate. A CAF is an acronym for a Common Assessment Framework, used in health and social care to assess children and young people's/family's needs (Children's Workforce Development Council, 2009). The formative review described here is an assessment in SCPHN practice with the practice teacher and academic. These occur each term.

You know, it's such a big thing that's widely spoken about, the CAF ... they kept talking about CAFS and I was thinking, I don't know, I don't really know ... I think they assumed I knew, and I was like,

yeah, yeah, yeah, and then I'm like, shit, I don't know what it is, so in my formative I was like, you know it felt like one of those silly questions, I'd built it up and I'm really embarrassed I said, but I don't know what a CAF is ... I was in a panic, mortified, I felt stupid and silly, and she was like oh, I'll just show you and she showed me.

(Alana, Interview 2, Line, 692)

Asked why she did not ask the question originally Alana recalls previous experiences;

I felt scared to and then getting to know my practice teacher, I felt, it's not really scary at all and she's lovely ... sometimes it goes back to childhood and not wanting to ask questions in case you look silly or like I'm really sorry, but I can't remember this, it took me back to school and I, I just felt silly and all those kind of emotions came flooding back ... my practice teacher is great, she's supportive, said not to worry, she understood and all that, I was like phew, but I felt so much better, so supported, we really get on, I feel connected as really we're quite similar

(Alana, Interview 2, Line, 706)

Alana also reveals memories that still feel very real;

I remember my biology leader in the first time round and, and he was brutal, an army nurse, very regimental, bang, bang, bang, and we would be like oh my God please don't pick on me, and I would try and hide and he would know who didn't want to speak and he would pick on you, I was petrified of saying the wrong thing, he just knew, it was like he picked on the weak ones

(Alana, Interview 1, Line, 338)

Feeling scared of saying the wrong thing and picked on by teachers presents as a negative experience that effects on current. Gadamer (1960/1975, p. 299) suggests that *“understanding begins when something addresses us”* or appears in our lifeworld. The incident reveals how newer experiences add understandings in Alana’s hermeneutic circle (Heidegger, 1962), the past and present existing together. Alana describes her practice teacher as kind and feels connected through recognising similarities *“we just really get on, I feel connected now, really, we’re quite similar”* (Interview 2, Line, 713).

References to similarities and shared experiences were often revealed through the descriptions. Shared experiences appeared as enabling connections, cementing relationships, and facilitating smoother transitions, *“you have been in our shoes”* (Jade, Interview 1, Line, 368). Sharing similarities appeared as positive and important in facilitating a sense of belonging and place of safety. Sharing similarities also appeared as reducing power differentials between student/teacher, the differential narrowed, *“not friends as such but it’s more than a student/lecturer relationship”* (Jade, Interview 2, Line, 364). In the data analysis and giving *“shape to the shapeless”* (van Manen, 2016, p. 88) there were often crossovers in assigning data however loosely, to themes.

Jade spoke of many shared similarities, *“we have quite a bit in common, my boyfriend is in the military and so is hers and I am also awaiting surgery...we have similar characters, and our life experiences are quite similar ... we have a lot in common”* (Interview 1, Line 140).

Safe spaces appeared in the descriptions as compassionate, responses acting to alleviate suffering and reassure as highlighted in the next excerpt;

I did my first new birth visit this week and I graded myself doing it very badly, and I thought I just waffled and she [practice teacher] said what on earth, you did amazing, that was your first visit and she made me feel a lot more reassured. I feel she knows me more

now and sort of gets me, I panicked after the visit, but she was so understanding, went through things, talked me through it and then I was fine, you know, we've had some really good discussions

(Alana, Interview 2, Line, 483)

Gill also revealed experiences where her practice teacher and lecturers were responsive and she experienced as compassionate, also saying that *"you don't want to feel stupid, do you, with things, asking stupid questions"* (Gill, Interview 1, Line, 385). For Gill understanding where you were in the programme was important, *"having people that are quite understanding and patient and kind of understand that you might be coming into this role but there's lots of things that you haven't done before"* (Gill, Interview 1, Line, 392). Gill revealed at times she felt intimidated, and this caused some anxiety;

I've had my own children but laying a new-born baby on a mat and trying to straighten their legs out while you're being watched by your assessor and a new mum, if you've not done it before, it's quite hard ... that was quite intimidating ... although I think she was great, she was very like ask any questions you like, she recognised I was uncomfortable and I didn't really need to say anything ... when we went out of the visit she was like, we talked about it and then she really supported me in the next visit, which was really positive

(Gill, Interview 1, Line, 394)

Equally, Nicola referred to her learning environment, *"I feel like I can ask a stupid question, and I can throw things back and forth"* (Nicola, Interview 2, Line, 1075). Nicola was referring here to small group working rather than larger lectures where she revealed she often felt unable to ask questions, *"I don't... I can't concentrate in lectures at all, I just, I've always had a problem listening ... and if I don't understand I hate asking questions"* (Nicola, Interview 2, Line, 1075). Nicola revealed her previous experience in midwifery training lacked compassion;

I did not feel midwifery was a compassionate environment to work in at all... I particularly felt like delivery suite wasn't compassionate at all. It felt unsupported and I think that's probably why I didn't go into midwifery actually

(Nicola, Interview, Line, 255)

Nicola revealed feeling safe in the SCPHN environment;

because here I feel like I can ask a stupid question ... it's definitely been a different experience on this course to my degree, the lecturers I have found are all quite passionate about SCPHN, I feel engaged with this course, I definitely approach lecturers and I find that they do care and want to listen, whereas sometimes I felt, with my degree, there were a couple of times when I needed to go in and ask a question, or discuss something difficult and I didn't necessarily feel like it got me anywhere, previously I felt like not necessarily cared for, or bothered about, here I have asked questions and have had helpful responses, I think if somebody really fails to respond to you promptly, it gives the impression they don't really care, I feel more cared for

(Nicola, Interview 2, Line, 1075)

In experiencing compassion and a safe space to ask questions, to not feel silly or stupid, Alana, Rose, Gill, and Jade referred to being lucky. Hermeneutics orientates to sense making, interpreting, and thinking what is this experience really like and what is the meaning of this. Notions of being lucky appeared as someone in your corner, looking out for you with understanding, care, and compassion. The idea of being lucky was unexpected. In education being an advocate for the student and aspirational or being in their corner feels like a given, rather than a fortuitous position. The suggestion here was this was not the case. Alana, Rose, Gill, and Jade revealed feeling lucky as did one participant in the questionnaire, "*giving constructive*

criticism as opposed to just belittling students is hugely important. I feel currently very lucky.” Lucky appeared in relation to practice teachers; *“my practice teacher, like, kudos to her, because she, she’s amazing, so I have been lucky”* (Alana Interview 2, Line, 519); *“I’m lucky that I’ve got, you know, a good practice teacher, who has been supportive and helping me with a few things, pointing me in the right direction”* (Rose, Interview 1, Line, 152) and *“if your mentor is off sick they all look around to see if anyone is going to volunteer, awful really. I have been very lucky this time around”* (Jade, Interview 1, Line, 113). Jade further revealed in interview three the compassion she had received and how lucky she felt because of this;

They always want to know, I can’t think what the word is, reassuring and want the best for me, kind, and patient, I don’t feel a burden at all, like they make it known that they’re there for support, I feel quite lucky, I just feel like, I don’t know, I’m not afraid to say that I don’t know things and, ...they check that I’m okay and looked after to make sure, like, the rest of, but I feel like I’m a really valued person, whereas I didn’t before

(Jade, Interview 3, Line, 277)

Gill also experiences feeling fortunate to have a practice teacher on her side;

I feel like she’s on my side, like she’s in my corner, like, if I talk about things she’s, even if sometimes we don’t even agree, I find she’s always very like, respectful, if I talk about coursework or I’ve got things going on at home, she always listens and she’ll always, not always come up with solutions but she will always, seems understanding, and I think that’s important, just feeling that someone is looking out for you, you know got your back, and is there, I think if this wasn’t there, it would be so much more difficult, she is, I suppose like in nursing that caring, nurturing type, so in the morning we sort of tune in and I think, it seems she is really interested in me, I’ve been very fortunate

(Gill, Interview 1, Line, 258)

Whilst compassion seemed observable there was a recognition and acknowledgement that others might not be as lucky. Alana revealed a particularly telling story of her peer who had “*a rubbish time*” (Interview 2, Line, 623). I have illustrated this here to make the point that compassion was not a given as described later in Dimension three; compassion as opportunities (see Section 5.3.2 for a reminder of dimensions and themes).

some of them have had a rubbish time, my friend, she just doesn't feel that she's been supported, but I think it's a bit of a power trip for her practice teacher... she's going back to her previous role after this course, so she will be higher than her practice teacher, and she doesn't really like that... she just doesn't feel that she's had a good experience, she's being moved for consolidated, I think it's definitely a power thing for her practice teacher, some are like that

(Alana, Interview 2, Line, 623)

I now turn to theme 3, compassion experienced as caring.

5.6.3 Theme 3: Compassion Experienced as Caring

A third and final theme revealed in dimension one, compassion as observable and explicit was compassion experienced by participants as caring. This was evident for Rose, Olive, Gill, Nicola, and Kate. Feeling cared for and cared about was an essential feature in receiving compassion and appeared as extremely important to participants. The questionnaire also revealed caring in understandings of compassion. Caring appeared as experienced in several ways although feeling a sense of connection and belonging was strong. Caring appeared as existing in the life world of relationality (van Manen, 2016, p.102). Relationality or ‘lived other’ (van Manen, 2016, p 105) is the lived relational existential lifeworld we maintain with others, the interpersonal space we share. In our conversational relations, we transcend

ourselves, in the moment of living, fully immersed. The relational lifeworld can appear as meaningful, a productive teacher/student relationship or ineffective and most likely somewhere in between. In being-in-the -world of HE responses to students need to be appropriate, the response based on educator cognitive intellectual skills, or in *"intelligent emotion"* (Nussbaum,2001, p. 301). In intelligent emotion compassionate responses require an intermediate path between excess and deficiency, the 'mean' response according to Peterson (2017). Peterson defines this as practical wisdom, or phronesis, a degree of reasoned action developed through experience. As an educator it is sometimes challenging to figure out the mean or reasoned action in terms of a compassionate response. Caring was a vital part from the student perspective and seemed integral when considering a reasoned action or response.

There were many instances where participants referred directly to caring and where their stories revealed caring in the actions and responses of practice teachers and lecturers. There was also reference to going beyond expectations, *"in the main, my experience has been really positive, and it feels that as lecturers definitely gone above and beyond for us as a cohort really"* (Olive, Interview 3, Line 693).

Quotes are selected here to illustrate how caring appeared in participants' descriptions, caring appearing to facilitate connections and positive relationships; *"I feel like the lecturers care about us, want us to do well"* (Jade, Interview 1, Line, 303) and *"I feel my practice teacher is compassionate as she is caring and always looking out for my well-being and stuff"* (Kate, Interview 1, Line, 195). Nicola, Jade, and Gill also revealed experiences of feeling caring about;

I think cared about, being kind and just helpful responses, fairly promptly too and the way they say it I know they care, last week I was stuck and having a bit of a difficult time and when I spoke with my tutor she really listened and really reassured me, she gave me confidence that I could do this and although I find writing

hard help was available ... whilst I was unsure of my topic talking through just helped and I felt so much better, I felt like she was really helpful and I could ask again too, sometimes I think, like in school you would be often quite scared

(Nicola, Interview 1, Line, 794)

I think as the year's gone on and we've got to know people a bit better I think, like, all the lecturers seem approachable and quite caring ... I have experienced more compassion as the year's gone on, I feel like they understand, whereas early on I think that, that connections not always there ... the lecturer that was assessing me, that was really, I felt, really supported, and encouraged, because I was nervous and I feel like it went much better than I thought it was going to, probably, because of some of the feedback and interaction that I had that day, I felt she really cared and wanted me to do well

(Gill, Interview 3, Line, 807).

Jade had, what I saw as a particularly challenging time through the programme, caring responsibilities were significant as was maintaining her own health and wellbeing,

I think I dipped quite bad, I just had like overwhelming anxiety, it wasn't affecting how I was performing but as soon as I was going to sleep at night, I just had overwhelming anxiety and I'd just be filled with dread as if I'd done something wrong, or given the wrong information and I was going into work the next day and pick apart every single visit apart

(Jade, Interview 3, Line, 185)

The exposure to experiences that were upsetting in public health added to the challenges. Jade revealed at times feeling frightened, *“sometimes like this week I feel really frightened, the work we do, is really hard and still terrifies me as absolutely scary and serious”* (Interview 2, Line, 317). Jade is referring to the safeguarding and child protection aspects of the public health role. Other participants also revealed the challenges in managing the emotional aspects of their work. Kate revealed the hardest part as seeing young children wanting to die;

and I think that sometimes it’s like, I see a lot of people who come and talk about, children who come and talk to me about wanting to die and self-harming, and things like that, and sometimes you feel like you’re just taking on everybody’s grief and nothing really happens ... I think that’s the hardest part

(Kate, Interview 3, Line, 203).

Rose referred to switching off, *“others just seem to be able to switch off, maybe I have too much compassion for other people and think of their hurt and their loss and I feel that we’re not protecting or doing enough”* (Interview 3, Line, 328). Rose went on to say;

I’m like, well, I think we need to do something next week, you know? Like you can’t leave it that long but then I have to remember that it’s not just not me as a professional being in there, it’s other professionals in there, it’s multi-disciplinary teamwork, but sometimes it makes me feel uncomfortable, anxious and that we should do more, I find that really hard

(Rose, Interview 1, Line, 738)

A further and last example (although there were many others) comes from Gill, who describes an experience of a visit;

I find it very difficult with children, yesterday I was with the social worker and we saw a 14-year-old that, when I was told about the case, I was going in there thinking goodness, she's an absolute nightmare, this 14-year-old, but when we went there and I sat with her, I could just feel my, oh, I just sat there and I wanted to say to her, do you feel like anyone loves you? because I just felt like she felt that nobody loves her and she was quite lost

(Gill, Interview 1, Line, 587)

Illustrated in SCPHN practice is the emotional labour involved. The complexity and emotional nature of the role exemplifies how care and compassion in an educative role can be transformational in maintaining student's wellbeing. Equally, since at times practice is upsetting and in child protection distressing modelling compassionate and caring behaviours may help in facilitating the student's development in terms of regulating and managing their emotions. As much as the student's SCPHN role requires emotional investment in their practice, so does the educator.

Participants experienced caring as a particularly supportive and relational mechanism. It appeared important for participants to experience feelings of 'mattering,' that they mattered to practice teachers and lecturers. Caring was particularly evident in Jade's descriptions, even to the extent where she described her relationships with her practice teacher as "*she sees me as sort of like an adopted daughter kind of thing*" (Interview, 2, Line, 268). Jade reported many experiences of receiving compassion. The excerpts below reveal an experience in university and in placement:

I emailed my tutor how stressed I was feeling, and you need someone to say you are doing ok ... I feel here we are encouraged, not as friends as such but it's more than a student/lecturer

relationship as you have been in our shoes and understand and want us to do well, so encouraged to talk about how we are and our feelings much more, I think what we found helpful was near to our exams and all saying I know this is stressful period but all in this together and then going through stuff in the seminar

(Jade, Interview 2, Line, 364)

I came back to work on Tuesday and she'd [practice teacher] text me on the Monday to say that she'd booked me for so many new births on my own and that she wasn't going to be there, she was working from home ... and I said oh, you know, I'm feeling really under confident because I've had some time off and doing solo visits was kind of scary, it was just the fact I wasn't going to be able to talk to anybody in the office before I went so she, very kindly, like stopped what she was doing at home, because she was working on a new pathway ... she actually came in and took me to my first visit with her ... and then I told her my review needed to be done on the Tuesday ... she stayed up 'til like 10 o'clock at night doing it for me

(Jade, Interview 2, Line, 203)

Synonymous with caring was the idea of knowing names and being unique, an individual. In describing experiences participants illustrated *“the tutors, they all always come down in the morning, even when not teaching, it's just about having that relationship, you really try to get to know us as individuals, not just students”* (Alana, Interview 1, Line, 560), *“like an effort to like remember peoples' names, not everybody does that, so sometimes it's those kinds of small things that you notice”* (Jade Interview 2, Line, 1856) and *“ how has your week been, there has always been a check in and that's really nice”* (Olive, Interview 1, Line, 294). This contributed to feeling cared for, valued, and connected;

5.7 Dimension 2: Compassion as hidden and implicit in the everyday experiences of learning

Compassion was not always discernible, clearly visible, or easily articulated by participants. I saw this as a second dimension, compassion sometimes appearing hidden in the lifeworld. Participants sometimes revealed difficulties in recalling or describing compassionate experiences, often taking time, unsure whether an experience was compassionate or not. Staying tentative in the interviews and encouraging participants that this did not matter, it was their stories and their experiences I was interested in seemed reassuring. In participants' descriptions and in attempts to understand and attribute meaning I often saw compassion, my aim to reveal aspects that are "*rarely noticed, described or accounted for*" (Crowther *et al.*, 2017). Hidden was a phrase I coined to describe narratives or scenarios where participants had to reflect a little deeper and although hidden was still present. This has resonance to Merleau-Ponty's (1962) analogy to a well and of discovering meaning through listening, time, and exploration, described first in Section 4.7.2. In the revealing of compassion as hidden and implicit in the everyday experience of learning I came to see the fourth essential theme, referred to by Kate as the spirit of compassion.

5.7.1 Theme 4: Compassion Experienced as a feeling - "*The Spirit of Compassion*"

The questionnaire responses and interviews illustrated the varying terms used to describe compassion yet taken singularly they appeared incomplete and meaning reduced. I likened this to "*an inadequate summary of the notion*" (van Manen, 2016, p.87) where in attempting to understand something, there is a loss of something else. Compassion did not appear in a complete definitive, linear, or explicit way. Nicola captured this, "*it's really hard to define, I can't put it into like a box or a definition because I don't, well, I don't think it fits in one*" (Interview 2, Line 903). Kate articulated compassion as "*one of those things that kind of aware of it but until somebody calls it something like that, you may-not be necessarily aware it's that, it's*

like doing things in the spirit of compassion” (Interview 1, Line, 200). The *spirit of compassion* appeared as an embodied experience, not easily defined, or articulated yet there all the same in the lived space. Olive also described as a feeling;

I don't hear in the workplace the word compassion from other people very much at all and I think, it's not really that transparent I suppose as something you see, but more a feeling that it is, that it is compassion

(Olive, Interview 3, Line, 468)

Alana also refers to this;

I think you don't really think about until you ask, I think I have yes, you know that everyone is there to get you through, there are lots of people I could go to and I think so yes it's there, but you don't really think like ok has this person been compassionate, you just get on with it, I think it's more noticeable when it isn't there, I know some of my friends and other students have not had such good experiences. I think I have been very lucky. I would not have managed like my friend to be honest. I think you need to know that everyone is there

(Alana, Interview 2, Line, 1306)

In the day to day lived world, participants did not always give much thought to compassion, yet when their attention was drawn to it, the hidden or unseen became visible. Heidegger's concepts of "*present-to-hand*" and "*ready-to-hand.*" (Heidegger, 1962, p.105) seems pertinent in understanding experiences. In the lived world we focus only on that which our consciousness is directed towards, "*present-*

to-hand" (Heidegger, 1962, p.105), until our focus shifts and then we notice that which is hidden and unseen, that which is "ready-to-hand."

Kate revealed that compassion is not the first thing she notices;

I don't necessarily think or don't necessary notice and think yes they are compassionate, like other people for example, it's not the first thing I notice, my practice teacher that I work with she is compassionate when I think about it, she worries and cares like when I go in the morning and feel quite stressed, she listens, yes she makes sure I am coping and not being given too many tasks and that, just checks in with me, that's really helpful and I don't go to placement worrying or anything, I feel okay and looked after

(Kate, Interview 1, Line, 275)

Rose also thought this to be the case, "I think support is there and everyone is kind, it's something you don't really think about though, maybe it's just there ... I do think compassion is there, yeah, I suppose if it wasn't there things would be so much harder" (Interview 1, Line, 2265).

In interview three near the end of the programme there was a definite shift where participants started to reveal their own development of compassion;

I guess I feel like I've got more compassion now ... for certain people in certain situations that you kind of would have had preconceptions, like prejudgments about before ... some of the learning we've done has changed my feelings ... he's [refers to family currently supporting] been really violent towards his wife, they've now had a baby and I didn't think I'd be able to make a connection with somebody that I'd known has done such awful things ... you find yourself feeling compassion for like his past and where he's come from and understanding how health and

inequalities impact ... you do kind of start to get a different perspective and even my family, they've noticed the difference in how I talk or like look at things from a different perspective ... how it's not always about choices, or individuals, it's not about fault or blame, you know, my mum and dad might have certain views about certain people but they don't see what's behind it all

(Gill, Interview 2, Line, 1051)

through the course I can see [compassion] plays a key role but not really open about it, more just there I suppose ... I saw it as an extension of myself, that's kind of part of my personality, whereas now I see that I have a greater awareness of what it means for me as a practitioner and how much other people receives it as well ... it just made me feel more aware of the impact on others and seeing it in others more too, and how you guys are with us I think noticing and commenting on how are we in class asking how we are and things

(Olive, Interview 3, Line, 250)

I now move to dimension three.

5.8 Dimension 3: Compassion as Opportunities in the Everyday Experiences of Learning

There were references that not all lived experiences were compassionate or as compassionate as they might be and where compassion was experienced, they referred to feeling lucky. I interpreted situations that appeared as lacking compassion as opportunities for compassion, the third dimension.

Participants referred to more difficult times, “a colleague experiencing a rubbish time” (Alana, Interview 2, Line, 623), “my placement has been fine, but I know some students have had a particularly difficult time, mine hasn't been like that, I am lucky” (Rose, Interview 3, Line, 2722) and for Gill;

when you don't know something, I don't always sense there's always support from a compassion point of view, remembering what it was like when you were learning and being able to ask somebody and feel comfortable with asking for help

(Gill, Interview 2, Line, 42).

Jade also revealed *"this one particular lecturer was quite frosty and, so you wouldn't want to speak ... I wouldn't interrupt, but I just felt I couldn't, it was a bit uncomfortable actually"* (Jade, Interview 3, Line 1137). Nicola also revealed that she sometimes felt *"a mentor could feel, like they were doing me a favour by working with me"* (Nicola, Interview 1, Line, 204). This appeared a familiar feeling with Kate and Nicola referring to undergraduate experiences as non-compassionate.

I did not feel my midwifery training was a compassionate environment to work in at all... I particularly felt like delivery suite wasn't compassionate at all. It felt unsupported and I think that's probably why I didn't go into midwifery actually

(Kate, Interview 1, Line, 249).

References to feeling lucky also imply that in receiving compassion you are fortunate, rather than the standard experience. This was illustrated in Section 5.6.2.2. There were also times when experiences of compassion appeared unequal;

when you feel somebody's getting more support than you, it can feel rather unfair, like in school when someone has lots of attention and you don't, I'm not saying it's like that although I can feel like that and I know the others do, it feels a little bit unfair... there are practice teachers who will say, do you know what you can take off, you can have half a day today to catch up, well, I don't get any of that, I'm just rammed constantly, there's lots of sickness so I have had other's diaries and for one afternoon it was the day before the essay submission, I was writing it like at god

knows what time at night, so I just feel like there doesn't seem, well sort of fair, I was massively upset and stressed

(Gill, Interview 3, Line, 1050)

The demands of placement and university at times revealed experiences that did not always appear to reflect compassionate environments. Immersion in the two worlds of placement and study was at times overwhelming illuminating to some degree the impact of performative cultures, the double whammy, presented in Section 1. 2.. Gill experienced expectations as unfair in comparisons to others where she felt some students were given more time. Gill appeared resigned to this, *"sometimes, it can be a little bit like come on you've just got to get on with it, kind of thing"* (Interview 3, Line, 488). Alana also stated;

when I've had low periods or felt pretty rubbish, the lecturers are there to see you through and they do listen and point you in the right direction, they have been there too and are sympathetic ... everyone has time for each other but equally I can feel fraught and pressured, both sides really, you know I was asked to do some evidences by my practice teacher and then I have the essay now too, then other stuff in practice, sometimes it feels like it's not coordinated

(Alana, Interview 3, Line, 331).

References to workloads in practice, morale, staff sickness and notions of struggling appeared in descriptions, pointing to placements as at times challenging. Olive referred to *"there's capacity issues, there's been staff sickness"* (Interview 3, Line, 78) and to a horrible week;

it was a horrible week, because there's just no morale in the team that I'm working in, cause we are the biggest group in my area, so as soon as people are sick, they pull from us and we have to cover the new births and the clinics, and so our team has kind of been dispersed over the last

couple of weeks and they're really struggling, and in allocation, the manager came in and was like, morning, how is everyone?, and everyone just literally went for her, they just went mad and it was over an hour of just, of just, of moaning, and I thought to myself, oh my god, what the hell am I, what have I got into?, this isn't why I've come into this job.

(Alana, Interview 2, Line, 189)

Experiences illustrating the lived world reveals the nature of SCPHN work and the importance for students to have time and space to explore the reality of new learning and to make sense of the challenges experienced.

A particularly concerning area described by participants related to group work within seminars and tutorials in the programme. Here there appeared opportunities for compassion to create safer spaces for students to work and learn together. However, experiences revealed instances and examples where participants felt anxious, isolated, vulnerable, and disengaged. In listening to their descriptions, opportunities for a more compassionate pedagogy were evident. Compassion in these instances may have improved engagement, learning and well-being. I named this theme five, possibilities for compassion in group work. This theme was relevant to the university setting.

5.9 Theme 5: Possibilities for Compassion in Group Work

Compassion appeared limited in small group working, group work not always appearing as cohesive or compassionate in the lived world. Rose, Alana, Olive, Kate, and Nicola each revealed specific issues, group work at times experienced as unproductive, increasing vulnerability, isolation, and comparisons. Group work also at times triggered or exacerbated troubling emotions; anxiety, worry and isolation. The monopolisation of one or two group members was a shared experience;

I feel like in some group sessions ... someone sort of dominates ... I don't think that, you know understanding for each other is always there ... there are one or two that, well just dominate or talk all the time

(Nicola, Interview 1, Line, 994)

I find there can be one or two who dominate things, there's always one or two, and I think that it's more of an effort I suppose, even if you know the answer, there is always others going to want to answer it more than you do ... sometimes hard to get in and easier just not to bother, and sometimes can feel quite competitive, is it worth it to go against others to speak I mean

(Kate, Interview ,1 Line, 123)

sometimes I feel it can be a waste of time, because I either just want to get home as a few only are contributing, talking a lot and I get wound up, then I start comparing and feeling that I am underachieving, I don't have the time to listen to others going on and on

(Rose, Interview 2, Line, 480)

Cohesion and integration appeared missing, participants experiencing varying degrees of anxiety and discomfort;

I don't always want to present, and no one comes forward and we all just sit looking at each other, I can feel everyone's anxiety, it builds and then someone speaks, it's usually the same ones, sometimes I think if the teacher had waited a little more I might have come in, then the moment has gone, I don't know everyone that well, it's a lot around relationships, especially in small groups or like when I know them, I can feel ok then

(Kate, Interview 1, Line, 281)

we have had awkward silences, I hate them, I hate it when it's like, if someone asks a question and no-one answers, I can't bear it, and I have to answer, when no one talks, it's so uncomfortable, I can feel my hands starting to sweat, it's just rubbish

(Alana, Interview 2, Line,393)

Feeling lost was another experience;

I struggle with learning the theory, I get a bit lost and then you can't really be bothered to get back into it ... its being mindful as a lecturer ... not making me totally back away and spiral into that horrible negative deal, not getting anything done and feeling worthless, this feeds on my vulnerability ... if I am in a group which don't get it, and I don't get it, and there's no direction, then it is hard to move on, you get the floating lecturers which go around and help, but sometimes they can be so long with one group that by the time they are coming to your group, I'm on my shopping list, it's not working constructively

(Rose, Interview 2, Line, 557)

Group working appeared an area that required improvement and in hearing participants' descriptions a potential breeding ground for anxiety and vulnerability if not managed or eased in more positive ways. Experiences raise questions around the role of compassion and creating environments that are conducive to healthier models of learning. Experiences also revealed some contradiction, sometimes feeling safe in the academic space and other times unsafe. Whilst experiences highlighted some problematic issues in groups there was also mention of feeling more confident as the year went on and relationships developed. Nicola referred in interview two to "*I think I was quite withdrawn for... well not withdrawn, I was ... I was scared of saying the wrong thing*" (Interview, 2. Line 247) to;

so, like now we have got to know each other I find it easier to share and talk things through, because you feel people know you more, you sort of

relax into is and realise that no one is trying to catch you out, I think that takes a while, I feel more okay to put myself out there now and not worry so much about being challenged on something

(Kate, Interview 3, Line, 1257)

Compassion and its potential role in groups are explored in the discussion.

5.10 Synopsis of Chapter

The findings revealed participants experiences of compassion. Five essential themes appeared in participants descriptions that I located within three dimensions. Table 5 provides a second summary of the Dimensions and Themes. This is a replication of Table 4 on page 113.

Dimensions	Themes	
	Essential (The Essence)	Incidental
		Compassion triggered as a response to participants' feelings:
Compassion as observable and explicit in the everyday experiences of learning	1. Compassion experienced as reducing troubling emotions	<i>"a fish out of water"</i> (Rose)
		<i>"feeling inadequate academically"</i> (Olive)
		<i>"carrying the load"</i> (Rose)
	2. Compassion experienced as a safe learning environment	<i>"level basis"</i> (Kate)
		<i>"I don't feel silly"</i> (Jade)
	3. Compassion experienced as caring	No Incidental themes
Compassion as hidden and implicit in the everyday experiences of learning	4. Compassion experienced as a feeling - the spirit of compassion	No Incidental themes

Dimensions	Themes	
	Essential (The Essence)	Incidental
Compassion as opportunities in the everyday experiences of learning	5. Possibilities for Compassion in Group Work	Compassion triggered as a response to participants' feelings: No Incidental themes

Table 5: Summary Of Dimensions and Themes

Chapter 6 Discussion

6.1 Content Chapter 6

In Chapter six I discuss the findings and consider the implications of new knowledge, insights, and understandings. My discussion in terms of what has emerged I offer in the tone of hesitancy and suggestions rather than absolutes. As the researcher I cannot enter the mind of the participant and see the exact tangible experience, I always remain one place apart. Participants make sense of their world whilst I make sense of theirs, "*a double hermeneutic*" (Smith and Osborn, 2003, p.53). As much as participants' experiences are unique and imbued in history and cultural backgrounds, so are mine. In drawing on my epistemological and ontological understandings I have in the interpretation illuminated deeper sociological issues "*hidden between the lines*" (Franzosi, 1998, p.159). I have presented these within the three dimensions, structured into sub-sections that relate to the themes. The focus relates to the study question, what are students' lived experiences of receiving compassion from educators and the discussion on the implications for pedagogical practice. Integrated throughout are references to the subsidiary questions. I also introduce a new model for educators to use to consider their compassionate pedagogical practice, the Observed, Hidden and Opportunities Model (OHO). Named after the three dimensions, the model offers an approach in which to examine and consider compassion from the student's experience of "*Dasein*" or "*being-in-the-world*" (Heidegger, 1962, p.33).

6.2 Compassion as observable and explicit

In exploring experiences of compassion, I tested the water, the extent, if at all, of students experiencing "*bruising and unsympathetic encounters with the system*" (MacKenzie and Maginess, 2018, p.44). I expected uncaring experiences or experiences that showed in some way a loss of collegiality and compassion (Kinchin, 2019; Liu and Pechenkina, 2019; Gibbs, 2017; Smyth, 2017; Haynes and Macleod-Johnstone, 2017; Waddington, 2016; Ferrell, 2011). I also expected possible fallout from the exposure to two performative cultures, the double whammy referred to

throughout (see Section 1.2). Instead, I found a contradictory picture, rather than the bleak picture discursively construed in the literature of uncaring environments or compassion deficits, participants experienced practice teachers and lecturers as compassionate, meaningful, and personal. Meaningful and personal related to feeling safe, cared about and that as individuals they mattered. There were exceptions in descriptions that alluded to less compassionate experiences, here positive and satisfying experiences as students were less clear. The implications of these findings are discussed in Section 6.4.

Although the study is not exhaustive in considering postgraduate students' experiences, these findings present a degree of optimism and contest somewhat the narratives of health and education as uncaring. Equally, whilst concerns in practice exist around workload and time to support students (Carr and Gidman, 2012; Lindley, Sayer, and Thurtle, 2011) practice teachers in this study were compassionate. The positive benefits of compassion on students' health, wellbeing, and overall experience were clear.

6.2.1 Troubling Emotions

The most striking finding was the extent of participants' troubling emotions and the impact that compassion had in reducing these. As illustrated in the findings, Section 5.4.4 troubling emotions were high. This was particularly visible in the transition period from qualified staff nurse to post-registration student, with feelings of discomfort, inadequacy, and analogies to fish out of water and roller-coaster. Whilst I predicted students' learning to feel at times overwhelming, the level of academic workload at postgraduate study often unexpected, I had not expected the degree of troubling emotions and the extent of compassion needed in supporting, holding, and retaining participants on the programme. In terms of retention this was most clear for Rose and Jade.

The benefits of receiving compassion appeared very real with descriptions of participants feeling better, more confident and supported (see Section 5.4.5). High

levels of stress, anxiety and negative thoughts are increasingly reported amongst university students with compassionate practices seen as having potential in alleviating, and reducing negative thoughts and self-criticism (Mantzios *et al.*, 2020). Mindfulness and the ability to be self-compassionate was found to be particularly significant. Although the discussion of self-compassion is limited in this thesis there is an acknowledgment of its importance. Neff *et al.*, (2005) illustrates how self-compassion in students freed students from the debilitating consequences of harsh self-criticism, isolation and over-identification with failure. Whilst inference is not possible in that experiencing compassion always leads to a reduction in troubling emotions, the notion of '*fuzzy generalisability*' (Bassey, 2001, p.73) is, experiencing compassion may result in a reduction in troubling emotions.

Prior studies have noted the benefits of compassion in terms of physiological and psychological well-being, receiving compassion activating the parasympathetic nervous system to calm and soothe (Trzeciak and Mazzarelli, 2019). Section 3.6 of the literature review illustrated the many studies highlighting benefits of compassion; psychological (Keltner *et al.*, 2014; Jazaireri *et al.*, 2013), on social relationships (Canevello and Crocker, 2010; Cozolino, 2006) and physiological (Simon-Thomas, *et al.*, 2009). In this study psychological benefits were most visible in the descriptions, for example participants references to feeling better, "*I'm so much better like in this, like in uni now. I never used to ask questions at all, and when I first started here, I'd never put my hand up or I'd never answer, even if I knew something, or knew I wanted to say something. I do now and I feel ok*" (Jade, Interview 3, Line, 1137). Gilbert (2013) illustrates how our biologically designed brains respond to the care and kindness of others and the psychological benefits this can bring to our health and wellbeing.

Also visible was a dynamic interplay between displays of troubling emotions and compassion, compassion at times effective in reducing or soothing troubling emotions and at other times, stress and anxiety seeming to take hold. As mentioned Gilbert (2013) explains the complexity of socio-cultural factors having the potential to either positively or negatively impact on an individual's ability to practice

compassion and in his own research explores old and new brain psychologies (Section 3.11). Where threats exist, the old brain is triggered and flight or fight hormones are initiated, impacting on the ability to focus on others thus inhibiting compassion. In an educative role, educators may be managing stressful situations or potential threats as described by Liu and Pechenkina (2019, p.183) in “*organisational violence*” whilst also “*imaginatively dwelling*” (MacKenzie and Maginess, 2018, p.42) in positions that attempt alignment with understanding the student’s lived world. The students lived world may at times feel threatening and uncomfortable and as educators there is a need to manage own emotions whilst simultaneously helping to contain students’ emotions. Through emotional labour educators attempt to create safe environments that put students at the “*heart of the system*” (Business, Innovation and Skills, 2011, p.1). For educators to be compassionate there is a need to take care of their own health and wellbeing before also investing in students. Reducing threats for self and for students enables the creation of safe environments where students feel valued, cared about, and have a sense of belonging. These are fundamental yet in a society that often prioritises neoliberal ideas of individualism, competitiveness and increasing comparisons, achieving this may be difficult.

Creating a sense of safeness and wellbeing becomes more problematic as health and wellbeing in the student population declines (Broglia, Millings, and Barkham, 2017) and that of academic (Urbina-Garcia, 2020; Kinman and Johnson, 2019). Added time and energy is required in supporting and managing the affective part of teaching and learning with some arguments suggesting the true purpose of education, which is intellectual understanding, debate, and rigour is lost or demoted (Ecclestone and Hayes, 2009). Whilst compassion and caring are an investment in students’ achieving and in ensuring positive experience this often involves a balancing act of decisions around time management and priorities. Too much caring may result in hindering flourishing (Hoffmann, 2000). Questions arise around boundaries in the student/teacher relationship and in the degree of emotional labour needed, the performance of emotional labour an important aspect of the reality of teaching (Isenbarger and Zembylas, 2006). Smith (2008) sees compassion as

emotional labour. Whilst this was not the purpose of the study, to assess the presence or extent of emotional labour in supporting students, the level of emotional labour may be high in view of lecturers and practice teachers working in performative cultures and in providing compassion to students who are highly anxious and, or have poor mental health. In this study Olive revealed experiences that she felt went beyond expectations, *“it feels that as lecturers definitely gone above and beyond for us as a cohort really”* (Olive, Interview 3, Line 693). The level of emotional labour invested by educators in higher education is an increasing area of research (Crawford *et al.*, 2018; Constanti and Gibbs, 2004) with emotional work in higher education often appearing as invisible, unacknowledged, or devalued.

Unexpected was an observed going beyond what might seem reasonable or reasoned action (Peterson, 2017, p.18). Olive noted this as did Jade. Jade revealed several experiences where her practice teacher and lecturer had supported her through the programme with her mental health and well-being. Her practice teacher was accessible and responsive to Jade’s needs with examples of completing a SCPHN programme review late at night *“she stayed up 'til like 10 o'clock at night”* (Interview 2, Line, 272) and changing workload plans at the last minute to accommodate Jade’s learning needs. Jade also recounted an experience where her practice teacher had changed her work plan to accommodate her needs and Jade attributed her retention and success on the programme to the support and care she had experienced. I also had the sense this was similar for Rose and at times Olive in terms of retention and navigating the many challenges. This may have been *“the spirit of compassion”* referred to by Kate in the first interview. Practice teachers and lecturers revealed considerable understanding and accommodating of the challenges participants faced and narratives highlighted that despite demanding workloads lecturers and practice teachers were attentive, responsive, and compassionate.

Reasons for going above-and-beyond expectations are not clear and only a study exploring motivations would illuminate this. Olive suggested this was due to a shared nursing culture and that that her experience may have been different, *“maybe*

I would not have the same experience if I was doing chemistry” (Interview 1, Line, 371) and referred to *“a couple of lecturers that we had, well , that did come across quite differently, matter of fact, in and out, didn’t apologise for being late, said what he had to say and went, no nursing caring background there”* (Interview 3, Line, 656). Olive later commented *“I think you can really tell the difference when somebody’s not coming from a health professional background”* (Interview 3, Line, 723). Jade had also commented *“I cannot imagine in other lectures it would be the same, if doing maths and science, more around being nurses ... I don’t think it would be in others”* (Interview 1, Line, 343).

However, references to being lucky in experiencing compassion and to peers *“experiencing a rubbish time”* (Alana, Interview 2, Line, 623) highlight that within caring professions educational learning experiences are not always positive. The pilot interviews revealed negative experiences as did Jess and Jane outlined in the introduction as a critical incident. There is significant literature that substantiates variability in experiences, although the focus is often on undergraduate nursing students. Recently Everitt-Reynolds *et al.* (2022) found student nurses’ experiences of receiving compassion as generally positive, contrasting with some earlier studies illustrating negative experiences of unpleasant placements, attitudes of placement staff and a lack of support. All these factors are associated with higher attrition rates in undergraduate nursing (Eick, Williamson and Heath, 2012; Hamshire, Willgoss, and Wibberley, 2012). The tipping point however in precipitating early departure were unexpected levels of academic demands, personal challenges, and placement difficulties (Hamshire, Willgoss, and Wibberley, 2012, p.184). Time to share experiences and acknowledging the challenges may be helpful although drawing too many conclusions are difficult. The inherent methodological problems such as incomplete data sets, low response rates, retrospective studies and the variable contexts and settings in which the studies take place reduce generalisability and limit transferability (Cameron *et al.*, 2011). What is absolute is the quality of the environment in which students are placed. This is fundamental and setting a compassionate tone at the start of programmes may be helpful in setting up a more

appreciative and supportive climate. This was clear for Olive and Gill, sharing experiences early on and being explicit around the challenges viewed as helpful. Alana referred to finding the morning check in helpful, lecturers checking in with students' wellbeing and promoting an experience where participants felt valued and that they mattered, *"I find the morning check in helpful, sort of having that discussion and feeling kind of like we matter, asking how we are, what have we have been up to, how's placement"* (Alana, Interview 2, Line, 510). Consideration to student demographics and identifying potential students who may need more intensive input will also be helpful. Compassion in this study appeared a solid influence in supporting Rose and Jade on the programme, the understanding and support received acting as a protective mechanism against troubling emotions experienced in transition. Relationships also seemed fundamental with notions of similarity and shared experiences easing connections and a sense of belonging. I explore this later in the chapter.

Participants illustrated vulnerabilities and comparisons; feelings of inadequacy in the academic space, reports of feeling silly and examples of comparing themselves to others; *"you feel less behind ... less, like, inadequate"* (Gill, Interview 1, Line, 330) and *"I always compare myself too much"* (Alana, Interview, Line, 1221). Performative cultures go hand in hand with comparisons and competitive climates, individuals *"more vulnerable to the anxieties of being judged by others"* (Rutherford, 2008, p.11). The extent of troubling emotions experienced may be a result of competitive cultures although shared triggers revealed in the interviews related also to earlier negative learning experiences and competing demands from lived worlds outside of education. Performative cultures were referred to throughout, see Section 5.44, page 126. Rose talked of policies and procedures, hitting the targets and Alana to business models that she experienced as not working. Participants also referred to cases, particularly in practice where workloads were high, expectations sometimes unrealistic and managing university, placement, and home-life stressful and at times overwhelming. Exposure to performative cultures, the double whammy of two adverse circumstances plus balancing the needs of lives outside of study were experienced at times as extremely challenging. Rose continued to refer to drowning

in the latter stages of the programme, *“at times still feel as though drowning ... not just the course, that’s everything”* (Rose, Interview 3, Line 2846) and Alana also alluded to a lack of coordination across placement, and study; *“I was asked to do some evidences by my practice teacher and then I have the essay now too, then other stuff in practice, sometimes it feels like it’s not coordinated enough, if that makes sense”* (Interview 3, Line, 331).

Interestingly in this study performative cultures did not appear to directly impact on the receiving of compassion and neither did participants explicitly attribute performative cultures to their experiences of troubling emotions. However, performative cultures were visible and may contribute to the degrees of troubling emotions, thus impacting indirectly on the degree of compassion needed to be reduced. It is possible that practice teachers and lecturers protect or shield students in some way from the reality or full impact of performative cultures and in recognising the degree of troubling emotions experienced, educators respond and alleviate to make experiences more palatable and for some bearable.

Equally, lecturers and practice teachers as experienced public health nurses may understand the challenges faced for some students and as far as possible respond and mitigate these to prevent students becoming too overwhelmed. What is clear is that compassion provides a tool to mitigate the impact of challenges experienced and compassionate behaviours go some way in making experiences more palatable and even healthier in some circumstances. Improved collaboration and a shared coordinated approach between practice teacher/placements and lecturer/university in healthcare programmes need further consideration with a focus on how joint demands are experienced. Any student feeling overwhelmed to such an extent that this impacts on their health and well-being does not feel ethical.

6.2.2 Transition

For participants in this study transition appeared a critical stage, a pinch point when troubling emotions were high. As educators it is important to identify pinch

points viewed as particularly challenging from the student perspective early on and act. The transition period is an important part of student life and whilst for postgraduate students there may be an assumption or a tendency to assume some confidence and familiarity in the academic space, this may not always be the case. Participants revealed the experiences of transition into the programme as particularly troublesome. Although compassion alleviated troubling emotions to varying extents there was also a recognition that experiences may have been harder if compassion was absent, "*I do think compassion is there, yeah, I suppose if it wasn't there things would be so much harder*" (Rose, Interview 1, Line, 2265).

In the same way that undergraduates experience transition as "*bewildering and dislocating*" (Christie *et al.*, 2008, p.571) or a period of "*disharmony*" (Hughes-Morris and Roberts, 2017, p.26) so may postgraduate students. Encapsulated by analogies of fish out of water and rollercoaster, settling into the programme took time. References to rollercoaster are familiar in many other studies (Christenson and Craft, 2021; Smith and Smith 2020; Kahu *et al.*, 2015; Christie *et al.*, 2008; Begley, 2007; Heitz *et al.*, 2004). Transition as a time of '*significant social displacement*' (Briggs, Clark, and Hall, 2012, p.3) appears increased in certain student groups; where the student is mature, the first in the family to attend university or is from an under-represented ethnic group in the university population. Students sitting within these groups are in policy discourses and the UK HE sectors often seen as non-traditional. Students from low-income households, students from minority ethnic/racial backgrounds and students with a declared disability also sit within this grouping (Wong, 2018). Olive described her own position, feeling like a fraud, an outsider and the first person in her family to go to university citing "*probably up there at a seven*" (Interview 1, Line, 864) in terms of vulnerability.

Positioning SCPHN students as non-traditional has advantage in enabling a more considered understanding of the challenges and vulnerabilities faced. Understanding factors that may hamper or hinder learning, the pinch points and specific challenges for students who may be non-traditional enables educators to

adopt practices aligned to students' needs. Papadopoulos's (2017a) model of intercultural compassion enables a deeper understanding of cultural values and promotes the notion of interconnectedness. Supportive learning environments enable open discussions and opportunities for educator and student to develop, explore and understand more deeply other perspectives. In this way a moralised compassion (MacKenzie and Maginess, 2018) evolves. Acting in compassionate and considered ways role models the very behaviours that nursing students require. Straughair (2012) highlights educators investing in compassion demonstrate a real commitment that is recognisable and visible to students.

In distinguishing or positioning students as non-traditional students there are also disadvantages. Labelling students as non-traditional may impose barriers and set students apart. Perceived differences at a conscious or unconscious level may result in unfair behaviours that may intensify feelings of exclusion and isolation. Equally in those like us there may be preference which further excludes and discriminates those who are not (Hoffman, 2000). Perceptions of difference may be problematic (Scammel and Olumide, 2013). I explore issues of similarity and difference later in the discussion.

Consideration to transition and, or pinch points in programmes and the role of compassion in facilitating more positive experiences appears valuable. As educators maintaining a balance between sessions that offer an academic space to consider emotions and the more personal element of learning needs balancing with the achieving of learning outcomes. Embedding compassion more purposefully and explicitly in inductions and designated sessions may support a more successful transition into study and a more inclusive collegiate environment. Participants revealed interventions that provided time to share experiences and foster understandings of each other's contexts and backgrounds as helpful; *"a good way to recognise that you're not on your own... it felt like I was understood, and we could feel for each other ... I feel like that made a connection and yes, it felt compassionate"* (Jade, Interview 1, Line, 282). This will be of value for all and enable students from

diverse backgrounds to build connections; *“areas of experience, between the classroom, the workplace, the home and social life ... these connections can provide points of engagement for learners”* (Thorpe and Mayes, 2009, p.160). Whilst this seems fundamental, for post graduate students living outside of the university, opportunities for points of engagement are less. This becomes challenging as curriculums become increasingly crowded with much educational content. Yet it is evident that any benefits will outweigh disadvantages.

Fostering connections in a recent study of undergraduate nurses highlighted the importance of *“structured time”* and *“to meet two or three times a year to reflect on semesters, exams and stresses”* (Everitt-Reynolds *et al.*, 2022, p.5). Developing notions of *“similar possibilities”* (Nussbaum, 2013, p.144) in the classroom as a mechanism to facilitate compassion seems helpful. Sharing experiences both personal and professional enables a platform on which to consider and explore similar possibilities, the possibility of shared similarities in the future, and that whilst I do not suffer now, this could in the future happen to me. Gibbs (2017, p.8) refers to embedding ideas of compassion in the *“substance, context, and application of learning ...compassionate acts can be recognised, large and small in various ways.”* Understanding and being cognisant of the mechanisms that facilitate more compassionate pedagogy in the student/teacher relationships, from both student and teacher perspectives enables a fairer more contingent compassion that promotes equity and fairness, the moralised compassion that MacKenzie and Maginess, (2018, p. 43) refer to.

6.2.3 The Personal Lifeworld

As educators recognising the lifeworld outside of HE is significant in participants experiencing feelings of value and worth. Taking account of the challenges outside of the lived world of study and a transparent acknowledgement to participants seemed important, consideration of both the public (outside the home) and private (inside the home) critical in this study. The challenges experienced as mature students illustrated that home life was ever-present, a term Rose called

“carrying the load” (Rose, Interview 2, Line, 274). The juggling and management of competing priorities especially parenting responsibilities weighed heavy on participants; *“I feel guilty ... my husband’s reading to him and I am feeling kind of guilty, but I need to revise so hard to get that balance ... it all feels very emotional”* (Alana, Interview 1, Line, 464).

Educators understanding the importance and relevance of the lifeworld outside of HE was certainly pertinent in this study. Hearing participants’ stories and struggles to manage competing demands was unsettling as a lecturer and whilst I had some inclination through experience in teaching, I had not considered the detail and depth of the challenges. As female students there appeared distinct disadvantage on several levels. Whilst it was not the purpose of this study to explore the findings and implications from a feminist perspective, findings visibly and most significantly revealed feminist critiques. As female students there were distinct demands on their time that encompassed traditional caring roles. Caring is traditionally women’s work and carries negative connotations; caring viewed as non-work, less important and undervalued, often taking place in the home. Arising from historical and traditional connotations of women’s work (hook, 1994) caring has continued to fall on females with the division of labour most gendered in households with young children (Riggs and Bartholomaeus, 2020). Oakley (2005) in her seminal work explored how women undertook the bulk of unpaid work (caring for children, husbands, and relatives) and compelling evidence exists that this remains today. The continued burden of care in terms of caring for children or relatives continues to fall to women and increasingly more so during Covid 19 (Organisation for Economics, Operation and Development, 2021). In SCPHN programmes most students are female and the added challenges of carrying the load warrants further investigation to understand more fully.

Knowledge of student demographics and tailoring pedagogy to consider added stressors enables a more compassionate approach. As educators understanding challenges faced by student groups enables responses that are appropriate and aligned, an understanding and acknowledgement and where valid,

an opposing and objecting. Critical compassionate pedagogy (Hao, 2011) and intersectional compassionate pedagogy (ICP) (Godfrey, Larkin-Wells and Frechette, 2018) explored in Section 3.6. provide a lens in which to consider and understand students' lived experiences. Whilst knowledge of student demographics maybe more problematic in larger group teaching or programmes where student numbers are large, understanding and an acknowledgment of challenges experienced will be of value. When working with group demographics with limited understanding an acknowledgment of this may be helpful in showing a genuine commitment to compassion and of working in a way that promotes fairness and equity. The importance of reflexivity and a "*pedagogical commitment*" to "*criticize institutional and classroom practices*" (Hao, 2011, p.92) setting the tone.

6.2.4 The Safe Environment

In "*being-in-the-world*" or '*Dasein*' (Heidegger, 1962, p.33) participants experienced safe learning environments, theme two. Feeling safe in education is most associated with the psychological and social climate that students find themselves in (Shochet *et al.*, 2013; 2009; Hutchinson, 2003) with many studies examining what aspects of the psychological learning environment are most important (Lyman, Gunn, and Mendon, 2020; Kang and Min, 2019; Benbassat, 2013). Central to this is psychological environments that pay attention to students feeling valued and free to express thoughts or opinions without risk of ridicule, judgment, or consequence to selves or others (Kang and Min, 2019; Turner and Harder, 2018). Psychological space is particularly important in consideration of mental ill-health concerns in the student population, evident pre-pandemic (McCloud and Bann, 2019; Hughs *et al.*, 2018; Thorley, 2017; Storrie *et al.*, 2010) and increasingly post pandemic (Mental Wellbeing in Higher Education Expert Group (MWBHE), 2021; Barrett and Twycross, 2020).

Notions of ridicule and judgements visible in the data through reflections, and references to feeling silly and stupid, "*you don't want to feel stupid ... asking stupid questions*" (Gill, Interview 1, Line, 385) and "*I felt really stupid, and silly*" (Alana,

Interview 2, Line, 680) suggest learning environments are experienced as risky or in some way intimidating or threatening. Feeling silly asking questions in a learning environment seems at odds in an educational environment and as post graduate students unexpected. The degree of this was surprising. Compassion, described by participants as kindness, understanding and friendliness created an environment where students felt safe to questions as the programme progressed, *“I feel like I can ask a stupid question”* (Nicola, Interview 2, Line, 1075) and *“I’m not afraid to say that I don’t know things”* (Jade, Interview 3, Line, 277).

Over the programme shifts occurred in participants revealing more self-confidence. Feeling psychologically safe requires a threat-free environment and conditions that facilitate collegiate responses and compassionate behaviours. Maslow (1970) sees safety and security as a basic human need and once safety secured humans can then seek belonging and connections. Ensuring environments are threat free and therefore feel safe and secure is clearly a priority for educators. Environments that are experienced as threatening or dangerous are more evident in stressful or conflict situations and may trigger survival mechanisms. Mutch and Tatebe (2017, p.223) describe working in a neoliberal university as *“mice on a treadmill”* and Liu and Pechenkina (2019, p.186) as *‘violence enacted against us’*. In the same way students may experience vulnerabilities and fear, for example in relation to academic hierarchy and notions of power. In referencing power and describing relationships there remained some evidence that power at times was indeed problematic, *“I think it’s definitely a power thing for her practice teacher, some are like that”* (Alana Interview 2, Line, 623). Overall however, power differentials in the student, teacher relationship in this study appeared reduced.

The findings highlighted decreases in power differentials between student and teacher as important in reducing potential threat and creating safe environments. Participants’ earlier notions of academia as *“austere”* (Olive Interview 2, Line, 306), *“authoritative”* (Kate, Interview 1, Line, 155) and lecturers *“on a pedestal”* (Olive, Interview 1, Line, 371) align with power, hierarchy, and dominance.

Despite these perceptions, power differentials were experienced as more of a level playing field, *“a much more level basis ... more equal footing”* (Olive Interview 2, Line, 306) and *“on your level”* (Kate, Interview 1, Line, 155). Olive also stated, *“I was expecting there to be quite a distance, I suppose, within that academic learning and that's just not been the case”* (Olive, Interview 3, Line, 647). Reduced power differentials may have played a key feature in contributing to the safe space, fostering both connections, and belonging. Haugaard (2021, p.427) highlights definitions of power as problematic with *“no single best definition ... best seen as a cluster of concepts”*. Sociological and political positions provide variable understandings in considering power. Symonds (2020) discusses three power relationships in education; traditional, where teachers hold the power and transmit knowledge to learners; partnerships, with created shared knowledge; consumer power, where students as consumers hold the power. Original narratives of teachers holding power has some resonance here at the start of the programme with references to hierarchy, pedestals, and assumptions of clever people. Olive compared herself to those she saw as bright, *“people that go to university are really clever ... really bright, they write papers and things ... then there's Olive”* (Interview 2, Line, 952). Over time and in experiencing environments as less threatening and most supportive a more partnership approach evolved.

A facilitatory feature may have been shared similarities, fostering safe environments and reductions in power asymmetry. Similarities, for example lecturers and practice teachers as nurses and having undertaken the programme easing participants' perceptions of power differentials, *“not as friends as such but it's more than a student/lecturer relationship as you have been in our shoes,”* (Jade, Interview 2, Line, 364). Notions of understandings and similarities may have diminished perceived differences to some degree and together with warmth and approachability provided a safer psychological experience. Whilst similarities may facilitate a reduction in power differentials, difference may result in the reverse and serve to increase power asymmetry, and rather than connections cause disconnect. Despite

reductions in power asymmetry and similarities there remained some experiences of vulnerability, anxiety and not being good enough.

As educationalists thinking more critically around teaching or academic practice is valuable. In promoting a critical approach Papadopoulos (2017a, p.82) writes of the potential of power in the production and use of knowledge either to oppress or emancipate. The need to consider and scrutinise power in relationships as educator, student and between student to student is important, though most important is how power plays out in the consideration of behaviours. To elucidate the smaller nuances in verbal and nonverbal communication educators need a high degree of reflexive inquiry and a readiness to challenge.

Reflexivity within a critical pedagogical lens may as such be transformational. Arriving at this point relies however on the ability to be reflexive and to do this well. As discussed in the literature review Section 3.5 Oliver (2005) identifies five principles in compassionate reflexive inquiry: systemic, constructionist, critical, appreciative, and complex. Each principle points to a level of inquiry that enables a more informed position of our own world view. Oliver (2004, p.127) states *“when we practise reflexively, we become responsible and accountable for our choices, our actions and our contributions to a relational system”*. Facilitating reflexivity in educators to enable a critical lens in terms of pedagogy is challenging, to interrogate decisions and actions has potential to be painful. Opening ourselves and students to a deeper exploration and consideration of compassion, our values, and beliefs around who is deserving or not, may elucidate uncomfortable truths or recognitions of privilege and power not previously understood.

It is also possible that educators who recognise conflict or difference and are aware that this may influence or affect their ability to be compassionate overcompensate in educational practice. This may take the form of going out of their way to be kind and considerate, an overzealous attempt to limit unfavourable behaviours to ensure a fairer and just experience.

Extensive literature exists in terms of issues of fairness and equity in HE, a fundamental requisite. Gill alluded to unfairness, *“somebody’s getting more support, it can feel rather unfair”* (Gill, Interview 3, Line, 1050). To ensure moralised compassion, rather than a position of luck or chance, educators must commit to understandings of compassion as *“shared humanity”* (MacKenzie and Maginess, 2018, p.43) and a more objective position. Hao (2011) takes this further advocating a pedagogy of noticing and acting on potential injustices that may occur in the classroom, and although often unconscious may unwittingly place underserving students in disadvantaged positions. Hao refers to *“first generation college students of color”* (Hao, 2011, p.91) in America, noting their different pedagogical needs to their peers and as a result rethinks his pedagogy, recognising that teaching in his usual way disadvantages certain groups. Through critical compassionate pedagogy Hao took a more active and informed position, reflecting on his own behaviours and strategies to mitigate institutional barriers and oppressive pedagogical practices. In creating an open reflective learning space through a critical lens and a high degree of reflexivity Hao moves onto a more successful fulfilling role. Whilst educators undertaking a more critical lens will enable a more knowledgeable and informed practice and align with the ethos of intercultural compassion (Papadopoulos, 2017a) space and time is required to develop, reflect and practice being compassionate. Haynes and Macleod-Johnstone (2017) provide examples in which they shared their struggles or *“troubling knowledge”* (p.184) in compassionate spaces, which moved on from a *“showing of empathy or sympathy towards another”* to *“an action that has its heart an effort to ease troubling affect”* (p.184).

Safe environments clearly point to a healthier approach to learning and an improved sense of well-being. Well-being more generally is known to improve students’ academic performance, social integration, and satisfaction. Kinchin’s (2019) notions of salutogenesis, care and pedagogic health in enabling a more productive, healthy approach to learning seems applicable here. As explored in Section 3.9 shifting anxious and unhealthy feelings through compassionate and

caring approaches seems clear. Achieving this is the challenge and despite increasing knowledge and understandings of more compassionate approaches how to achieve this in academic and placement settings with demanding workloads may be more difficult.

6.2.5 Caring and Compassion

Care was undoubtedly present and important for participants (theme three). In 'being-in-the-world' (Heidegger, 1962, p.33) caring was rooted in a getting to know the person, underpinned not by performance but the relational aspects of what it is to be human. Practice teachers and lecturers appeared in descriptions as being present with students, a sense of "*alongsideness*" (Pound, 2013, p.104) tangible in the experiences, and an attentiveness to students expressed needs. These findings are consistent with Anderson *et al.* (2020) who found caring as significant, students seeing good teachers as people who care about their discipline, care about teaching and care about students. Anderson *et al.* (2020, p.1) make the point that educators need to recognise teaching in HE as "*cognitive, emotional and embodied work*" and to acknowledge as teachers' the powerful influence on students. The degree of caring revealed in this study was similarly high, appearing in both the questionnaire and in the interviews. The presence of caring challenges discourses that suggest learning environments as uncaring (Kinchin, 2019; Manathunga *et al.*, 2018; Smyth, 2017; Kandiko and Mawer, 2013). Caring was evident in both public and private life-worlds, educators caring for participants, participants caring in their roles and caring for their families. Knowing names and understanding something of the student's personal lifeworld appeared significant, rather than being just a student which is known to be upsetting for undergraduate nursing students (Hoel, Giga and Davidson, 2007; Randle, 2003). A questionnaire response had also alluded to this, "*treated as a member of the team rather than just the student, this makes for a much better learning environment*" (See p. 105).

Nodding's (2012) describes care that fosters learning as relational, although as exemplified in the literature review too much care may become a process that

dampens challenge, learning thus becoming too comfortable, or shifts to a *“paternalistic coddling”* (Freire, 2005, p.6). This according to Freire leads to an acceptance of mediocrity. In nurse education where caring and compassion is fundamental this is a strong possibility, an overacting or blurring of the boundaries resulting in an overplaying and a stifling of another’s flourishing (Hoffman 2000). The balance in appraising situations of either underplaying resulting in non-alleviation of suffering or overplaying in stifling is a difficult call at times, leading to ethical and moral dilemmas. The intermediate path between excess and deficiency, the ‘mean’ response (Peterson, 2017) based on educator cognitive intellectual skills, or in *“intelligent emotion”* (Nussbaum,2001, p. 301) is not always straight forward. In recognising this, educators need to be aware that both care and compassion can result in standpoints that appear unfair or *“unequal patronising standpoints”* (Peterson, 2017). Reflexivity and a much more consideration of pedagogy in the lived is required to avoid simplistic representations of both teachers and students in contemporary HE.

Caring, like compassion can facilitate as in this study productive learning experiences and a more positive experience however since the exact role caring plays on student outcomes and achievement is unclear (Coe *et al.*, 2014; Husbands and Pearce, 2012; James and Pollard, 2011) caution is advisable. Whilst caring is important (Andrews *et al.*, 2020) and needs absolute consideration how caring is enacted and the motivation for caring and compassion needs exploring. Caring, embodied in the emotional relational aspects (Freire, 2001; Wilcox, Winn, and Fyvie-Gauld, 2005; Noddings, 2012; hooks, 1994) may be more likely where the teacher/student share commonalities or connect in some way. This potential was revealed in this study, participants referring to you have been in our shoes, developing connections and friendships, *“we have similar characters, and our life experiences are quite similar ... we have a lot in common”* (Interview 1, Line 140). Shared similarities may lead to unintentional *“paternalistic coddling”* (Freire, 2005, p.6).

6.2.5.1 Connections, Similarities and Difference

Sharing similarities and or noting difference may result in advantage or disadvantage in considering the provision and receiving of compassion. I have referred to this throughout the discussion. In this study, similarities are unsurprising in view of participants presenting as a homogeneous group, all white, female, mature and nurses. It is important to note here that whilst referring to participants as relatively homogeneous, each participant is unique. Waller (2006, p.116) cautions against referring to mature students as a distinct social category highlighting their experiences as *“too complex, diverse and individually situated to be meaningfully understood”*. Perceived similarities may work from the teacher perspective, favouring those students we have something in common with and from the student perspective, aligning to teachers we connect with or share commonalities. The notion of shared similarities from both standpoints may cement the teacher/student relationship further, or adversely set apart when different. Whilst connections and shared similarities may explain the potential of going above-and-beyond in terms of receiving compassion, difference or appeared difference may explain experiences where compassion is less evident.

In this study perceived similarities may enhance abilities to care. Participants referred to educators as having similar backgrounds in nursing and practice teachers as having been through the programme previously. Participants experienced this as positive assuming understanding and insider knowledge. Similarities were helpful securing a better student/teacher relationship, more positive experiences of learning and a perceived reduction in power, *“level basis”* (Kate, Interview 1, Line, 155). Shared similarities may motivate caring tendencies and facilitate a readiness to respond, again the idea of *“similar possibilities”* (Nussbaum, 2013, p.144) also holding true. Similar possibilities in the future may foster connections. What is important from a pedagogical perspective is to understand and hold in mind the mechanisms that may facilitate compassion and how this may or may not manifest in the student, teacher relationship. Working towards a moralised understanding of compassion and an *“acknowledgment of our shared humanity”* (MacKenzie and Maginess, 2018, p.43)

seems most helpful, a fairer non-contingent compassion that promotes equity and fairness. To achieve success a high degree of reflexivity that recognises "*pedagogical blind spots*" (Maina-Okori, Koushik and Wilson, 2018, p.293) is required. I have referred to Oliver (2005) and the five principles in compassionate reflexive inquiry: systemic, constructionist, critical, appreciative, and complex in Section 3.5.

Critical pedagogy also referred to in Section 3.5 enables a lens in which to explore and scrutinise practices that may favour or exclude, seeking to uncover behaviours and ingrained attitudes (Hao, 2011). How compassion manifests itself when there is difference or no "*similar possibilities*" (Nussbaum, 2013, p.144) may be problematic thus having important implications for the student and the educator. Recalling Hoffman's (2000) possibility in affiliating compassion to those groups who are like us presents lecturers and practice teachers with a challenge in affiliating compassion to all. Students who sit in 'out' groups or show difference may have experiences that are not so positive.

6.3 Compassion as hidden and implicit

The previous section related to compassion as observable and present, however as the findings in Section 5.4.7 illustrate compassion was not always immediately revealed or visible in day to day lived experiences as highlighted by Kate, "*it's not the first thing I notice*" and referring to a "*spirit of compassion*" (Kate, Interview 1, Line, 200). Participants had to reflect much deeper on their experiences, moving from the surface of the well analogy to deeper sections (Merleau-Ponty, 1962). Considering compassion's high profile in nursing and nursing education (Education England, 2019; NMC, 2018a; NICE, 2011) and despite its clear presence in their learning experiences participants rarely used compassion as a term. In "*uncovering and revealing and bringing to light*" (Smythe and Spence, 2020, p.1) compassion was visible in the behaviours and actions of practice teachers and lecturers and only in the considering of compassionate experiences did participants reveal its presence or directly refer to this.

In view of compassion's vital importance in nursing policy, practice, and education (NMC, 2018a; NMC, 2018b; Francis, 2013; DH, 2012) embedding compassion more openly and explicitly is important. Compassion as something experienced only when you are lucky *"my practice teacher, like, kudos to her, because she, she's amazing, so I have been lucky"* (Alana Interview 2, Line, 519) illustrates a contingent compassion rather than a moralised compassion based on an *"acknowledgment of our shared humanity"* (MacKenzie and Maginess, 2018, p.43).

Participating in the study brought compassion to the forefront and made what was invisible, visible. This has implications for the development of compassion in healthcare programmes. Participating appeared to facilitate a deeper understanding and a greater awareness of compassion, its presence, and its absence. In thinking of compassion, the implicit became more explicit as Rose illustrated, *"I think you made me think deeper than what I probably would have done of where, where it's occurred, I think sometimes you don't necessarily, don't notice it until it's not there, or until you're made to think about something"* (Rose, Interview 3, Line, 2761). Jade had also revealed that taking part in the study had made her consider compassion more, *"I don't know but have definitely thought about it a lot more since this - thinking about how I am saying things"* (Interview 1, Line, 270). This was equally true for Olive, *"I've definitely thought about it more because I think at that early interview I just kind of take it as a skill, take it for granted I suppose"* (Olive, Interview 3, Line, 247).

Weaving compassion more explicitly through SCPHN educational programmes seems pertinent and provides opportunities to overtly model compassionate pedagogical practices. Compassion is also vital when considering emotional labour, referred to in Section 2.4 where SCPHN students are exposed to often distressing or upsetting situations. Participants in this study referred to suicide, *"talk to me about wanting to die and self-harming ... you feel like you're just taking on everybody's grief and nothing really happens ... I think that's the hardest part"* (Kate, Interview 3, Line, 203) and safeguarding, *"sometimes like this week I feel really frightened, the work we do, is really hard and still terrifies me as absolutely scary and serious"* (Interview 2,

Line, 317). Kate had also referred to childhood sexual exploitation and how difficult this had been in her placement and how unexpected. Supporting students through distressing aspects of practice and enabling environments that are safe and supportive and where they too can receive care and compassion helps students learn to manage difficult and painful feelings whilst also facilitating their compassionate behaviours;

I was more compassionate towards them [family Alana was working with as a student] ... before I would have been really judgmental... if I'm completely honest I would of gone in there thinking, this family's despicable, this baby's got no hope ... and then in understanding how both the parents have lived and their childhood ... their struggles ... the mum and the granddad had a horrific relationship...you know, he beat her all her life and... she's ran... gone missing ...you see that and its painful ... compassion is there more than ever

(Alana, Interview 3, Line 125)

Participants appeared as developing clearer understandings through the programme of non-contingent regard for others (MacKenzie and Maginess, 2018), visible for all participants. Equally, role modelling and more explicit reference to compassion may serve to make the hidden visible and provide opportunities for discussion. Olive referred to “*how you are with all of us ... noticing and commenting on how we are*” (Interview 3, Line 262). Role modelling is known to facilitate compassionate practice and compassionate cultures (Straughair *et al.*, 2019; Zamanzadeh *et al.*, 2018). The study illustrates that in raising awareness through dialogue, understandings of compassion developed and evolved. This is in line with many other studies (Peterson, 2017; Gilbert, 2017a; Greenberg and Turksma, 2015; Roeser and Eccles, 2015; Richardson *et al.*, 2015; Gilbert, 2013; Herbst, Swengros and Kinne; Herbst, 2010; Dewar and Mackay, 2010).

6.4 Compassion as Opportunities

Important in the findings were participants' descriptions alluding to less compassionate experiences, experiences of other students having a rubbish time and to power, *"I think it's definitely a power thing for her practice teacher, some are like that"* (Alana, Interview 2, Line, 623) and to *"one particular lecturer was quite frosty ... I wouldn't interrupt"* (Jade, Interview 3, Line 1137). An original prompt for this thesis had also illustrated Jane and Jess having a difficult time. Equally, the three participants in the pilot study interviews revealed experiences that lacked compassion. I did not at that time report on findings from the pilot study, my intention only to pre-test the data collection methods. Inferences of stress and staff shortages in the NHS were also evident in the findings and corroborate current literature highlighting the pressures on health and social care and subsequent calls on the need to prioritise more compassionate cultures (West, 2021; Beech *et al.*, 2019; DH, 2019; Health Foundation, 2018).

Opportunities presents lecturers and practice teachers with possibilities to improve pedagogical practices and to truly consider the role that compassion may or may not play in the lived world of the student. How much compassion is enough to promote flourishing and at what point compassion stifles flourishing is a key question.

An unexpected finding related more specifically to group work where considerable opportunities for compassion appeared. Here there were possibilities for compassion to play a much stronger part in pedagogical practices and improve the overall student experience and importantly learning. Experiences were not always as positive as they might be. Group work in HE is commonplace. Turner (2009) acknowledges the individualistic competitiveness observed in groups, seeing this as the most damaging to students social and learning experiences. Highlighted here is the potential for group work to undermine student confidence and cause disengagement. More worrying is that in this study, students shared similarities and had common ground on which to build connections and create group cohesion although still experienced disconnect with references to shopping lists, vulnerability, and being a waste of time. Experiences of disconnect may be more prevalent where students are diverse or who do not have English as a first language. Educators thus need to carefully consider the mechanisms of effective group working and how

inclusive and safe environments can be generated so that opportunities are not lost, and possibilities revealed. What this clearly illustrates is educators' need significant skills in ensuring students engage, share air time and learning is maximised in a healthy and productive manner. Gilbert (2017b) illustrates that through the development of micro-ethnographic skills that include compassionate behaviours and communications in group members, group cohesion, task focus and student learning can be enhanced. Compassion can provide a pedagogical tool where groups can become more inclusive and compassionate behaviours modelled.

6.5 Observed, Hidden and Opportunities (OHO) - The Three-Dimensional Model of Compassion:

As I approach the latter stage of doctoral study and contemplate my contribution to knowledge I do so tentatively, carefully considering the themes and the main thrust of meanings. Van Manen ((2016, p.94) refers to the significance of the texts, and how this is a judgment call, that *"different readers might discern different fundamental meanings ... not necessarily making any one meaning truer than another"*. Receiving compassion in the lived world of SCPHN education appeared central in achieving success and positive learning experiences, the phrase *"things would be so much harder [without compassion]"* (Rose Interview 1, Line, 2265) holding true. Even in the presence of compassion feelings of vulnerability, not feeling good enough or feeling inadequate sometimes remained. Compassionate pedagogical practices appear fundamental in contributing to the building of safe and healthy learning spaces that feel supportive and empowering, a salutogenic approach.

In consideration of participants' experiences in this study, I offer a pedagogical model as a way of thinking how compassion appears to students, an exploration of compassion across the three dimensions, observable, hidden and opportunities (OHO). This safeguards a focus on the student experience of *"being-in-the-world"* or *"Dasein"* (Heidegger, 1962, p.33) and compassion from an ontological perspective.

The model has the intention of improving students' experiences and removing all notions of being lucky, feeling silly or not good enough.

I draw on Halls (1976) cultural iceberg model as a visual tool. Hall questions culture and what is visible above the iceberg and what is invisible below. I apply the OHO model to the iceberg; observable compassion sits above the water visible and explicit, hidden, and implicit sits below the iceberg and neighbouring the iceberg are opportunities. Opportunities stand for the consideration of pedagogical practices that promote compassion, at surface and deep level. This has relevance in considering Rose's analogies to water, "*fish out of water*" (Interview 1, Line, 272). "*paddling a little bit easier, a doggie paddle*" (Interview 2, Line, 1153) and "*drowning*" (Interview 3, Line, 796).

The OHO model in Figure 1 illustrates the three dimensions of compassion and act as entry points in which the educator considers compassionate practices. The focus remains always how pedagogical practices appear in the world to students. I provide tentative suggestions for reflections to act as starting points for consideration of the model from a practical perspective.

Observable: Relevant questions to consider:

- ❖ How do I show compassion in my role as educator?
- ❖ Is compassion clearly observable and explicit to students through my behaviours and actions?
- ❖ What behaviours am I drawing on and how can I develop?
- ❖ How do I know that students are experiencing compassion?
- ❖ What is the impact of difference/similarities?
- ❖ Do I need to change my behaviours?
- ❖ How explicit is compassion in the module/programme ethos?
- ❖ Are students aware of this?

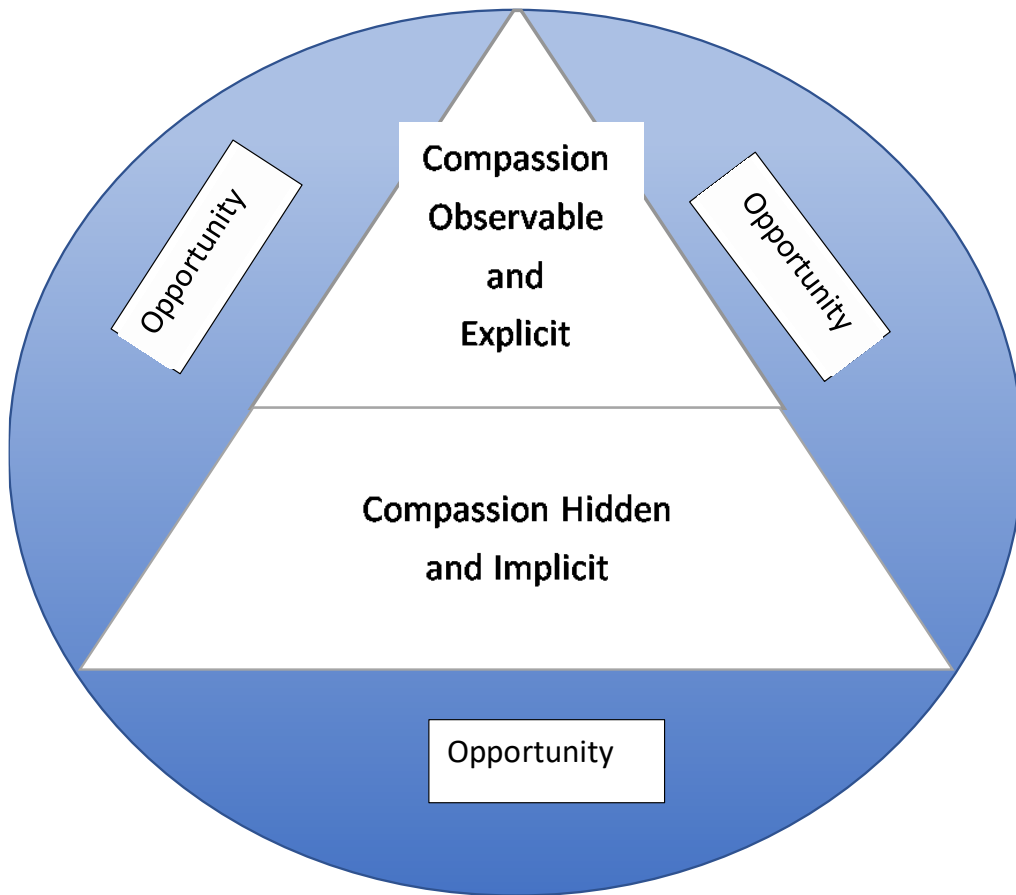
Hidden: Relevant questions to consider:

- ❖ Is compassion assumed and therefore hidden?
- ❖ What can I do to ensure compassion is more explicit?
- ❖ Are my behaviours and intentions clear?
- ❖ How do my behaviours change when I experience risk?

Opportunities: Relevant questions to consider:

- ❖ Are there opportunities in the module/programme for compassionate practices to be more considered?
- ❖ What are the possibilities for specific curricular sessions that explore compassion across cultures and promote shared understandings?
- ❖ Have I drawn on literature that explores compassion from several perspectives for example "*moralised compassion*" (MacKenzie and Maginess, 2018, p.43) or "*culturally competent compassion*" (Papadopoulos, 2017a, p.79) to support the development of compassion?
- ❖ Am I working with a critical compassionate pedagogic lens?

Figure 1: Observed, Hidden and Opportunities Model



I refer further to the model in the study recommendations.

6.6 Strengths and Limitations of the Study

The study has strengths and limitations. Conducted in a post-1992 university, the findings are specific to this university and not generalisable to other universities or other post graduate students. There is nevertheless in educational enquiries a degree of transferability and relatability in the depth and detail provided (Clever, Lintern and McLinden, 2018). Furthermore, the study of the singular or specific whilst seen as a limitation by some may be more valuable when defined and judged by educationalists (Opie and Sikes, 2004) and assessed against qualitative criteria rather than quantitative. Principles of "*fuzzy generalisability*" (Bassey, 2001, p.73) are more fitting in social settings where as Bassey illustrates there are too many uncontrolled variables for straightforward statements. Writing about what may work rather than

what does work is more possible. Equally in phenomenology there is a recognition of phenomenological nods (van Manen, 2016), a nodding in agreement or a recognising of the plausibility of the experience which may be replicated in similar educational contexts.

All participants in the sample profile were white and female. Currently this reflects the demographics of SCPHN students in the university the study took place. The lack of diversity amongst research participants has implications and limits the transferability of findings. Participants shared similarities with their assessors and lecturers and viewed this as important, capturing experiences where difference exist is vital. Much more study is needed to understand students' experiences more widely, inside, and outside health care education. My doctorate journey and learning has been significant and in elucidating the experiences of seven students I have ignited a much deeper interest and passion in exploring wider experiences.

As an insider researching in "*my own backyard*" (Malone, 2003, p.797) some participants may have presented more positive experiences of receiving compassion to please me as a nurse and academic and see them in a favourable light. Staying cognisant of this I remained clear with participants that I was interested in their stories and their experiences, either positive or negative and as researcher I was not there to criticise, sensationalise or judge. The participant voice is a strength of the study and adds to a paucity of literature in this area.

6.7 Synopsis of Chapter

The discussion chapter has discussed and explored the findings within the three dimensions and related to the phenomenological themes. Participants experienced practice teachers and lecturers as compassionate, meaningful, personal, and as "*human-beings*" (Olive, Interview 1, Line, 371). Compassion appeared to participants in many guises, the "*textures and definitions which emerge*" (Gilbert, 2017a, p.11) appearing in variable contexts.

I also presented the Observed, Hidden and Opportunities Model (OHO) model as an approach of exploring pedagogical practices that considers compassion from the student's "*Dasein*" or "*being-in-the-world*" (Heidegger, 1962, p.33).

Chapter 7 Recommendations and Conclusion

7.1 Content Chapter 7

In Chapter seven I provide an overview of my work and restate the research questions and succinctly answer how these have been met. I state my contribution and consider how this new knowledge, insights, and understandings can be applied in SCPHN programmes and offer tentative suggestions of wider applicability in nursing education. I also present the recommendations in moving forward and conclude with a final personal statement.

7.2 Concluding the Study

As I come to the end of my thesis thoughts are how and when to stop, to make findings finite and consider what this study can recommend and what it cannot. Personal questions arise around *"is it good enough"* (Murray, 2011, p.269) and when is enough, enough? Ultimately, there needs to be a finishing point and in doctorate study the presenting of my contribution to knowledge and a foregrounding of my work. I have in the latter section of the previous chapter presented a new model. Thompson (2020) alludes to the temptation in result-claim-implications of big leaps and cautions against these in thesis writing, recommending keeping claims and implications realistic and in line with the results. In the hermeneutic circle (Heidegger, 1962) understanding is *"always provisional, and emergent, never static"* (Finlay, 2012, p.181). Koch (1995) identifies that every time the researcher explores the text, further possibilities appear. I have found this to be true. Considering the data in the final stages of the research where my knowledge is greatest, further understandings and implications for compassionate pedagogical practice appear. I therefore present the recommendations tentatively in recognition that understandings are temporal and interpretations contextual. Before moving to the recommendations, I restate the research questions and show succinctly how these have been met.

To recap the study questions were;

What are students' lived experiences of receiving compassion from educators in the learning environment of university and placement over a one-year SCPHN programme. I also sought understandings to the following.

- ❖ How do SCPHN students understand compassion?
- ❖ How do SCPHN students' experiences of compassion impact on their learning and development?
- ❖ Is there an impact of performative cultures on students' experiences of compassion at the micro level in Higher Education?

I achieved the study aim and explored the lived experiences of receiving compassion in the learning environment of university and placement for Rose, Olive, Gill, Alana, Jade, Nicola, and Kate. Unlike the experiences of Jane and Jess in the introduction, experiences here overall revealed the presence of compassion. In giving "*shape to the shapeless*" (van Manen, 2016, p.88), moving from data to themes I came to see the three dimensions, compassion as observable, compassion as hidden and compassion as opportunities. Section 5.5., Table 5 summarises the dimensions and themes. This is the first study that explores the lived experiences of SCPHN students and experiences of receiving compassion. In the illumination of experiences specific challenges, difficulties and competing priorities were revealed that have implications for educators in SCPHN education. The emotional roller-coaster of learning experienced in the SCPHN programme illustrates the need for compassionate educators attuned to the bespoke nature of the profession.

Insights into the lived experiences revealed understandings of compassion as variable, substantiating the literature that highlights this (Younas and Maddigan, 2018; Gilbert, 2017a). Insights also revealed the absolute importance of compassion in the SCPHN programme. Compassion was personal, each experience and understanding imbued in history and cultural backgrounds. Clear from the study is that compassion matters and contributes to how the lived world of education is experienced, from transition and feeling like a fish out of water at the start to

understanding the suffering and upset experienced in exposure to SCPHN practice. The emotional labour invested by lecturers and practice teachers in this study reaped rewards in that students described feeling safe and were more able to easily share experiences in environments where they felt valued and respected. Receiving compassion had positive impacts on learning and development and may have a role to play in retention of students, although more research is required to corroborate this.

Understanding lived experiences more deeply and the uncertainties and challenges faced highlighted the potential of a spilling over of troubling emotions. Kinchin (2019, p.1) refers to *“stresses in the system will increase and student and staff experience will suffer”* if healthier models of learning are not stimulated within HE settings. Moves to much healthier learning and a salutogenic model seems possible with Dixon, and Somerville’s (2018, p.24) *“right to be well”* and Kinchin’s (2019) model advocating care, pedagogic health and salutogenesis timely and necessary. Compassion appears to contribute and have a role in achieving this. Attaining a fine balance in compassionate pedagogical practice, the intermediate path between excess and deficiency, the *“intelligent emotion”* (Nussbaum,2001, p. 301) is not straightforward and needs thought and consideration. There remain risks in appraising situations of either underplaying compassion, resulting in non-alleviation of suffering, or overplaying and thus stifling. Being alert to risks in affiliating compassion to those we assign to in some way (Hoffman, 2000) is possible and as educators it is important to consider the students ontological position of being-in-the-world and how compassion appears. The OHO model offers a way to consider this. Finding the right balance is certainly possible as referred to in Section 3.9, changing narratives, where compassionate spaces and compassionate care initiatives illustrate success (Trail and Cunningham; 2018). A reframing and a moving forward to reinterpret the discourse of negative claims seems feasible (Bergland, 2018; Hancock, 2018; Mutch and Tatebe, 2017).

Performative cultures were visible, more so in the descriptions of placements and reference to staff resources and morale. Whilst there was no apparent impact of performative cultures on experiences of compassion in this study, performative cultures may have contributed to the feelings of inadequacy and comparisons revealed by participants and indirectly on the elevated level of troubling emotions. In SCPHN programmes maintaining a watchful stance on the degree of exposure experienced and providing designated opportunities to share practice and experiences appears helpful and valuable. As educators it is easy to focus on the delivery of technical or professional content, sucked into the day to day without considered and purposeful thought to the students' lived experience across both settings and of life outside of the classroom. Compassion may have even greater significance post Covid-19 pandemic considering the distress and turmoil many individuals have experienced during this period.

I presented the OHO (Observed, Hidden and Opportunities) model in Section 6.5 as a method to consider how pedagogical practices influence or impact on students' lived experiences of receiving compassion from educators in the learning environment of university and on placement. Understanding compassion from the student lens enables more detailed scrutiny of educational compassionate pedagogical practices and opportunities to improve and develop. A positive and compassionate learning experience is the right of all students and should not be down to luck, chance, or bias.

Consequently, in using a phenomenological study informed by Heidegger and a position of constantly '*being-in-the-world*,' '*Dasein*' (Heidegger, 1962, p.33) the foundation of recommendations continues to be underpinned with an ontological lens. Consideration of the student experience in the lived world remains fundamental. In adding to the hermeneutic circle of understanding of students' experiences of compassion I am equipped to make recommendations. To make compassion more explicit in education and visible in learning environments I present several recommendations drawing on the OHO (Observed, Hidden and Opportunity)

model. The model offers an approach to consider compassion from an ontological perspective, each dimension helping opportunities for contemplation. As a lecturer I can act as a change agent in improving the student's ontological experiences of compassion.

I now present the recommendations.

7.3 Recommendations

7.3.1 SCPHN Programmes

- ❖ Transition and Pinch Points: Educators to be cognisant of transition, programme pinch points and the roller-coaster of emotions in their educative role and remain alert to the potential for student vulnerability and experiencing of troubling emotions. Consideration of compassion using the OHO (Observed, Hidden and Opportunities) model will enable educators to consider compassion in terms of how this is received by students in the lived world. Focusing on the lived experiences provides an ontological perspective.

- ❖ Pedagogical Practices: Educators in placements and universities to scrutinise their own pedagogical practices through a critical compassionate lens and be aware of the possibility of bias towards in groups (Hoffman, 2000). Understanding of non-contingent compassion and a moralised compassion can be promoted and rooted into programmes.

- ❖ Pedagogical Practices: Educators in placements and universities to agree a compassionate shared way forward that is aligned across NHS placements and university. An increased awareness of the pressures students' experiences in both settings will enable a more coordinated shared approach. The use of the OHO model will facilitate shared

compassionate understanding and can be used as a learning and development tool.

- ❖ Lived Worlds Outside of Study: Educators to consider students' lives outside of study and take account of the personal and private. Recognising the challenges faced as post graduate students is fundamental in students experiencing compassion as caring and in reducing troubling emotions.
- ❖ Designated Focused Time: Educators to formalise collegiate and safe spaces in curriculums to enable students to share personal and professional experiences. The OHO model may stimulate discussion to make hidden or implicit compassionate practices more explicit. Designated sessions also enable educators to model compassionate behaviours and promote a sense of shared understanding, togetherness, and connections. Equity and an *"acknowledgment of our shared humanity"* (MacKenzie and Maginess, 2018, p.43) can be instilled.

Noted in the discussion was a recognition that the presence or extent of emotional labour in supporting students with troubling emotions and anxiety was high, at times compassion going beyond what was expected. This was a significant finding and noted as an area of further study in the SCPHN profession.

7.3.2 Educational Policy and Practice

- ❖ Act as a Change Agent: Present the study in HE to help improve educational policy and practice. The OHO model and consideration of the students' ontological compassionate experience will help to improve educational cultures at programme and university level. In time I can join with other scholars to influence compassionate educational cultures more widely.

- ❖ Act as a change agent in considering innovative designs of SCPHN programmes that are flexible, modular, and innovative. Covid 19 has seen an increase in online and virtual platforms that maybe more conducive for some mature female students with family and caring responsibilities. How compassion is accomplished online needs further thought and research.

7.3.3 Research

- ❖ To undertake a feasibility study into the use of the OHO model.
- ❖ To undertake post-doctoral study. Findings provide an initial platform on which further studies can build. More in-depth studies are needed to illustrate experiences across a diversity of student's populations. It was clear in the findings that participants regarded shared similarities with their assessors and lecturers as important and whilst this appeared here to focus on similarities as nurses, capturing experiences where diversity exists would be valuable
- ❖ A recognition that further research is required regarding workforce and development in terms of exploring accessibility and flexibility of SCPHN programmes. I have commented on this in Chapter six, Section 6.2.3

On a personal note, there are principal issues that I am interested in developing further. There were many stories within the text that illustrated some of the complexity of SCPHN work, stories that are not often heard or captured. How compassion is developed through SCPHN programmes seems a pertinent area to explore, there were many examples in the transcripts that illustrated this very clearly. Compassion is foundational to SCPHN education and has wider applicability and value to other educational settings. Despite growing concerns around compassion deficits, the findings are promising, a phenomenological lens illuminating encouraging

experiences and providing a deeper awareness for educators to contemplate compassionate pedagogical practices.

7.4 Final Words

Blankenberger and Williams (2020) view COVID-19 as a catastrophe in HE. Highlighting changes across many of its systems Blankenberger and Williams (2020) write of trust and accountability in moving forward to newer pastures. Integral to this is pedagogical adaptation to online markets and more flexible modes of delivery. Although this study is hardly exhaustive in considering experiences of postgraduate nursing students in higher education, it does serve to start a conversation that how compassion is experienced as students matters and can impact significantly on learning, health, and wellbeing. There feels more than ever the need to get this right, to build a more cohesive future and for each single student to feel good, to feel supported and that they matter. The foundation of this is relationships and whilst I am not advocating compassion as the only answer, it feels like a strong underpinning in moving forward.

Chapter 8 References

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Appendices

Appendix 1 The History of SCPHN

Accounts of history are always partial and incomplete and whilst it is not possible to provide a comprehensive overview of public health nursing, understanding some of the historical underpinnings enables a more insightful perspective of public health nursing today. A history of public health nursing, specifically health visiting draws on the origins of health and social care initiatives in the early 1800's. Evolving from the philanthropic origins of social reform in the 19th century, a period characterised by unprecedented political and societal change, living conditions were generally poor with overcrowding, poor sanitation, and high infection rates. Health visiting evolved in this period with a focus on improving sanitation and home conditions, particularly for poorer families. Improving health and health education remained centred around health and wellbeing, child development and parenting (Malone, 2000; Billingham, Morrell, and Billingham, 1996). One initiative, the Manchester, and Salford Sanitary Reform Association, set up in 1852 (Heggie, 2011) sought to home visit poorer families supporting household and domestic duties. In 1860 a group of women giving and sharing health information, culminated in paid employment in 1862. Women were subsequently paid to visit the homes of families considered vulnerable to disease and poverty offering practical help, advice, and health education (While, 1987). This initiative was the start of public health nursing and specifically health visiting (Dingwall, 1977), Nightingale (1891) thought as responsible for setting up the first health visitor training and separating health visiting as a distinct and unique profession that focused on prevention (Dingwall, 1977). The Royal Sanitary Institute (now Royal Society of Public Health) in 1916 began coordinating qualifying courses for health visitors, followed by The Ministry of Health in 1925. At that time, due to the nature of health visiting and the focus on families and children, midwifery became a prerequisite for training as a health visitor.

War and the later political, social, and economic shifts played a significant role in influencing the focus and direction of public health, specifically health visiting and school nursing. The Boer War (1899-1902) identified army recruits as unfit and in poor physical health (Webster and French, 2002), traced back to untreated physical health conditions as children. In 1904 the government set up an Interdepartmental Committee on Physical Deterioration to study reasons for the poor physical health of recruits. The committee came to the realisation that treatable and sometimes preventable conditions had been

unrecognised or untreated in childhood and over time deteriorated to such an extent that they had become extremity debilitating (Billingham, Morrell, and Billingham, 1996; Smith, 1996). Recommendations centred on prevention, medical assessments in schools, free school meals and increased support for families.

Similarly, the events of World War 1 (1914-1918) and World War 2 (1939-1945) exposed the nation's limited healthcare and lack of focus on prevention, culminating in the Beveridge Report in 1942. This report laid the foundations for Britain's health and social care systems today, the cradle to grave concept and a focus on improving inequalities. Recommendations established the call for a sustained coherent plan to overcome the five 'giant evils' of 'Want, Disease, Ignorance, Squalor, and Idleness' reported in the 1942 Beveridge Report (UK Parliament, 2021). The Establishment of the NHS in 1948 was one recommendation with a focus on hospitals, primary care and community services, community services incorporating nationwide health visiting services.

According to Malone (2000) the attention on health visiting and school nursing since 1948 has been less reported. Drawing on two sources Malone cites Newson and Newson (1963, 1968) and (Jameson, 1956) to illustrate what she sees as three periods in health visiting history; the 1950/60's seeing the establishment of the NHS and a health visiting service rebuilding its role in supporting parents; the 1970/80's, the integration of newer and developing academic disciplines, namely health promotion and a newer public health agenda; the 1990/2000's a clearer focus and commitment to four key principles laid out by the Council for the Education and Training of Health Visitors (CETHV) in 1977. These principles were search for health needs, the stimulation of an awareness of health needs, the influence on policies affecting health and the facilitation of health-enhancing activities. The Nursing and Midwifery Council (NMC), the regulatory body for nursing and midwifery in the United Kingdom replaced the CETHV in 2002. Throughout this timeframe the four principles remain, however visible across the periods are the tensions around the widening scope of public health nursing and the varied demands and expectations in working at individual and population level.

The setting up of the Nursing and Midwifery Council (NMC) in 2002 saw new requirements for health visitor registration and in 2004 the health visitor register closed migrating to a newer more inclusive public health registerable qualification, Specialist

Community Public Health. This qualification adhered to the original four principles and thus embedded in newer Specialist Community Public Health Standards (NMC, 2004). The standards included the three fields of public health practice: health visiting, school nursing and occupational health nursing. SCPHN as a specialism stayed a post registration qualification due to the skills, advanced knowledge and autonomy required in public health. SCPHN programmes are eligible to individuals who are already registered nurses on either Part 1 (Nursing) or Part 2 (Midwifery) of the NMC nursing register. Debate has continued around the three fields of practice positioned within the generic SCPHN title, the diversity in roles most recently explored in a review by Blake-Stevenson. Blake Stevenson (2019) called for the disinvestment of the generic SCPHN standards and a move towards more clearly distinct roles understood by the public. Following the review, a comprehensive consultation has taken place and newer updated standards expected in the summer of 2022.

Appendix 2 Searching of the Literature (Example)

British Nursing Database

Initial Search Terms

Compassion and Student*

RESULTS 298

Read first 20 abstracts for a feel and relevance:

Use of Library Function – Inclusion Criteria – Post 2010

Peer Reviewed

Search in Abstract

Nursing Education

RESULTS 123

Use of Library Function – Exclusion Criteria – Patient

Relationships

Sympathy

RESULTS 59

Read Abstracts

Excluded Self -Compassion/Compassion Fatigue and Mindfulness

Relevant papers - 5 from original 298. 1 relevant to methodology.

MCVICAR, A., PETTIT, A., PAMELA KNIGHT-DAVIDSON and ADELLE SHAW-FLACH, 2021. Promotion of professional quality of life through reducing fears of compassion and compassion fatigue: Application of the Compassionate Mind Model to Specialist Community Public Health Nurses (Health Visiting) training. *Journal of Clinical Nursing*, **30**(1-2), pp. 101-112.

AAGARD, MAGDELINE, EDD, MBA, RN, B.A.N., P.H.N., PAPADOPOULOS, IRENA, PHD, MA (ED), BA, DIPNED, DIPN, DNCERT, RGN, R.M., F.H.E.A. and BILES, J., B.N.M.H.SC (ED), 2018. Exploring Compassion in U.S. Nurses: Results from an International Research Study. *Online Journal of Issues in Nursing*, **23**(1), pp. 1-8.

STRAUGHAI, C., 2019. Cultivating compassion in nursing: A grounded theory study to explore the perceptions of individuals who have experienced nursing care as patients. *Nurse Education in Practice*, **35**, pp. 98-103

PETTIT, A., MCVICAR, A., PAMELA KNIGHT-DAVIDSON and ADELLE SHAW-FLACH, 2019. Releasing latent compassion through an innovative compassion curriculum for Specialist Community Public Health Nurses. *Journal of advanced nursing*, **75**(5), pp. 1053-1062

MITCHELL-BROWN, F., 2020. Enhancing Cultural Competency: A Phenomenological Study. *Journal of Nursing Education*, **59**(9), pp. 485-492. (Chosen due to phenomenological relevance)

Appendix 3 Patient Information Sheet

Study Information Sheet

Title of Study: What are students' lived experiences of receiving compassion from educators in the learning environment of university and placement over a one-year SCPHN programme?

You are invited to take part in the following study. Before you decide, it is important for you to understand why this is being conducted and what this will involve. Please take time to read the following information carefully and contact xxxxx if there is anything that is not clear or if you would like further information or ask any questions.

The purpose of the study

As a qualified nurse and lecturer on the Specialist Community Public Health Nursing Programme I am interested in how students experience compassion in their learning environments and the influence this may or may not have on their identity as compassionate practitioners. In exploring how students experience compassion in higher education learning environments and teaching practices can be opened up for scrutiny.

Who will take part?

Health Visiting (HV) and School Nursing (SN) students from the January 19 Specialist Community Public Health Nursing cohort at the University of the West of England (UWE) will be invited to become participants in the study.

What will I be asked to do?

Questionnaire

An initial questionnaire for all eligible participants (HV and SN students) will be administered in the second week of induction. The questionnaire focuses on your understanding of compassion and asks for some demographic data such as length of time qualified and qualifications. Completing the questionnaire is voluntary. The questionnaires are anonymous and include no identifiable information. Students wishing to participate in interviews will be asked to write their name and contact details on the questionnaire. This information will then be separated from the questionnaire. If you choose to complete the questionnaire this will be taken as consent to use the data anonymously in the study.

Interviews

Students who provide contact details on the questionnaire will be contacted by telephone in February by the researcher to arrange for the first interview in March. A further consent form will be completed prior to the interview. Time will be given to explain the interview process, use and representation of data as well as final dissemination of the study. The aim is to ensure as a participant you are fully informed and in agreement of what is being asked. A second interview will take place in July. Both interviews will focus on your experiences of compassion across placement and the university and are expected to take up to an hour. Prior to the interview the use of identifiable information will be explored, and an agreement reached that no names or identifiable features will be used. As the participant you will be issued a pseudonym in order to protect your identity throughout the research process. The interviews will be audio-recorded and transcribed by an authorized transcriber, who has

signed a confidentiality agreement. Transcripts will be shared with you as the participant for accuracy.

How can I withdraw from the study?

It is important to note that as a participant you are free to withdraw at any time, without giving a reason and without incurring any penalties. Please be aware, however, that following the interviews your data can only be withdrawn for three weeks following the interviews. If you have concerns about the use and representation of data, your views will be listened to and respected. This may be necessary if certain narratives are disclosed in your interview that are sensitive and may be recognizable on publication. In this instance as the researcher, I will meet with you and negotiate a reasonable compromise. This could include omitting some details you do not now wish to disclose.

What are the potential benefits?

As a Specialist Community Public Health Nurse, it is important to have an underpinning knowledge of the research process and how research actively contributes to the profession and wider healthcare field. Becoming a participant will provide some understanding of this process. Equally as a participant you will be contributing to the knowledge base around compassion in health care and education. Teaching, learning, and assessing practices in higher education will be opened up for scrutiny and as a participant the student voice heard. Findings may also impact and result in improvements in the practices of teaching. Findings and recommendations will be disseminated to healthcare and educational professionals. The research also contributes to completion of the Doctorate in Education award for me as the researcher.

What are the potential hazards?

Participants may experience varying degrees of compassion in their learning environments. Experiences may be positive or negative. Sometimes reciting personal experiences in interviews can be upsetting and emotional. Conversations can trigger either personal or professional disclosures that may or may not be related to the area of exploration. Where concerns are identified, for example, issues around safeguarding, harassment or health and wellbeing, as for any other UWE student, UWE processes will be strictly adhered to. This may mean on occasions confidentiality and anonymity assurances need to be waived. Therefore, please consider carefully before any potential disclosures are made. This will be made clear prior to the interview as well as advising that the discussion of experiences needs to be in general terms rather than using specific names of people or institutions. Any participant who becomes upset in the interview will be supported and the interview stopped.

How long will it take?

The questionnaire will take around 10 minutes to complete.

The interviews are expected to take no longer than an hour. Refreshments will be provided.

How will my data be stored?

All UWE Bristol processes and procedures will be followed. Data storage will be in line with the General Data Protection Regulation (GDPR). This will ensure all data is securely stored, backed up and privacy maintained. More information can be given here if requested.

Findings

The findings will be written up and presented to the University and at National/International conferences. Academic papers will be written to disseminate findings.

The people involved in this study:

xxxxxx

Senior Lecturer Specialist Community Public Health Nursing

This study has been reviewed and approved by the research ethics committee at UWE.

If you remain unhappy about the research and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please write to (anonymised), who is the University's contact for complaints regarding research at the following address:

Thank you for your time taken to read this sheet and consider taking part in this investigation.

Best wishes

xxxxxx

Appendix 4 Open Ended Questionnaire

Questionnaire

Dear Health Visiting and School Nursing Students (January 18 cohort)

My name is xxxxx and I am currently undertaking a Doctorate in Education. Last week I attended induction, introduced myself and explained a study that I am currently undertaking, 'Students' experiences of compassion.'

The study will explore how students experience compassion in their learning environment. Learning environment includes both university and practice placements. If you did not receive an information leaflet at induction, please ask the facilitator today.

The questionnaire is being handed out for completion today. Please note this is voluntary and there is no requirement to participate and no consequence if you choose not to do so.

The questionnaire asks how long you have been qualified as a registered nurse and seeks your understandings of compassion. In all your responses, please reply in general terms and do not use names of people or institutions.

The questionnaire is anonymous. Students wishing to participate in the interviews will be asked to write their name, email, and telephone number at the end of the questionnaire. This information will be detached from the questionnaire data.

If you choose to complete the questionnaire, please post in the box provided at the front of the class.

Section 1: Qualification and Area of Work:

How long have you been qualified as a Registered Nurse or Midwife?

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.....

Please indicate the fields of practice in which you have recent clinical experience (tick all that apply).

- Adult nursing
- Child health nursing
- Mental health nursing
- Learning disabilities nursing

Midwifery

Other – please state below.

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.....

Section 2: Understanding and Definition of Compassion

1. What does compassion mean to you?

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2. Can you tell me about any particular examples that help to define compassion? This could be work, personal or in relation to life experiences. This could also be something from your past.

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3. Has designated time been given to exploring and understanding compassion in your nurse training (RGN) or other courses? If so, please explain what.

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4. What would you describe as compassionate behaviors in a learning environment? This includes practice placements and university.

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5. What would you describe as non-compassionate behaviors in a learning environment?

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Section 3: The next section is designed to seek your personal experiences of previous learning environments in nurse education (added in nursing here) across a number of settings for example, home tutoring, school, higher education, previous student placements or other study/ training experiences.

6. Is a compassionate environment important for your learning? If so, please explain how.

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7. In your experience as a student in higher education (placement or university) can you think of any example where you have personally received compassion? Please give some details.

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8. Have there been times when you have felt vulnerable as a learner in nurse education? Vulnerable can be taken here to describe any feelings of discomfort, for example maybe feeling anxious, worried, intimidated, exposed, disempowered or helpless.

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9. If feelings of vulnerability have been experienced, please state setting and emotions experienced.

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10. Has this vulnerability been noticed and responded to or addressed by either your teachers, educators, or peers? If so, please explain how.

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11. Are there any influences or factors that you think facilitate your own ability to be compassionate?

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.....

Please turn over the page.

Thank you for completing this questionnaire.

If you would like to be contacted to take part in the interviews in March and indicate in the box below. Please detach the questionnaire in order to remain anonymous and protect confidentiality.

Yes, I would be interested in taking part in the next stage of the study.
Please tick.

Please write your name/telephone and email address.

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.....

Appendix 5 Consent Form

Interview Consent

Confidential

Title:

What are students' lived experiences of receiving compassion from educators in the learning environment of university and placement over a one-year SCPHN programme?

Name of Researcher:

XXXXXXXXXX

1. I confirm I have read and understood the participant information sheet
2. I have had the opportunity to consider the information, ask questions and think about my responses.
3. I understand participation is voluntary and I am free to withdraw at any point during the interview stage without providing a reason and with no consequences.
4. I am free to withdraw my data up to three weeks following the interview without providing a reason and with no consequences.
5. I agree to participate in the interview
6. I agree to the interview being digitally recorded
7. I agree to my data being stored in line with UWE Bristol policies
8. I agree to narratives and quotes being used in the study in an anonymous format
9. I understand that findings from the study will be shared anonymously internally with the researcher's supervisors, internal staff development events, external publications, and conferences

10. I agree to the data being archived for 6 years to cover the period of study and for the data to be used by the researcher in this time

Researcher

Signed..... Date.....

Participant

Signed..... Date.....

Pseudonym Date

Appendix 6 Interview Guide

Interview Guide

Tell me a story that illustrates your experience of compassion?

Tell me about starting the programme and what your experiences were like....and now?

Thinking about your learning so far, what kind of emotions have you experienced?

How have these been managed? How have these been responded to?

What have been your experiences of learning so far?

Thinking about your learning and your environment, has compassion been important?

Could you explain this a little more...?

Tell me more about that...

Are there any influences or factors that help your ability to be compassionate?

Appendix 7 Arrival of Themes (Extract for Illustrative Purposes)

Interview 1 (Rose) Working Draft of Data Analysis

Analytical Process:

- ❖ Initial reading of the texts
- ❖ Re-reading and consulting initial notes and jotting thoughts and hermeneutical understandings
- ❖ Methodical working through each transcript - interview one, two and three, using the highlighter function to mark what I viewed as lived experience descriptions.
- ❖ Cluster of phrases or descriptions pointing to a fuller and more illuminative experience
- ❖ Highlighting of certain phrases - perceived as especially revealing
- ❖ Draft document highlighted phrases or statements copied and pasted (here)
- ❖ Each participant considered via the parts, the interviews, and as a whole
- ❖ Initial Structuring of Data into themes

Descriptions	Ideas/Notes	Developing Themes
<p>Rose experiences feeling like a fish out of water - “fish out of water” (Rose Interview 1 Line 272, 404 and 934) <i>“not really keeping afloat”</i> (Rose Interview 1 Line 934) although as move through <i>“swimming still touching the bottom”</i> (Rose, Interview 1, line 982).</p> <p><i>Relates to Olive and “roller-coaster”</i> (interview 1 Line 115) <i>Jade experiences challenging transition? very anxious -</i></p> <p>Compassionate responses - evident in behaviours and in lived experiences</p> <p>Descriptions highlighted- not always long descriptions- more compassion in the actual behaviours of lectures described.</p> <p><i>“supportive ... helping me ...pointing me in the right direction”</i> (Rose, Interview 1, Line, 151); <i>“on my side and in my corner”</i> (Gill, Interview 1, Line, 258); <i>“caring and very responsive”</i> (Nicola, Interview 1, Line, 749) as well as <i>“warm”</i></p>	<p><i>“fish out of water”</i> - Metaphors bring to light meaning - Rose quite stressed – needing lots of support to get through – emotional labour in maintaining Rose’s anxiety and retention on programme - Jade also consider retention</p> <p><i>“I feel uncomfortable ...”</i> (Interview 1 Line 402) – also from personal/ child going into hospital and Rose missing some induction. Lots of reference to family – carrying the load- possible theme</p> <p>Feeling uncomfortable struggling/anxious/wanting to do well but feels not very clever Idea of not academic</p> <p>Troubling emotions triggered from personal/ child going into hospital and Rose missing some induction</p>	<p>Compassion Alleviating /Reducing/Soothing Troubling emotions</p> <p>Transition/Contributing to anxiety/troubling emotions/ seem high for Rose Lots going on – placement</p> <p>Note a key phase <i>“I do think compassion is there, yeah, I suppose if it wasn’t there things would be so much harder”</i> (Rose, Interview 1, Line, 2265).</p>

Descriptions	Ideas/Notes	Developing Themes
(Alana, Interview 1, Line, 248). Olive described as an overall <i>“human experience”</i> (Interview 1, Line, 386).		
<p>CARING/feeling cared for referred to <i>“they were lovely, and really, really supportive, so that was like hands-on compassion they showed me both care and compassion, helped me to feel better”</i> Rose (Line 59)</p> <p><i>“I think that some people are able to sense the, how the room is feeling”</i> (Interview 1 Line 201</p> <p>Mentions of compassion – Rose very in the moment of life-world and the challenges faced - launches into how finding programme currently and what is most important to her - family start with narrative of child being poorly in induction and highlights caring responses form lecturers and practice teachers</p>	<p>Mentions of compassion – Rose very in the moment of life-world and the challenges faced - launches into how finding programme currently and what is most important to her - family start with narrative of child being poorly in induction and highlights caring responses form lecturers and practice teachers</p>	<p>Compassion experienced as Caring</p> <p><i>“just thought was quite caring”</i></p> <p>Compassion as visible although some reference where less visible and perhaps not explicit and missed – so visible and sometimes not although overall talks of kindness being approachable</p>
<p>Family Responsibilities/Competing priorities</p> <p><i>“because I want them to know that they don’t have to be, they can be the main breadwinner if they choose it that way, it has been hard though to work and be a role model, never feel I am doing anything well now, I feel lots of running around and juggling constantly that can feel too tired to learn ... I don’t want them to feel that they’re second fiddle to their husband (Rose, Interview 3, Line, 32)”</i></p>	<p><i>“carrying the load”</i> (Interview 2, Line, 274).</p> <p>Something here around struggles as parents</p> <p>Gill also described carrying the load - the competing demands between placement, university, and home; See Interview 2, Line, 1556</p> <p><i>“different pressures to you as well, you've got the university ..., your practice teacher asking you to do a presentation at work, ... it's</i></p>	<p>Very familiar - all female and reveal traditional females' roles – significant carrying the load - seems to cause anxiety and always on mind -responses to this appear compassionate</p>

Descriptions	Ideas/Notes	Developing Themes
	<i>just managing, and obviously it's got to happen"</i>	
<p><i>"I'm lucky that you know I've got a good practice mentor"</i> Interview 1 Line 202 <i>"My placement has been fine but I so know some students have a particularly difficult time, mine hasn't been like that so maybe I am lucky"</i> Interview 3 Line 2722</p>	<p><i>I'm lucky"</i> Participants referred to being lucky – Rose refers to this several times as though not usual experience Alana also refers to this as does Jade <i>"she's amazing too, so think I have been lucky"</i> Line 524 Interview 2 <i>"I think I have been very lucky. XXXX is quite experienced and she has had a terrible time"</i> Interview 2 Line 1312</p>	<p>Incidental theme? Alana also refers to this as does Jade <i>"she's amazing too, so think I have been lucky"</i> Line 524 Interview 2 <i>"I think I have been very lucky. XXXX is quite experienced and she has had a terrible time"</i> Interview 2 Line 1312</p>
<p><i>"whether I'm hitting the targets of what I should be"</i> (Line 166) - <i>"I don't know where the benchmark</i> <i>"They brought in the policy of looking at where you're travelling to, and they wanted to make it more cost effective", so if you're in that See Rose Interview 1 Line 119)</i></p>		<p>Performative Cultures - consider in view of troubling emotions consider relevance – seems important although? lived experience</p>