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'You Before Me': A Qualitative Study of Health Care Professionals' and Students' Understanding and Experiences of Compassion in the Workplace, Self-compassion, Self-care and Health Behaviours

Helen Egan[a,*], Rebecca Keyte[a], Karen McGowan[b], Lyanne Peters[a], Nicole Lemon[a], Sophie Parsons[a], Sophie Meadows[a], Tamara Fardy[a], Pawandeep Singh[a], Michail Mantzios[a]

[a]*Department of Psychology, Birmingham City University, United Kingdom*
[b]*NHS Southern Derbyshire Clinical Commissioning Group, United Kingdom*

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Abstract

Background: The importance of compassionate care within health care services is at the forefront of training and workplace policy and practice. The challenges for Health Care Professionals (HCPs) in delivering compassionate care are wide-ranging.
Aims: This study explored the experiences of HCPs in delivering compassionate care and examined the impact of working in the health profession on their own health and wellbeing in order to increase knowledge around how to support HCPs in the workplace.
Methods: A phenomenological approach was adopted, and individual semi-structured interviews were carried out with a sample of twenty-three qualified and student HCPs. The data was analysed using thematic analysis using Braun and Clarke's (2006) procedural steps.
Results: Four major themes were constructed: (a) Keeping it real: The need for authentic compassion, (b) Compassion takes time: Barriers to delivering compassionate care, (c) There's no time to think about myself: Self compassion, self-care and health behaviours, and (d) Does anybody care? Accessing support. Participants talked of the occupational difficulties of providing high quality compassionate care and described a deficit of self-care in both their working and non-working lives.
Conclusions: This study suggests an ethical and pragmatic imperative to enhance the care and support for HCPs, particularly given the current and projected shortage of HCPs alongside a suggested model of compassionate self-care for improving health and wellbeing

Keywords: Health Care Professionals; Compassion; Self-compassion; Self-care; Health behaviours

The National Health Service (NHS) and public opinion consider compassion to be imperative within healthcare. Compassionate care is mandatory for nursing,[41,52] and a current three-year strategy aims to build on a culture of compassionate care amongst healthcare

*Correspondence to: Birmingham City University, Department of Psychology, Faculty of Business, Law and Social Sciences, Room C324, The Curzon Building, 4 Cardigan St., Birmingham B4 7BD, United Kingdom.
E-mail address: helen.egan@bcu.ac.uk (H. Egan).
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professionals.[12,13] Health Care Professionals (HCPs) are expected to follow the "Leading Change, Adding Value" framework,[40] which states that the six C's (care, compassion, competence, communication, courage and commitment) formulate the value standard that should guide all HCPs behaviour.[12,44] Such frameworks are intended to enhance compassion towards patients, and mission a plan of growth in compassionate care that seems structured (and reassuring to the public). When compassion is conceptualised as a mandatory professional attribute, we need to ensure that we do not lose sight of what compassion essentially is, and what it means in health care professions. If we understand compassion to be of the same nature as love and kindness, we then accept that there is a reciprocal nature to compassion (e.g., Mantzios and Egan, 2018,).[35] The current lack of focus on improving compassion towards HCPs may be a detrimental aspect to the delivery of compassionate care.

Researchers have highlighted a number of barriers to providing compassionate care, including understaffing, increased patient numbers and constricted financial budgets.[7,11,16,18,36,51,56] Understaffing can have profound health consequences for HCPs as their working hours, irregular shifts and workload steadily increase.[1] Long working hours result in HCPs' personal resources being stretched[14,62] and create low levels of job satisfaction.[48] Shift work can impact on HCPs physical and psychological health, including disruptions in their family and social life, difficulties in maintaining relationships, and often disturbances of sleep and poor eating habits (Fernandes et al., 1996,).[53] Collectively, these barriers may act as obstructions to compassionate care and compassionate self-care.

Compassion has been identified as the noticing of suffering in self and others, and a commitment to alleviate it.[9] The Dalai Lama suggested that there is a need to develop a compassionate stance towards oneself to fully develop the ability to be compassionate towards others. In other words, compassion and self-compassion should be seen as an oxygen mask which should be put on oneself before putting the oxygen mask on others. With a strong emphasis being placed on compassionate care for others (and not compassionate self-care), the concern is whether it is possible for HCPs to provide consistent compassionate care in intensely demanding roles without harming their own welfare. Evidence suggests that HCPs consistently prioritise their patients' needs over their own, which may seem natural and expected; yet, failing to take scheduled breaks should not be expected, but is common within healthcare.[27,34,49] This deficiency of rest (and frequently associated food and fluid deprivation and subsequent reduced micturation) within a working day is related to fatigue, longer working hours, staff sickness, overworked staff and understaffed clinics.[43,59] Within a working environment that is unlikely to undergo any radical occupational developments, where the need for holistic compassion for all has yet to be embedded in occupational practice, Egan et al.[16] highlighted the importance of enabling and encouraging HCPs in being more self-compassionate.

Self-compassion is defined as a kinder, more connected and mindful perception, motivation and experience of oneself. In other words, self-compassion has been described as a mindful awareness of oneself, which encompasses treating oneself kindly and understanding one's difficulties by realizing that such experiences are common amongst all humans.[38] Neff [38,39] described how self-compassion consists of three interrelated components: self-kindness (vs. self-judgment), common humanity (vs. isolation), and mindfulness (vs. over-identification). Research indicates that lower scores in self-compassion predict poorer health behaviours and wellbeing (e.g. 29,30,31,32,33). HCPs often demonstrate poor self-compassion, which may compromise both patients' and HCPs safety and health.[50]

Poor self-compassion can contribute to HCPs' poor eating and lifestyle behaviours,[23,24,28,4] with it being reported that nurses (and students nurses) often skip meals due to heavy workloads, and fail to prepare healthy foods.[45] Student nurses also report how balancing placement with their university work can impact their eating behaviours,[17] with stress amongst both student and staff nurses leading to interruptions in regular meal schedules and poor eating habits.[25,60] Skipping meals often results in individuals having a higher intake of high fat snacks[2,54] and not engaging in physical activity[45,46] during their working days. Research has also highlighted a high prevalence of smoking and alcohol behaviours among nurses (and student nurses – see).[3,37,58] Darch[10] speculates that alcohol consumption is an outcome of emotional dysregulation and stress, with Timmins et al. (2001) suggesting how final year nursing students are more likely to rate their mental health poorly due to stress and use alcohol as a coping mechanism. While findings collectively suggest HCPs are not looking after themselves, the association to decreased wellbeing may also contribute to a reduced capacity to deliver compassionate care to patients.

Predominantly, studies in self-compassion among HCPs have focused on qualified nurses (e.g. 14,15), while research looking at other health care

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professionals and students is minimal. In addition, previous research does not combine compassion and health behaviours that contribute to understanding 'compassion fatigue' and burnout, as well as other associated health related outcomes. Mantzios and Egan[30] suggested that there is a need to acknowledge holistic self-care through constructs such as self-compassion and self-kindness, and explore how the need to be kind to oneself (psychological health) may lead to unkind health behaviours (physiological health). This research explores the relationship between work-place compassion, self-compassion, lifestyle behaviours and knowledge of positive personal health care practices among student and qualified HCPs.

1. Method

1.1. Participants

Twenty three participants (two male) aged between 20–56 years of age from across the United Kingdom were recruited through opportunity sampling initiated at a University School of Health Sciences in the West Midlands, UK and expanded to other HCPs through word of mouth. Ten participants were student nurses, two participants were student Midwives, ten participants were fully qualified nurses, and one participant was a health care assistant (Table 1).

1.2. Semi-structured interview

The semi-structured interviews examined participants' beliefs and understanding of compassion in the workplace. Self-compassion and self-care were examined by focusing on health and lifestyle choices including eating behaviours and by exploring the reasons for engaging or not, in particular behaviours. The impact of time and stress on self-care was explored in line with previous literature suggesting these as key factors.

The interviews were conducted by four researchers and took place in private rooms at the academic institute, within other public spaces, or via Skype (11 interviews were conducted via Skype). The interviews lasted a maximum of 60 minutes. All participation was voluntary and confidential, with participants being provided with pseudonyms. Participants could withdraw from the research at any time, though none did so.

Table 1
Job Roles of Participants.

Participant number	Pseudonym	Job role
1	Chloe	Student Adult Nurse
2	Kay	Student Paediatric Nurse
3	Lucy	Student Nurse
4	Dan	Student Nurse
5	Amy	Student Midwife
6	Jordan	Student Adult Nurse
7	Harriet	Student Midwife
8	Jane	Student Adult Nurse
9	Alice	Student Adult Nurse
10	Evie	Student Adult Nurse
11	Laura	Student Adult Nurse
12	Sally	Student Adult Nurse
13	Debbie	Adult Nurse on an elderly medical unit
14	Nicole	Community Nurse
15	Helen	Oncology Nurse
16	Sarah	A&E Paediatric Nurse
17	James	Adult Nurse working in Intensive Care
18	Jessica	Paediatric Nurse
19	Julie	Adult Nurse in Palliative Care
20	Hannah	Paediatric Nurse on a Neonatal Ward
21	Gemma	Pediatric Nurse in A&E
22	Daisy	Adult Nurse on a Surgical Ward
23	Natasha	Health Care Assistant

1.3. Ethical approval

Ethical approval was obtained by the Business, Law and Social Sciences Ethics Committee at Birmingham City University.

1.4. Analysis

The recordings of the interviews were transcribed by the researchers. The data was analysed using thematic analysis following Braun and Clarke's[5] model. Data familiarisation took place during data collection and transcription of the data. Each transcript was coded line by line, with each code provided a label to describe the content of the quote selected, with each code representing something interesting or important about that section of data (e.g. "Coping Mechanism – Eating": the data within this code documents how HCPs can use food as a coping mechanism in response to stress).

The researchers presented their initial codes to one another, reflecting upon these codes, allowing the initial codes to be revised based upon each researcher's perspectives of the data. The validity of findings were supported when all researchers agreed on a common interpretation of the data. This method of triangulation demonstrates that the theories have been challenged and

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Table 2
The themes that emerged in the present study.

Major theme clusters	Sub-themes
The need for authentic compassion	Identifying with patients pain and suffering
	'Fake' compassion
	Compassion as a natural trait
	Reasons for becoming a HCP
	Compassion is essential
	Kindness
	Respect (for patients and colleagues)
	Nursing is more than medical care
Barriers to delivering compassionate care	Time
	Paperwork
	Short of staff
	Shift patterns
	Working in a team (not wanting to burden others)
Self-compassion, self-care and health behaviours'	**At work:**
	Lack of breaks
	Going without food/drinks/toilet
	Eating 'junk' food
	No time to prepare food
	Patients come first
	Outside of work hours:
	Tiredness
	Lack of motivation
	Impact of shift patterns on exercise
	Guilt
	Feeling overburdened
	Coping mechanisms
	Impact on family/relationships
Accessing support	Lack of knowledge of available support
	No time to access support
	Stigma
	Inadequacy/not coping

integrated to produce a clear understanding on HCP's beliefs and understanding of compassion within healthcare, as well as their experience of self-care.

Once the initial codes were revised, the researchers together generated the themes of the data by categorising the codes into meaningful groups of codes. Through assessing how the themes support the data and the overarching theoretical perspectives, the researchers defined what each theme was, which aspects of the data were being captured, and what was interesting about the themes. Thematic analysis was conducted by hand.

2. Results

Thematic analysis identified four themes which were constructed and developed from the data during analysis (Table 2). The first, 'Keeping it real: The need for authentic compassion' encompasses participants' views on compassion which they understand as an innate attribute, which must be expressed authentically in order to be able to provide good quality patient care, and is particularly important when patients are challenging. Theme two, 'Compassion takes time: Barriers to delivering compassionate care', explores the occupational and personal factors that make delivering compassionate care more difficult. In theme three 'There's no time to think about myself: Self compassion, self-care and health behaviours', HCPs discuss the concept of caring for themselves, the ways in which they try to do this and the difficulties of meeting their own psychological and physiological needs. In the final theme, 'Does anybody care? Accessing support', the knowledge and awareness of the provision of occupational support is examined, and the barriers to accessing such support are explored.

'Keeping it real: The need for authentic compassion'

All participants upheld the importance of compassion in their work, with many saying that to be compassionate was an innate attribute and that their own compassionate nature had influenced their career choices. It was strongly believed amongst participants that compassion is something that cannot be taught, but rather that is a trait that individuals naturally do or do not have, and that one cannot convincingly 'fake' compassion:

> *Debbie [Nurse on elderly medical unit]: You can tell straight away within a day' working with a Nurse whether it comes natural to them or whether they just fake it to kind of get through the day

It was understood that not only could fellow workers sense when compassion was inauthentic, but that patients also feel when someone is not caring and that this impacts negatively on their patient experience:

> *Helen [Oncology Nurse]: Patients feed off, you know what you act and what you're like around them and if you're not that caring […] you're not going to make their time a particularly enjoyable experience

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HCPs discussed how the ability to feel and act with compassion becomes even more important when patients are challenging, and that it is compassion and a non-judgemental attitude which facilitates the ability to provide good quality care. Some patients can be challenging due to their medical conditions with Lucy, a student Nurse, discussing how "drug abusers and alcoholics" can be abusive. Lucy is able to see beyond the behaviour and provides a compassionate rationale for difficult behaviours:

> *Lucy [Student Nurse]: They go crazy […] I had patients threatening me and grabbing like trying to hurt me […] it's hard when someone's being verbally and physically abusive but you have to remember they're ill, that's not what they'd be like if they weren't ill

HCPs were quick to acknowledge that hospital can be a difficult environment for patients, with Sarah (Paediatric Nurse in A&E) and Helen (Oncology Nurse) pointing out that some experience long wait times, or do not receive the answers they want regarding their medical condition; resulting in frustration which is then aimed at nurses. Some participants discussed how such patient frustration can become personal and abusive, but that they must maintain a professional and compassionate attitude. Jane, a student Nurse, spoke about providing compassionate care despite being subject to racism, and the impact that this can have on one's sense of self:

> *Jane [Student Nurse]: I have noticed some racist […] more elderly, no actually 50 60 s [….] I keep it to myself I know that it is there but that doesn't matter what I think when I'm treating patients

Participants talked at length about the benefits to patients of compassionate care. This was considered to be particularly important during times of distress and loss. Amy, a student Midwife, spoke about her first experience with helping a family whose unborn baby had died, explaining that while she could not do anything to make the expectant mother "okay" it was the "little things" that were important:

> *Amy [Student Midwife]: Just touching their shoulder, making sure they are okay. I mean I know they're not okay, but giving them their personal space as well […] going in every hour just, you know, checking on them, offering them tea and toast. It's just little things that actually make a big difference […]

HCPs also discussed the benefits to themselves of delivering of delivering compassionate care, Amy went on to describe how she felt when receiving positive feedback from one family:

> They'd created a little cuddle cot for babies that, like passed away […] and they ……thanked the midwives that had been looking after them […] it did feel…….nice

Natasha (HCA) was one of several participants who describes how her work provides her with a sense of reward and satisfaction:

> "The reward sense because you kind of feel better that you have helped someone and helped better their life really"

In alignment with this, a perceived failure to provide compassionate care left HCPs feeling upset even when the work day is over. Chloe (student nurse) discusses the guilt she felt that her care had not been up to standard:

> *Chloe [Student Adult Nurse]: The ward was that busy and one of the patients asked me for a cup of tea and I forgot […] I went home and I would just felt bad […] it was something so small, which ain't the end of the world […] I haven't met that person's needs

Participants' narratives clearly identified the importance of going beyond the medical needs of patients, with HCPs attending to patients' individual and emotional needs, whether that is helping them operate the television, providing them with a cup of tea, or just being there to talk to. There was some discussion around managing the needs of patients within different healthcare environments, Gemma strongly upheld the principle of compassionate care, but explained that in her environment, working in A&E, patients' medical needs necessarily took priority:

> *Gemma [A&E Paediatric Nurse]: I think being compassionate is one of the best qualities of a Nurse but when you're rushed off your feet with more and more patients coming in as major emergencies how do I have time to be compassionate because surely treating the emergency is more important

The value and importance of compassionate care was clearly expressed by all participants, with several agreeing with Gemma about how high work demands and lack of time make this difficult, if not impossible and this is explored more fully in the second theme.

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'Compassion takes time: Barriers to delivering compassionate care'

All participants readily discussed the difficulties of delivering compassionate care, these difficulties focused on continuity of care, shift patterns, staffing levels and the resulting lack of time to care for patients. This was particularly apparent for those working within a hospital care setting. Nicole explains how she became a Community Nurse to be able to spend time with patients, which she feels is absent when working in the hospital environment.

> *Nicole [Community Nurse]: I have worked briefly on wards and it is not for me because I like to be able to spend time with the patients […] I need that slightly more personal connection rather than a conveyer belt of hello Mrs Jones how are you […] it's not just Mrs Bloggs with a broken hip […] for me it's Mrs Jones it's a person.

Low staffing levels was an issue for many participants, Daisy, a Nurse on a Surgical Ward, discussed the impact that this has, and how as a relatively inexperienced nurse on that ward she felt overwhelmed, but unable to complain even though recommendations for staffing levels were not being met:

> *Daisy [Adult Nurse on a Surgical Ward]: When two people phoned in sick I was left with seven patients on my own and I'd only been working on the ward two months, so I was still getting my bearings and anyway I didn't think seven patients to one Nurse was allowed but I didn't want to complain to my manger because everyone else had the same amount of patients

Low staffing levels and the consequent time pressures, not only impacts on the ability to provide compassionate care, but also can result in serious detrimental professional outcomes for staff. Jessica, a Paediatric Nurse, highlights what she describes as a common occurrence of prioritising patients' needs for compassionate care over completing essential paperwork which has led to her and others being disciplined:

> *Jessica [Paediatric Nurse]: I can recall loads of times I've been disciplined or seen other people disciplined because we haven't had enough time to complete paperwork's and checks on time, but what's more important, reassuring parents, caring for patients, attending to emergencies or filling in paperwork? I'm constantly stressing about trying to make sure me records are suffice.

Participants described how the negative impact on wellbeing of not being able to do your job to the standard that you would want to, is more difficult to manage when they feel tired, and that delivering compassionate care at the end of longs shifts becomes more difficult.

> *Jackie [Health care assistant]: There are days where I work eight to eight and these days are very draining and after a while you've had your fifth cup of tea at work and you are just like oh my god I need sleep [laughs] and you see patient after patient and it is very mind draining

Participants talked about the physical and emotional effort that is necessary to provide good quality compassionate care, in the next theme we explore more fully the impact of healthcare work on the wellbeing of workers.

Theme 3 'There's no time to think about myself: Self compassion, self-care and health behaviours

The barriers outlined above in providing compassionate care to patients, also acted as barriers to HCPs in caring for themselves. Every participant spoke about consistently prioritising patient needs over their own needs:

> *Jordan [Student Adult Nurse]: They come first […] when I'm at work, they're always, everything they need comes before everything I need

A main issue emphasised by participants was the inability to take breaks in their working day with Kay explaining how she smokes to ensure she will have a break during her shift, and how this deters her from stopping smoking:

> *Kay [Student Paediatric Nurse]: I wanted to pack in smoking […] that's the only break I tend to take within my twelve hours is a ten minute smoking break […] I know I could hand over the keys and say I'm running off for ten minutes […] if you've got to smoke you've got to smoke off-site, so I know I'm going to get a break

The lack of breaks resulted in not being able to attend to basic physical needs such as eating, drinking and going to the toilet.

> *Helen [Oncology Nurse]: Yesterday I did go fourteen hours without going to the toilet

> *Kay [Student Paediatric Nurse]: The time goes so quick […] I haven't had anything to eat or drink all day, literally haven't put about 20mls to my mouth

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Even when nurses do have time to eat they explain that they do not have time to prepare nutritious meals, instead they choose quick and easy unhealthy options. Sarah, a Paediatric Nurse in A&E, illustrates this clearly:

> *Sarah [A&E Paediatric Nurse]: You just grab a bit of shit […] something that you can eat quickly […] where I work there's only two nurses on a shift so you can't leave one on their own so we don't get breaks […] we still don't get paid for the hour break we are supposed to have

This lack of self-care also extends to after their working day has finished, when they do not have the energy or motivation to prepare a nutritious meal after work, and again they will go for the unhealthy option.

> *Amy [Student Midwife]: If you've done a long day, the last thing you want to do like after 13 and a half hour shift is come back and cook […] you just take out a frozen meal

> *Chloe [Student Nurse]: Sometimes you just want something fat and greasy after a tiring shift

Participants were aware of the health implications associated with this, explaining how they try to compensate for poor eating habits whilst working with trying to eat healthily on days off:

> *Kay [Student Paediatric Nurse]: Probably half the week is full of shit food and then the rest of the week is me trying to cook and save myself

In addition to poor eating behaviours, HCPs explained how they do not have the time or energy to exercise following their working day. This was particularly evident amongst student nurses who have to balance both placements and academic demands.

> *Evie [Student Nurse]: I tried a swimming school […] I tried pole dancing […] because the sessions are five till six, my lectures don't finish till seven some days […] if you're doing long days, you get up you go to work you come home and you're exhausted, you just go to bed ready to do it all again

Chloe explains that exercise gives her some alone time.

> *Chloe [Student Adult Nurse]: Feelings of stress, I go to the gym […] that's how I cope with my stress […] the gym is me time

Although for Chloe, using the gym as a de-stressor was actually becoming problematic and she was beginning to consider whether it was actually a good thing for her to do:

> *Chloe [Student Nurse]: Even though I go gym six days a week. My body shouldn't be having six days a week of gym, so is that kindness?

It was also apparent that a heavy workload can have a negative impact on psychological wellbeing, with some discussion about how the emotional demands of their job impacts of life.

> *Chloe [Student Adult Nurse]: If I'd done 12 hours where I hadn't ate properly, I hadn't drank, the shift was horrible, like physically horrible, and you go home […] that's going to have an impact on myself […] that's where you're gonna feel a bit down

Many nurses identified that they are not compassionate towards themselves during their working day, and talked about compensatory actions they utilised to try and keep themselves well on their days off, describing a number of different methods of adaptive coping. For some, time alone was important as there were no opportunities to be alone at work and as Gemma a Paediatric Nurse in A&E, explained, this need to catch up on sleep, take time out and be alone was problematic for her personal relationship:

> *Gemma [A&E Paediatric Nurse]: All I want to do is sleep or have some alone time because I get none at work, but then my husband takes that as me being horrible to him and don't want to be around him, which must affect his self-esteem, but I don't mean too […] this causes a lot of arguments

The need to find ways of coping with work demands that were healthy and effective, and the difficulty in doing so was acknowledged by everyone who took part in this research. Knowledge and experience of available means of support are discussed further next.

'Does anybody care? Accessing support'

In this final theme, HCPs talk about their awareness of the potential for 'burnout' and their experiences of accessing help to cope with a high demand environment. Participants emphasised the importance of working within a supportive team who demonstrate compassion towards each other. Many student nurses were able to identify sources of support available to them, with many of these sources originating from their university.

> *Evie [Student Nurse]: As a student we have a lot of support […] obviously you've got your services at university […] mentors, they are always there for

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you whether you've got an actual situation on the ward or you've got you know you're feeling upset or down

The necessity of this support was identified by Harriet, who explained that she dropped out of her Midwifery degree as she did not feel supported to deal with her anxieties surrounding her new career.

*Harriet [Student Midwife]: I just got a huge amount of anxiety and every time I was going to placement I'd sit in the toilet […] sit there for fifteen minutes thinking right I've got to go in now, I've got to go in now, and I'd be so anxious and I felt like there was no one I could go to talk to, like all the place, all the people on placement, I thought that they just really expected you to do well and that made me have like loads of anxieties

HCPs within this research often only had a vague awareness of the support that was available to them:

*Sally [Student Nurse]: I suppose we do have people you can go to but we have never really been informed about it. That you can get support when you're feeling down

This lack of knowledge around availability of support was not confined to students, who in fact, were more likely than qualified staff to describe good emotional support from mentors. A number of participants were unaware of either NHS policies or practices in place to support them and to reduce stress:

*Julie [Adult Palliative Care Nurse]: I didn't know that our trust had stress tackling policies and I've been working on my ward for seventeen years now and I've seen people come and go because of stress

It was evident that it was not only lack of awareness of available support within the NHS and how to access such services, but also a lack of time within their working day to access such services. Fear of the stigma associated with accessing support for mental health was also an important barrier.

*Jessica [Paediatric Nurse]: I've never used these services provided because for one I haven't had time to use them and secondly I wouldn't have a clue on how to access them […] I wouldn't want to use it if my manager got informed because I wouldn't want her to think I'm not coping

The combination of lack of awareness of available support, and anxiety about the perceived ramifications of accessing such support act as significant barriers to accessing support for HCPs.

Overall participants' narratives repeatedly emphasised the importance of feeling and showing compassion to patients in health care. There was clear and consistent agreement about what made delivering compassionate care difficult, low staff levels resulting in high work load and inability to take breaks were the most often reported barriers. All participants readily described a lack of self-care whilst working with basic physical needs not being met and the detrimental impacts of high work load demand on their personal life was clearly expressed. Many spoke of 'burnout' and were unfamiliar with, or unwilling to access available occupational support.

3. Discussion

The policy and legislation around the compulsory nature of compassion within healthcare and the NHS [12,13,40,41,52] was supported in principle by all participants. Many upheld the importance of nursing degrees focusing upon compassion,[44] and were keen to underline that compassion cannot be taught, rather it being a natural trait.[21] It has been discussed in previous literature that the pressure to maintain compassionate care is perhaps unrealistic.[26,47] In this study, a psychological and physiological cost to HCPs was evident and reflected barriers to provide compassionate care and self-care, as well as a myriad of complexities (such as not using services), which are encompassed under the umbrella of providing compassionate care and not self-care.

Data suggested that the identified barriers to providing compassionate care were consistent with previous literature, including lack of time and heavy workloads, often due to understaffing.[7,11,18,51,56] Working with compassionate colleagues was identified as an important source of support for many; however, it is this very collegiate perspective that can be seen as detrimental to self-care at times. An unwillingness to complain about, or flag up your own overload to avoid imposing your work on your equally overburdened colleagues may be seen as an act of caring for others in detriment to care for yourself, and represents a failure to observe, highlight and attend to your own needs.

These barriers result in a number of competing needs, which participants understood as having to be prioritized over compassionate care, including medical care and necessary paperwork. In practice, compassionate care at that juncture becomes a luxury, an additional service to be given if there is time, which is contrary to the current policy and legislation outlined. Time is not just a barrier for providing patients with compassionate care, it is also a

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barrier to HCPs enacting self-compassion, with HCPs consistently prioritising the needs of their patients, and of their colleagues over their own needs, often resulting in self-neglect during their working days. Participants discussed how some shifts limit the available time to eat or drink (see also).[27] Meanwhile, the food they commonly eat during their working day usually entails fast food or ready-made meals, which are high in sugar, salt and fat.[2] These eating behaviours have the potential to result in weight dysregulation and other associated health problems such as diabetes. Obesity within HCPs is associated with a wide range of negative outcomes such as productivity loss, occupational injuries and musculoskeletal disorders. There have been a number of steps taken to address this issue including the provision of healthier food in staff canteens (resulting in private food outlets providing more expensive foods in some cases) and funding for providers of care now includes a requirement to include some provision for staff health and wellbeing (CQUIN, 2016). While these are welcome efforts, they do not address the complex issues associated with poor health behaviours of HCPs discussed here and previously,[16] and project a dysregulated cycle of non-self-compassionate self-care, and reduce the capacity for compassionate patient care.

Similarly, while simply needing a break did not provide a strong enough rationale for participants to feel that they could take one, smoking represented a 'legitimate' reason to take a break. Smoking then becomes a paradoxical act of self-care (prioritizing psychological needs over physical health). Smoking amongst HCPs may also impact on patients' health, with the smell of tobacco on their HCP being aversive and/or contributing to a desire to smoke themselves, particularly if they are attempting to stop smoking.[3] There is a need to support HCPs in smoking cessation, but this needs to be more than standard interventions and should address the self-care aspects of how smoking provides a 'legitimate break' outlined in this research.

The provision of support services for NHS staff to improve health, including availability of better quality food, smoking cessation services and access to counselling and wellbeing support can only be useful if the services are being accessed. This research showed that many participants were unaware of such services, and if they were aware, they had concerns about what it would mean for them if they were seen to access them. Fears of being judged, of being seen as weak or not coping were cited as the main barriers to accessing such support. This data suggests that NHS workers do not anticipate that they will be shown care and compassion by managers in times of need. Importantly, if occupational stressors, such as short staffing make delivering compassionate care difficult or even impossible in practice as evidenced time and again, we should consider what message this gives to HCPs about how those in power truly value compassionate care. For a workplace culture of compassion to be fostered and to thrive, examples by practice from those in clinical and administrative management who have power and influence to lead change needs to occur. These could include daily workplace compassion practices, a culture of safety upholding the importance of taking 'time out' when needed, and robust and varied support services including security personnel and spiritual/religious support for staff and patients where appropriate.

Advocating and supporting HCP's to practice self-care, should in no way be a substitute for occupational safety and high quality working conditions, nor should it be perceived as a panacea for the difficulties that are being experienced by HCPs. Rather we are suggesting that compassionate care should be at the core of NHS policy and practice for both workers and patients. Reconfiguration of compassionate care needs to occur in two ways to be more holistic. First, compassion needs to be practiced within health care settings simultaneously to self-compassion. Enabling HCPs to perceive themselves with understanding, kindness and in a spectrum of caring for myself to be able to care for others may propose a model of compassion that utilises its full potential in growing a stronger and more supportive health care system (see).[16] Second, education and training for HCPs pre and post qualifying in the practice of self-compassion and self-kindness must entail a holistic self-care model that ensures psychological and physiological health equally. Mantzios and Egan [30] suggested that body and mind need to be taken care of in kind and compassionate ways, but evidence shows that psychological distress often makes people show kindness to themselves in ways that disadvantage their physiological health. The present data suggested that both the above examples of theories and practices will enhance and strengthen the formation of a truly compassionate health care service.

A further consideration is whether we are really looking for more *compassionate* health institutions, when research has shown that compassion is perceived primarily as an emotion (e.g., Haidt, 2003) with variations ranging from a mixture of sadness and love (Shaver et al., 1987) to a motivation to help in the midst of one's suffering (Lazarus, 1991). In a recent qualitative investigation many people were not able to verbally differentiate kindness and compassion, but understood them to be different from one another. They

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were readily able to give examples of acts of kindness but found it difficult to explain what compassion is, and how it is enacted (Mantzios and Egan, 2018). Therefore, it may well be that what we are looking for is a smarter scheme of benevolence and reciprocity (see Mantzios and Egan, 2018) that clearly exists within clinical teams and is extended to patients.

The majority of participants in the present study were female nurses and student nurses, and this is representative of the numbers of males registering for nursing (11.4% in 2017,).[42] Future qualitative research could usefully include a broader range of male HCPs as the evidence suggests that there are gender differences in compassion and self-compassion[61] which may be reflected in experiences and health behaviours of workers in the health care professions. Participants were interviewed by researchers outside of the workplace and this may have facilitated a greater openness about experiences of working in healthcare settings and of anxieties and barriers to accessing occupational support. Understanding and evidencing the experiences of healthcare workers in this way is an essential step toward introducing effective support and interventions for improving the health and well-being of workers and the concomitant benefits for improved patient care.

The current data suggested that HCPs are not tired of being compassionate, but rather, tired of having to overcome the organisational barriers to being compassionate. Compassion fatigue was not suggested in this work, and none of the participants stated that they were tired of caring, only that they were tired of not being able to care as they aspired to. If we aspire to a compassionate health care service we ought to take care of the carers, or allow carers to care for each other. With the current problems in recruitment and retention of HCPs, we do need to address issues that will reflect a good quality of life within and outside the occupational environment. It is five years since Francis stated that "a huge number of staff are working in, frankly, unacceptable and unsafe conditions". The stance that HCPs adopt of "you before me" should not be the "you instead of me" which is evident in this study and across wider health care settings.

Q4 Uncited references

6,8,19,20,22,55,57.

References

1. Berger J, Polivka B, Smoot EA, Owens H. Compassion fatigue in pediatric nurses. *J Pediatr Nurs* 2015;*30*: e11–e17 http://dx.doi.org/10.1016/j.pedn.2015.02.005.
2. Black C. Hospital nurses survive on a diet of fast food. *Nurs Stand* 2016;*30*:8 http://dx.doi.org/10.7748/ns.30.36.8.s5.
3. Black M. Doctor calls for action to curb smoking among nurses and healthcare staff. *Nurs Stand* 2017;31: 8 http://dx.doi.org/10.7748/ns.31.26.8.s4 .
4. Brathwaite B, Vincent E, Hopkins C, Athey D. Practice what you preach: do healthier nurses deliver better care to their patients. *Nurs Stand* 2014;28:28.
5. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77–101 http://dx.doi.org/10.1191/1478088706qp063oa.
6. Burr V. *An Introduction to Social Constructionism*. UK: Routledge; 1995.
7. Chadwick JR, Lown BA. What do we need to do to sustain compassionate medical care?. *Medicine* 2016;44: 583–585 http://dx.doi.org/10.1016/j.mpmed.2016.07.003.
8. CQUIN [Commissioning for Quality and Innovation]. *NHS England; Guidance for 2016/17; 2016.* Available from: ⟨https://www.england.nhs.uk/wp-content/uploads/2016/03/cquin-guidance-16-17-v3.pdf⟩.
9. Dalai Lama. *The Power of Compassion*. New Delhi: Harper Collins; 1995.
10. Darch J. Student life - seeking stress relief. *Nurs Stand* 2014;*28*: 66 http://dx.doi.org/10.7748/ns.28.52.66.s48.
11. Dean E. 'Don't let NHS pressures create another Mid Staffs'. *Nurs Stand* 2017;*31*:7–8 http://dx.doi.org/10.7748/ns.31.29.7.s3.
12. Department of Health. *Compassion in practice; nursing, midwifery and care staff, our vision and strategy.* Available at: ⟨https://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf⟩; 2012.
13. Department of Health. *Compassionate care in the NHS*; 2015. Available at ⟨https://www.gov.uk/government/publications/2010-to-2015-government-policy-compassionate-care-in-the-nhs⟩.
14. Duarte J, Gouveia PJ, Cruz B. Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: a cross-sectional study. *Int J Nurs Stud* 2016;60: 1–11 http://dx.doi.org/10.1016/j.ijnurstu.2016.02.015.
15. Durkin M, Beaumont E, Martin CJH, Carson J. A pilot study exploring the relationship between self-compassion, self-judgement, self-kindness, compassion, professional quality of life and wellbeing among UK nurses. *Nurses Educ Today* 2016;46: 109–114 http://dx.doi.org/10.1016/j.nedt.2016.08.030.
16. Egan H, Mantzios M, Jackson C. Health practitioners and the directive towards compassionate healthcare in the UK: exploring the need to educate health practitioners on how to be self-compassionate and mindful alongside mandating compassion towards patients. *Health Prof Educ* 2016 http://dx.doi.org/10.1016/j.hpe.2016.09.002.
17. El Ansari W, Stock C, Mikolajczyk RT. Relationships between food consumption and living arrangements among university students in four European countries-a cross-sectional study. *Nutr J* 2012;*11*:28 http://dx.doi.org/10.1186/1475-2891-11-28.
18. Francis. *The Mid Staffordshire NHS Foundation Trust Public Enquiry*. Available at ⟨http://www.midstaffspublicinquiry.com/⟩; 2013.
19. Fernandes JC, Portela LF, Rotenberg L, Griep RH. Working hours and health behaviour among nurses at public hospitals. *Rev Lat-Am De Enferm* 2013;*21*:1104–1111 http://dx.doi.org/10.1590/S0104-11692013000500013.

Please cite this article as: Egan H, et al. 'You Before Me': A Qualitative Study of Health Care Professionals' and Students' Understanding and.... *Health Professions Education* (2018), https://doi.org/10.1016/j.hpe.2018.07.002

20. Guion LA, Diehl DC, McDonald D. *Triangulation: eStablishing the Validity of Qualitative Studies*. University of Florida IFAS Extension; 2011. ⟨http://edis.ifas.ufl.edu/pdffiles/FY/FY39400.pdf⟩.
21. Heffernan M, Quinn Griffin MT, McNulty SR, Fitzpatrick JJ. Self-compassion and emotional intelligence in nurses. *Int J Nurs Pract* 2010;*16*:366–373 http://dx.doi.org/10.1111/j.1440-172X.2010.01853.x.
22. Howitt D. *Introduction to Qualitative Methods in Psychology*, 2nd ed., Harlow, UK: Pearson; 2013.
23. Keogh K. Eat well, nurse well survey reveals stress at work leads to poor diets. *Nurs Stand* 2014 http://dx.doi.org/10.7748/ns.29.8.7.s2. [7-7].
24. Keogh K. Shift work and vending machines to blame for poor workplace diet: nurses are struggling with their weight as the pressures of the job little time for healthy eating, a nursing standard survey reveals. Kat Keogh reports. *Nurs Stand* 2014;*29*: 14–15 http://dx.doi.org/10.7748/ns.29.8.14.s19.
25. King K, Vidourek R, Schwiebert M. Disordered eating and job stress among nurses. *J Nurs Manag* 2009;*17*: 861–869 http://dx.doi.org/10.1111/j.1365-2834.2009.00969.x.
26. Kneafsey R, Brown S, Sein K, Chamley C, Parsons J. A qualitative study of key stakeholders' perspectives on compassion in healthcare and the development of a framework for compassionate interpersonal relations. *J Clin Nurs* 2016;*25*: 70–79 http://dx.doi.org/10.1111/jocn.12964.
27. Longhurst C. Compassion fatigue in palliative nursing is due to understaffing. *Nurs Stand* 2015 http://dx.doi.org/10.7748/ns.30.4.9.s8. [9 -9].
28. Luszczynska A, Haynes C. Changing nutrition, physical activity and body weight among student nurses and midwives. *J Health Psychol* 2009;*14*: 1075–1084 http://dx.doi.org/10.1177/1359105309342290.
29. Mantzios M. Exploring the relationship between worry and impulsivity in military recruits: the role of mindfulness and self-compassion as potential mediators. *Stress Health* 2014;*30*: 397–404http://dx.doi.org/10.1002/smi.2617.
30. Mantzios M, Egan HH. On the role of self-compassion and self-kindness in weight regulation and health behavior change. *Front Psychol* 2017;8:229.
31. Mantzios M, Wilson JC. Making concrete construals mindful: a novel approach for developing mindfulness and self-compassion to assist weight loss. *Psychol Health* 2014;*29*: 422–441 http://dx.doi.org/10.1080/08870446.2013.863883.
32. Mantzios M, Wilson JC. Exploring mindfulness and mindfulness with self-compassion-centered interventions to assist weight loss: theoretical considerations and preliminary results of a randomized pilot study. *Mindfulness* 2015;*6*:824–835 http://dx.doi.org/10.1007/s12671-014-0325-z.
33. Mantzios M, Wilson JC. Mindfulness, eating behaviours, and obesity: a review and reflection on current findings. *Curr Obes Rep* 2015;*4*:141–146 http://dx.doi.org/10.1007/s13679-014-0131-x.
34. McLean L, Tingley M, Scott RN, Rickards J. Computer terminal work and the benefit of microbreaks. *Appl Ergon* 2001;*32*: 225–237 http://dx.doi.org/10.1016/S0003-6870(00)00071-5.
35. Miller JG, Bersoff DM. Cultural influences on the moral status of reciprocity and the discounting of endogenous motivation. *Pers Soc. Psychol Bull* 1994;20:592–602.
36. Moore A. The NHS in crisis: with services reported to be at breaking point, it is clear the NHS is struggling to cope with demand. But what is driving the crisis? Alison Moore looks at the facts behind the headlines. *Nurs Stand* 2017;31: 18–21 http://dx.doi.org/10.7748/ns.31.29.18.s22.
37. Neall RA, Atherton IM, Kyle RG. Nurses' health-related behaviours: protocol for a quantitative systematic review of prevalence of tobacco smoking, physical activity, alcohol consumption and dietary habits. *J Adv Nurs* 2015;*71*: 197–204 http://dx.doi.org/10.1111/jan.12739.
38. Neff KD. The development and validation of a scale to measure self-compassion. *Self Identity* 2003;*2*: 223–250 http://dx.doi.org/10.1080/15298860309027.
39. Neff KD. Self-compassion: an alternative conceptualization of a healthy attitude toward oneself. *Self Identity* 2003;*2*: 85–101 http://dx.doi.org/10.1080/15298860309032.
40. NHS. Leading Change, Adding Value; A Framework for Nursing, Midwifery and Care Staff; 2016. Available at ⟨https://www.england.nhs.uk/leadingchange/⟩.
41. NHS Health Education. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe Sustainable and productive staffing; 2016. Available at ⟨https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf⟩.
42. Nursing and Midwifery CouncilAnnual Equality and Diversity report; 2015-16. Retrieved from: ⟨https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/equality-and-diversity-report-2015-16.pdf⟩.
43. Perry L, Gallagher R, Duffield C, Sibbritt D, Bichel-Findlay J, Nicholls R. Does nurses' health affect their intention to remain in their current position?. *J Nurs Manag* 2016;24: 1088–1097 http://dx.doi.org/10.1111/jonm.12412.
44. Phipps FEM, Whitney E, Meddings F, Evans M. Embedding the 6 cs: problem-based learning the Bradford way. *Br J Midwifery* 2015;*23*: 330–335 http://dx.doi.org/10.12968/bjom.2015.23.5.330.
45. Power BT, Kiezebrink K, Allan JL, Campbell MK. Understanding perceived determinants of nurses' eating and physical activity behaviour: a theory-informed qualitative interview study. *Biomed Cent Obes* 2017;*4*:18 http://dx.doi.org/10.1186/s40608-017-0154-4.
46. Radivo M, Pucer P, Vatovec TP. Dietary habits and physical activity of students in the primorska-notranjska region. *Obz Zdr Nege* 2016;*50*:316http://dx.doi.org/10.14528/snr.2016.50.4.114.
47. Richardson C, Percy M, Huges J. Nursing therapeutics: teaching student nurses care, compassion and empathy. *Nurse Educ today* 2015;*35*:1–5http://dx.doi.org/10.1016/j.nedt.2015.01.016.
48. Rios-Risquez IM, Garcia-Izquierdo M. Patient satisfaction, stress and burnout in nursing personnel in emergency departments: a cross-sectional study. *Int J Nurs Stud* 2016;59: 60–67 http://dx.doi.org/10.1016/j.ijnurstu.2016.02.008.
49. Rogers AE, Hwang WT, Scott LD. The effects of work breaks on staffnurse performance. *J Nurs Adm* 2004;*34*: 512–519 http://dx.doi.org/10.1097/00005110-200411000-00007.
50. Ross A, Bevans M, Brookes TA, Gibbons S, Wallen GW. Nurses and health-promoting behaviours: knowledge may not translate into self-care. *AORN J* 2017;*105*:267–275 http://dx.doi.org/10.1016/j.aorn.2016.12.018.
51. Scammell J. Should I stay or should I go? Stress, burnout and nurse retention. *Br J Nurs* 2016;*25*: 990 http://dx.doi.org/10.12968/bjon.2016.25.17.990.
52. Scott G. Equipment and staffing are vital to 6Cs' success. *Nurs Stand (R Coll Nurs (Gt Br): 1987)* 2013;*28*(3) http://dx.doi.org/10.7748/ns2013.12.28.14.3.s1.

Please cite this article as: Egan H, et al. 'You Before Me': A Qualitative Study of Health Care Professionals' and Students' Understanding and.... *Health Professions Education* (2018), https://doi.org/10.1016/j.hpe.2018.07.002

53. Skipper JK, Jung FD, Coffey LC. Nurses and shiftwork: effects on physical health and mental depression. *J Adv Nurs* 1990;*15*: 835–842 http://dx.doi.org/10.1111/j.1365-2648.1990.tb01915.x.
54. Spanos D, Hanket C, R. The habitual meal and snacking patterns of university students in two countries and their use of vending machines. *J Hum. Nutr Diet* 2010;*23*: 102–107 http://dx.doi.org/10.1111/j.1365-277X.2009.01005.
55. Stevens S. . Simon Stevens announces major drive to improve health in NHS workplace. NHS England; News; 2015. Available from: ⟨https://www.england.nhs.uk/2015/09/nhs-workplace/⟩.
56. Strauss C, Taylor LB, Gu J, Kuyken W, Baer R, Jones F, Cavanagh K. What is compassion and how can we measure it? A review of definitions and measures. *Clin Psychol Rev* 2016;*47*: 15–27 http://dx.doi.org/10.1016/j.cpr.2016.05.004.
57. Timmins F, Corroon AM, Byrne G, Mooney B. The challenge of contemporary nurse education programmes; perceived stressors of nursing students: mental health and related lifestyle issues. *J Psychiatr Ment Health Nurs* 2011;*18*: 758–766 http://dx.doi.org/10.1111/j.1365-2850.2011.01780.x.
58. Watson H, Whyte R, Schartau E, Jamieson E. Survey of student nurses and midwives: smoking and alcohol use. *Br J Nurs* 2006;*15*: 1212–1216http://dx.doi.org/10.12968/bjon.2006.15.22.22557.
59. Witkoski A, Dickson VV. Hospital staff nurses' work hours, meal periods, and rest breaks: a review from an occupational health nurse perspective. *AAOHN J* 2010;*58*: 489–497 http://dx.doi.org/10.3928/08910162-20101027-02.
60. Wong H, Wong MCS, Wong SYS, Lee A. The association between shift duty and abnormal eating behavior among nurses working in a major hospital: a cross-sectional study. *Int J Nurs Stud* 2010;*47*: 1021–1027 http://dx.doi.org/10.1016/j.ijnurstu.2010.01.001.
61. Yarnell LM, Stafford RE, Neff KD, Reilly ED, Knox MC, Mullarkey M. Meta-analysis of gender differences in self-compassion. *Self Identity* 2015;*14*(5):499–520.
62. Yoder E. Compassion fatigue in nurses. *Appl Nurs Res* 2010;*23*: 191–197 http://dx.doi.org/10.1016/j.apnr.2008.09.003.

Please cite this article as: Egan H, et al. 'You Before Me': A Qualitative Study of Health Care Professionals' and Students' Understanding and.... *Health Professions Education* (2018), https://doi.org/10.1016/j.hpe.2018.07.002