A Hermeneutic Phenomenological Study to explore how Nurse Educators make meaning of compassion and understand its role in their professional practice in a Higher Education Institution in the United Kingdom

A thesis submitted in partial fulfilment of the requirements of Kingston University in partnership with the University of Roehampton for the degree of Doctor of Education

by

Gemma HURLEY

Declaration of authorship

I, Gemma Hurley declare that no part of the thesis has been submitted for a comparable academic award at any university and that the work presented is entirely my own. The range of literature that I have called upon are appropriately referenced.

Gemma Hurley

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Abstract

Introduction

There is a national and international supposition from public and professional arenas that compassion is pivotal to nursing practice. In the United Kingdom (UK), the traditional images of compassionate nursing that espoused caring acts to relieve others' suffering is currently juxtaposed with concerns raised over sub-standard nursing care, linked to their seeming decline of compassion. Consequently, there has been a professional and political call for nurse education to cultivate and sustain compassion in nursing. As a nurse educator myself, I am curious to understand how compassion could be developed through education. Interpreting the meaning of compassion is complex and open to multiple interpretations that is causing ambiguity in nurse education. This study aimed to explore how nurse educators make meaning of compassion through their lived experiences in one Higher Education Institution (HEI) in the UK. In doing so, the study seeks to understand how the nurse educators' meaning of compassion informs their professional practice.

Methodology and Methods

Hermeneutic phenomenology was the methodological approach used to guide this professional practice research involving nurse educators from one Higher Education Institution in the south-east of England. Phenomenologically informed semi-structured interviews were undertaken with twelve nurse educators who were recruited through purposive sampling. They were invited to share their everyday experiences about compassion. Data analysis and interpretation were guided by Heideggerian and Gadamerian philosophical notions to uncover meanings of these

everyday experiences. The neo-Aristotelian theoretical perspective of compassion proposed by Nussbaum (2001) offered another vantage point in seeking meaning from the nurse educators' stories. Interpreting the data from these various horizons of thinking revealed rich meanings from the nurse educators' everyday encounters.

Unconcealment (Findings)

The findings termed 'unconcealment' indicate that nurse educators share a fundamental concern for Being-with their peers, students, managers and the university that is interpreted as compassion. Whilst they understand emotions are a necessary part of compassion, it is avoided or delayed in their professional and teaching practices as a means of protecting students and their own feelings of vulnerability. In addition, the study highlights that the nurse educators do not feel knowledgeably prepared for addressing students' personal emotions for facilitating compassion. Furthermore, the relational, structural and normative processes in the university, combined with their background experiences of nursing, create tensions in understanding compassion. These colliding views on compassion include uncertainty over their professional identity, professional boundaries, support for students and ways of engaging with each other that are interpreted as compassion or lack of compassion. Nevertheless, because the nurse educators understand compassion is significant, there are attempts to settle their differing perspectives and develop compassion in their pedagogical practices. The findings also reveal a dynamic play of moments grasped, missed or negotiated in response to others' suffering that are interpreted as compassionate or uncompassionate by those who

are distressed. Based on the findings, there is an assertion that emotional intelligence is intertwined in compassion as the ability to grasp opportune moments for responding to others' suffering necessitates self-awareness and recognising and understanding others' emotions. There is an understanding that it is not always possible to grasp such felt moments due to practical issues and, as such, a negotiated time is planned to Be-with and is interpreted as compassion. The study's distinct knowledge contribution has implications for nurse education and proposes further training and support is needed for nurse educators to understand and develop compassion in their professional and pedagogical practices.

Table of Contents

Acknowledgements

I would like to express my deepest gratitude to the nurse educators (my colleagues) who gave up their time and openly shared their stories of compassion. I feel truly privileged, because of their trust, honesty and willingness to talk about their lived experiences that were often sensitive, thus giving me a rich understanding of the meaning of compassion.

I am sincerely indebted and thankful to my supervisors, Dr John Hammond and Professor Kathy Curtis, who were continuously guiding, actively listening and urging thinking throughout my research journey. Their patience and kindness, combined with their unique expertise and intelligibility, gave me the confidence to explore and question varying perspectives during those enjoyable and invaluable supervisory conversations.

I also wish to thank the teaching team on the Ed.D. programme: Dr Ruth Wood and Dr Anthony Thorpe who offered a safe space during those weekend classes to critically discuss my research ideas and furthered my thinking through sharing their knowledge and expertise. I am especially grateful to Professor Keith Grieves who has since retired; for his gentle way of encouraging me to feel comfortable with what is perplexing, and for his knowledgeability in helping me untangle the particularities of my research endeavour at the initial stage of the study. A special thanks to my fellow Ed.D. colleagues, for engaging in critical conversations and encouraging me to pursue this study, when at times it felt overwhelming.

To my husband, Gavin, I give my heartfelt thanks for his unwavering support and belief in me, who quietly accepted my neglect of our time and whom I drew strength from as he understood my fervour to undertake this study. I am inspired by my sons Richard and Ross, who always showed careful concern and made time to listen, debate and exchange their technical, moral and philosophical knowledge. My sisters Laura and Florence, who were always there to humour and to remind me to celebrate small achievements such as writing 1000 words and then saying it in 100 words in my thesis. In particular, this study would not have been instigated without recollections of my earliest experiences of compassion; scaffolded by her unspoken, gentle, deliberate, presence – Ma, Thank you.

List of Tables

List of Figures

Appendices

Chapter 1: Introduction to the Study

'One's life has value so long as one attributes value to the life of others, by means of love, friendship, indignation, compassion'

(Simone de Beauvoir, 1970)

1.1 Introducing the study and outlining its structure

This study presents the meaning making of compassion that is interpreted through the lived experiences of nurse educators within a Higher Education Institution (HEI) in the United Kingdom (UK). A hermeneutic phenomenological approach is used to capture the uniqueness of the experience and invites the reader to contemplate how such interpretations might resonate with themselves or can be related to other contexts.

In this chapter, my discussion starts by providing the background information that sets the scene for the study and brings into focus the vexed issue of compassion in nurse education. As the focus and impetus for the study originates from my personal and professional experiences, it is necessary that I clarify my position as a nurse and nurse educator and its implications for undertaking this study. The context in which the study takes place is outlined with a focus on the pre-registration nursing programme explained. I then present the socio-political drivers that are shaping the public and professional expectations of compassion and the responsibilities apportioned to nurse education. Presenting these varying vantage points justifies the rationale and offers a strong case for this study where its architecture is firmly underpinned by public, professional and personal matters of concern. It brings into focus the study's questions and objectives. Terms used interchangeably throughout

the text will be clarified and at the end of this chapter I give a brief synopsis of the study's structure. Throughout the study, I use examples of my poetry and prominent philosophers' quotes to reflect, question, provoke thinking and re-interpret the meaning of compassion contemplated from varying perspectives.

1.2 Background of the study

The study is focused on finding out how nurse educators make meaning of compassion through their lived experiences in a university within the UK. Whilst compassion is appreciated in all caring professions (Carr, 2011), the literature emphasises that compassion is the 'most precious asset of the nursing profession' (Schantz, 2007, p.48), and is a 'moral practice' and a professional responsibility (Newham *et al.,* 2019, pp.106-107). Additionally, whilst writing up this study, the world faced new challenges with Covid-19, and the centrality of compassion in nursing was reinforced by Dame Donna Kinnair at the Royal College of Nursing (RCN), who stated that 'nursing staff are revered for their heart and compassion that's a core part of our job'(Kinnair, 2020, p.3).

The International Nursing Code of Ethics (2012) identifies compassion as a core value in nursing and thus the literature demonstrates a worldwide expectation that the ethos of nursing is underpinned by compassion. In a critical analysis of peer-reviewed literature, McCaffrey and McConnell (2015, p.3008) suggest that compassion consists of two distinctive elements that involves 'an awareness of another's distress and the motivation to relieve it'. The ability to recognise others' distress relates to empathy and has been used interchangeably (Jeffrey, 2016), but

McKinnon (2018) purports that compassion and empathy used synonymously could obscure the unique differences between the two concepts. Therefore, further exploration of compassion and empathy is later discussed.

Whilst compassion is said to be at the heart of nursing, there have been claims of its seeming demise in the profession with repeated claims of neglect, abuse and overall poor-quality care (Francis Report, 2013; Keogh Report, 2013 and Care Quality Commission (CQC) Report, 2019). I am concerned that numerous evidencing of sub-standard care is attributed to a perceived decline in compassion amongst the nursing profession. In response to such reports, scholarly opinions have indicated that nurses are compassionate, but they are emotionally fatigued, and so the humanistic aspects of care may go unnoticed (Sellman, 2011; Bray *et al.*, 2014; Ledoux, 2015). In addition, research is demonstrating that student nurses are feeling increasingly vulnerable and stressed (Curtis, Horton and Smith, 2012; Jack, 2017).

In light of these growing concerns, nurse educators have been charged with the responsibility of recapturing compassion in nursing through providing high-quality education (Willis, 2012; 2015). The literature demonstrates the complexity in understanding what compassion means in differing contexts, leaving a gap in our understanding of how the lived experience of compassion is interpreted in the context of nurse education. This could mean that the nature of students' concerns or specific challenges experienced in education might not fully be explored or understood. Furthermore, I postulate that a lack of consensus about the meaning of

compassion in education can lead to inconsistency and inequality in how students and peers are supported.

Although compassion is propounded as central to nursing from a public, political and professional perspective and is a term used repeatedly, many people do not explain what they mean and consequently audiences make up their own interpretations. This lack of clarity on the meaning of compassion presses the need for my study if nurse educators are to facilitate it in a way that is consistently and clearly articulated in the curricula.

1.3 Personal professional perspectives driving the study as a nurse and nurse educator

In this section, I discuss my personal professional experiences that provide the basis for this study. I first tell through poetic reflection of my presupposition of compassion as I think of my mother in Figure 1.1 entitled ‘Ma’:

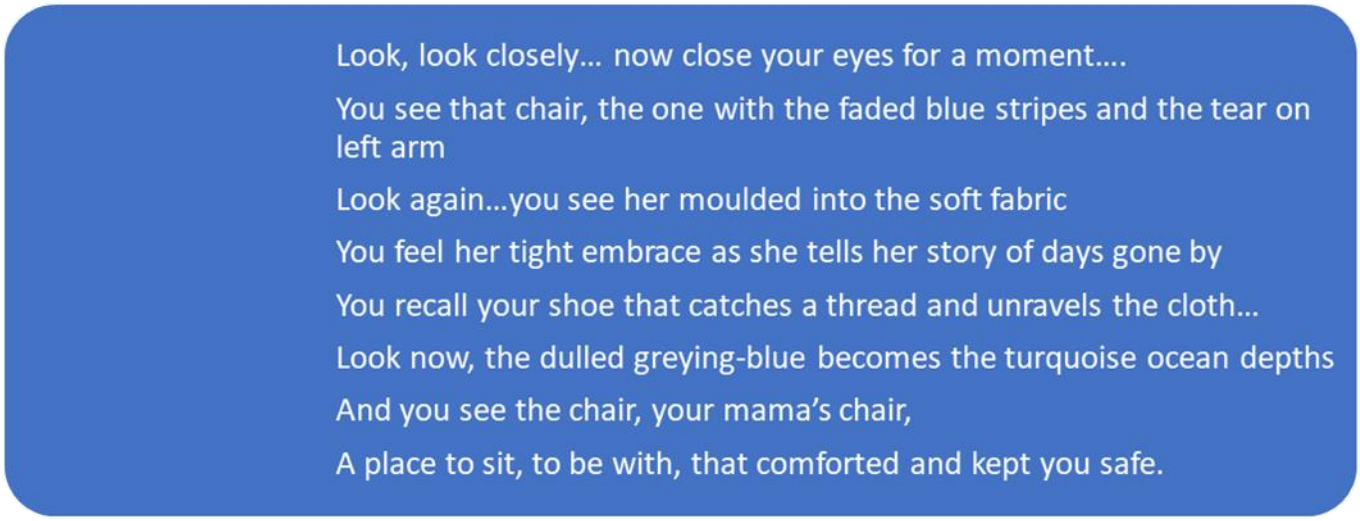

Figure 1.1: Ma

My early experiences as a student nurse in the late 1980s were influenced by my personal understanding of compassion. I believed that compassion meant establishing close relationships with patients and their families that offered feelings of solace, comfort and safety. This was often in tension with how I was taught to control my feelings, behaviours and attitudes as role modelled by senior nursing staff such as ward sisters and nurse tutors. On numerous occasions I recall being told, *'you are getting too close', 'you need to maintain professional boundaries'* and emphasis was placed on learning clinical tasks over spending time with the patient. The tension between my personal beliefs of compassion were at odds with the professional expectations of being a nurse that shrouded a constant disquiet within self.

Working in a busy surgical ward as a newly qualified nurse offered me extensive opportunities for mastering technical competencies in pre- and post-operative care with limited opportunities to sit and talk with patients. I had presumed that my alienated feelings of deficiency would resolve as I qualified, but in the busyness of meeting surgical schedules there seemed even less opportunities for compassionate practice. This experience influenced my reason for entering midwifery training as it proposed to offer opportunities for caring through human relationships. Whilst my midwifery experience was deeply rewarding and I have fond memories of caring for women and their families, I still wanted to be a nurse. I held a strong desire to offer 'nursing' care for those in need through forming compassionate relationships. Being a feminist, I am influenced by role models such as my mother, and pioneers of

nursing such as Florence Nightingale and Mary Seacole (Brooks and Hallett, 2015; Mary Seacole Trust, 2021).

I decided to work as a nurse in General Practice as this area of practice seemed to accommodate the chance of getting to know the patients within the context of their world. Working in primary care settings for over twenty years has been rewarding as it has fulfilled my desire for building and sustaining compassionate relationships. However, developing holistic relationships involve a continuous balancing of technical and emotional aspects of care that is further complicated by reduced consultation times, increasing complexity in care and a marketised healthcare culture (Baird *et al.,* 2016). It is not the focus of my study to explore the challenges in practice that impacts on compassionate care as there is extant research in this area. I am merely pointing out how my practice as a nurse has shaped my understanding of compassion and is influencing the focus of the study. My role in nursing included practice education and the opportunity to mentor students was something that I particularly enjoyed.

In 2006, I became a nurse educator in the university and my role has involved teaching across pre- and post-registration nursing programmes. I have held additional roles such as a personal tutor and link lecturer in pre-registration nursing, providing pastoral care for students and supporting them and their mentors in practice placements. There were many occasions that I lacked clarity on how best I should support students who faced personal and professional challenges. There were times that I felt I had assumed the role of ‘nurse’ and the student became my

‘patient’ and the boundaries of nursing and nurse educator became somewhat blurred. In some instances, I felt overwhelmed with the responsibility of supporting students and I often berated myself for becoming ‘too close’. I can clearly recall the student in my personal tutor group who experienced the sudden death of her husband and was left with several young children. I spent extensive time with this student that extended beyond the times allocated for personal tutorial support. My support for this student was rewarded by seeing her enter the nursing register. Even though my responsibility of being her personal tutor had ended, I continued to support her during her post-registration studies. Whilst such experiences have been rewarding, there are numerous questions that unsettle, perplex and trouble my understanding of compassion in nurse education. For example, how are boundaries defined in compassionate professional relationships, how are feelings managed in such relationships and what is it in my professional experience that is understood as compassion? My professional dilemma, combined with recurrent reports (Francis, 2013; Keogh, 2013) that suggested the waning of compassion in nursing, fuelled conversations with my peers on their understanding of compassion. Such discussions surfaced multiple descriptions of compassion defined as acts, feelings, behaviours and attitudes that were often related to the Nursing and Midwifery Council’s (NMC, 2010) educational standards and professional Code (NMC, 2015). Instead of securing my understanding of compassion and how it is developed in nurse education, there was a gnawing sense of uncertainty about what compassion means in this context. I examined the university’s pre-registration nursing programme that is aligned to the NMC’s (2010) standards for pre-registration nurse

education and the professional Code (2015) and I highlight the key issues relevant to the study in the next section.

1.4 The university's BSc pre-registration nursing programme in relation to NMC's educational standards and the professional Code

At the time of conducting my study in 2018, the university's BSc pre-registration nursing programme was designed around the NMC's (2010) standards for pre-registration nursing education and the NMC's professional Code (2015) that promulgates compassion. The programme outcomes were underpinned by the four domains of the NMC's (2010) standards for competency framework to prepare nurses for compassionate patient-centred care:

- Professional values
- Communication and Interpersonal Skills
- Nursing Practice and Decision making
- Leadership, management and teamworking.

These domains outline the competencies that students will demonstrate and compassion is a requisite repeatedly documented within this framework. Although it is not explicitly stated what compassion means in the NMC's (2010, p.15) standards, expectations such as 'empathy' and forming 'therapeutic relationships' with service users are competencies aligned to compassion. Further guidance is offered through the essential skills cluster provided in the NMC (2010) standards but how it is incorporated into programmes is left to the university's autonomy. The particular skills cluster for 'care, compassion and communication' seem to associate kindness,

‘appropriate use of touch’ and ‘emotional comfort’ as elements of compassion but it is not certain what this means nor how it should be taught and assessed (NMC, 2010, p.109). Furthermore, whilst the NMC’s (2010) standards indicate that forming relationships with people is a necessary part of compassion, Curtis (2014, p.211) highlights that it is not entirely clear what determines ‘appropriate relationships’. It is therefore necessary for this study to explore how nurse educators are interpreting such terms used in the NMC’s (2010) educational standards in their pedagogical practices and how they are preparing students for the emotional needs associated with compassion.

The university shares joint responsibility with practice partners for teaching and assessing the knowledge and skills for compassion through taught modules in the classroom and the use of a practice assessment document (PAD) in practice placements. The pan-London PAD was developed collaboratively with several local universities and practice partners and approved by the NMC. It is used by mentors in practice placements to assess students’ professional values and essential skills. Personal tutors support and monitor students’ progress, and in their role as link lecturers, they support mentors to help students achieve their competencies in the PAD. There are clear expectations set out in the NMC’s standard for supervision and assessment (NMC, 2008; NMC, 2018a) that nurse educators will engage in continuing professional development to fulfil their teaching and assessment responsibilities. However, it is not entirely clear as to what type of preparation and on-going training nurse educators should access in order to support students and mentors for compassionate practice. This study will be attentive to how nurse

educators prepare and develop their practice to support mentors and students for achieving ‘compassion’ as expected from the NMC’s (2010) educational framework.

After the collection of my data, new standards for pre-registration nursing programmes were published and compassion still features strongly in them (NMC, 2018a, c, d) and the revised professional Code (NMC, 2018b), and these now underpin the current pre-registration nursing programme at the university, reiterating my study’s relevance.

1.5 Socio-political perspectives of compassion related to nurse education

The National Health Service (NHS) Constitution (Department of Health and Social Care (DHSC), 2021) espouses compassion as one of its key values central to the ethos of NHS healthcare and is expected from all healthcare practitioners. In addition, the Chief Nursing Officer (CNO) for England emphasised the necessity for compassion from all NHS healthcare practitioners and promulgated the ‘6Cs’: ‘Care, Compassion, Competence, Communication, Courage and Commitment’ (Department of Health (DH), 2012, p.5). Bradshaw (2016) explains how the 6Cs are similar to Roach’s (2002) theory of caring that associated compassion with the moral virtues and an inner impetus to care. Bradshaw (2016) argues that as the CNO’s policy on the 6Cs did not explicitly refer to Roach’s theory on caring, it has the effect of commodifying these values and dehumanising care. The risk of dehumanising care is linked to the reports on sub-standard care (Francis Report, 2013; Keogh Report, 2013) and associated with the apparent decline in nurses’ compassion. It is

necessary to find out how nurse educators interpret the expectations of the NHS Constitution and 6Cs in their pedagogical practices. In particular, it is necessary to understand the knowledge forms nurse educators use to teach compassion and how the humanistic aspects of compassion are featuring in their professional practice. The next section draws on the personal, professional and socio-political perspectives discussed to frame the study's questions and aims.

1.6 The study's questions and aims

I have explained the tensions that have arisen between my personal, professional and the wider socio-political perspectives of compassion that have led to ambiguity on how it is interpreted in nurse education. Therefore, the study's overarching question is as follows:

- How do nurse educators make meaning of compassion and understand its role in their professional practice in a UK HEI?

In addition, as I have explained earlier, dialogic engagement with my peers revealed that they readily understood and described compassion as part of their professional practice. However, it was unclear what particular experiences in their professional practices are interpreted as compassion. The nurse educators' varying perspectives of compassion gave rise to further confusion over how it is developed in their pedagogical practices. Consequently, it is important for the study to focus on the following questions:

- How do nurse educators make meaning of compassion?
- What are nurse educators' lived experiences of compassion in a UK HEI?

- How do nurse educators perceive the meanings of compassion are influencing their pedagogical practices in a UK HEI?

If nurse educators are to prepare students for compassionate care that is sustainable alongside dealing with the challenges in practice, interpreting the phenomenon needs to be clarified beyond theoretical descriptions, and meaning that is 'lived' should be sought. Therefore, the study's overall aims are:

- To illuminate and gain an in-depth understanding of the meaning of compassion through nurse educators' ways of being within a UK HEI.
- To explore how nurse educators feel their meaning of compassion might influence their pedagogical practices for facilitating and sustaining compassion within student nurses.
- To explore and understand how nurse educators' lived experiences of compassion might inform their professional practice in a UK HEI.

1.7 Clarifying terminologies

The following terms presented in Table 1.1 show the words that have been used interchangeably in this study but refer to the same meaning and arose from my wide reading of the literature:

Table 1.1: Terms used interchangeably

Terms used interchangeably	Meaning relevant to this study
Higher Education Institution (HEI) and University	Educational institutions providing pre- and post-registration degree qualifications

Nurse educators, nurse lecturers, nurse tutors and NMC teachers	Registered nurses who are qualified to teach on nursing programmes in universities
Thesis, study	A dissertation based on research

1.8 Structure of the thesis

This section gives an overview of the thesis that briefly describes the content of each chapter.

1.8.1 Chapter 1

In this chapter, I highlight my position in this study and give my personal and professional reasons alongside the wider socio-political perspectives for undertaking the study. I explain how, as a nurse educator, I am concerned about the ambiguity over the meaning of compassion and seek understanding through nurse educators' experiences within a UK HEI. Terms used interchangeably within the thesis are clarified.

1.8.2 Chapter 2

In Chapter 2, I undertake a hermeneutic phenomenological review of the literature that is contextual to compassion in nurse education. I engage dialogically with the literature and contemplate how existing research relates to the study's questions and my own experiences as a nurse and nurse educator. I identify any gaps in the literature that necessitate my study and the extant literature that informs the study's questions.

1.8.3 Chapter 3

This chapter explains the methodological choice, method used and theoretical perspectives that informs the study. I explain my worldview as an interpretivist/constructivist and reasons for choosing hermeneutic phenomenology

that enables hidden meanings to surface from everyday experiences. The study is guided by some of the philosophical notions propounded by Heidegger and Gadamer that offer rich perspectives on interpreting the meaning of compassion contextual to nurse education. In addition, a Neo-Aristotelian theoretical perspective of compassion espoused by Nussbaum (2001) deepens the understanding of the study's findings. Reflexivity and ethical considerations are provided in this chapter.

1.8.4 Chapter 4

Chapter 4 discusses the findings that I term 'Unconcealment' to uncover the meanings from the nurse educators' experiences. Extracts are used from the nurse educators' stories to explain 'my' interpretations that are informed by the philosophical and theoretical concepts proposed. The phenomenological themes and emergent meanings that reveal rich understandings to the study's questions are discussed.

1.8.5 Chapter 5

In this chapter, the study's questions and aims are reiterated in relation to the phenomenological themes. The interpretations uncovered in Chapter 4 are discussed in relation to the wider research, policy and professional standards.

1.8.6 Chapter 6

The contribution to new knowledge is presented and its implications for nurse education is considered. The recommendations made share joint responsibility for myself as a nurse educator, for the university in which the study took place and for wider professional consideration. The study's limitations are acknowledged and opportunities for future research are proposed.

1.9 Chapter Summary

In this chapter, I locate myself in the study and justify the reasons for undertaking it that are accounted from personal, professional and socio-political perspectives. I clarify the terminologies used synonymously throughout the thesis and provide an outline of how the work is organised.

Chapter 2: Re-viewing the Literature

> *'The gentle encounter with the otherness of world, text, other and self, addresses the fundamental hesitation needed for the beginning phenomenological writer to be sufficiently attentive to the ruptures, contradictions and twists of language, seeing and writing'* (Saevi, 2013, p.8 in Crowther and Thomson, 2020, p.5).

2.1 Introduction

This chapter explores the literature on what is known about compassion in the context of the study's questions. I was grappling with the ambiguous meanings of compassion and how its interpretation is influencing nurse educators' teaching practices in the university. I want to understand what are the prominent concerns that are contributing to nurse educators' meaning making of compassion in this HEI. Therefore, I orientated the literature review to understand how nurse educators experience and interpret the meaning of compassion in the context of nurse education. I was attentive to how the experiences of compassion described in nursing practice is informing the architecture and position of compassion in the pre-registration nursing curricula. Critical review of such literature provides a sound platform for my study that not only clarifies concepts but evaluates the findings and its influences on my methodological approach and data analysis. I will explain how my quest to understand how nurse educators interpret compassion through their lived experiences required participating in a meticulous, open dialogue with the literature and therefore I applied a hermeneutic phenomenological (HP) perspective (Smythe and Spence, 2012). This required an open-ended process of selecting the literature and is transparent through the search strategy I used.

2.2 Literature search strategy

To explore the literature contextual to the study's aims, I required a search strategy that would capture knowledge underpinning nurse educators' meaning of compassion and its influences on their pedagogical practices. Initially, traditional methods such as a systematic review, meta-analysis and meta-synthesis were all considered for conducting the literature review as these approaches are frequented in the health sciences and regarded as structured, rigorous and unbiased methods (Boell and Cecez-Kecmanovic, 2010; Snyder, 2019). However, on further reading and contemplation none of these review methods seemed fitting for this study and my reasons are explained.

Synder (2019) purports that systematic reviews provide findings that are valid and reliable as it adheres to a strict search strategy, the evidence is systematically synthesised and researchers' biases are minimised through their explicit review process. In order to gain a holistic understanding of compassion, I remained open to wider possibilities as I recognised that studies involving human experiences are unpredictable and not fixed (Holloway and Galvin, 2017). Owing to the nature of my research and based on the guidance of several expert researchers (Boell and Cecez-Kecmanovic, 2010; Finfgeld-Connett and Johnson, 2013; Snyder, 2019), I assert that a systematic review was not suitable for this study as I required a search strategy that is iterative and expansive rather than linear and exhaustive. Meta-analysis would not capture the full meaning of compassion if I tried to aggregate and reduce the complexity of human experiences that relate to compassion into a single unit. Furthermore, meta-synthesis that analytically amalgamates qualitative research

that uses various methodologies will provide theoretical understanding of the subject (Zimmer, 2006). However, the study's questions required a cyclical approach to allow deeper analysis of the phenomenon that goes beyond summarising and developing theory.

A hermeneutic framework proposed by Boell and Cecez-Kecmanovic (2010) for searching the literature was applied. This is iterative and appreciates that ultimate understanding is not possible but rather yields deep knowledge of the subject through continuous engagement with the literature during my study's journey. This back-and-forth play with various parts of texts contributes to the whole and vice versa and as more texts are called upon, knowledge is perpetuated (Boell and Cecez-Kecmanovic, 2014). The search strategy was therefore 'a circuitous problem solving process that involved alternating forms of inductive and deductive reasoning, synchronous searching, selecting and discarding, and finally problem formation, fine tuning and confirmation' to ensure an expansive review of the topic was captured (Finfgeld-Connett and Johnson, 2013, p.197). This cyclical process to literature searching described by Finfgeld-Connett and Johnson (2013) is consistent with the iterative search process promulgated by Bates (1989) who suggests a 'berry-picking' and evolving method to allow new conceptions about the query to develop and the search is repeatedly modified a bit at a time to retrieve new information. Booth (2008, p.316) explains that Bates' berry-picking model proposes a wide range of strategies for retrieval of information such as: footnote chasing, citation searching, journal run, area scanning, subject searches in bibliographies, abstracting and

indexing services and author searching. Finfgeld-Connett and Johnson (2013) assert that the multiple strategies used in berry picking for information retrieval reduces the risk of a biased sample. Furthermore, they suggest that searching grey literature such as books, theses and government reports can add to the richness of the data. I was mindful of how my pre-conceptions of compassion may have influenced my decisions about the literature search and my on-going reflexivity was endeavoured as I engaged with the texts. Whilst retrieval of the literature was highly iterative, transparency on how the search strategy was developed is described.

2.2.1 Key terms used for searching the literature

The literature review was centred around the research question so I could discover what extant knowledge there was on the topic. This preliminary search used broad terms such as **'compassion, empathy, sympathy, caring'** that stemmed from my rationale and background information as I browsed the literature. I initially selected review articles as Blair (2006) advises they can introduce particular vocabulary used to describe the phenomenon, disclose reference materials of important research related to the topic and enable the reader to become immersed in the field. As I repeatedly read, questioned and discussed the literature with my peers and supervisors, the key terms in Table 2.1 developed and necessitated repeated searches. Search operators such as 'And' or 'Or' were used to combine the key terms that helped to expand or focus my search strategy.

Table 2.1: Key Search Terms

Compassion	And	Nurse Educators or Nurse lecturers, Nurse Tutors
Compassion	And	Nursing or Nurse Education
Caring	And	Nurse Educators or Nurse lecturers, or Nurse Tutors
Caring	And	Nursing or Nurse Education
Empathy	And	Nurse Educators or Nurse lecturers, or Nurse Tutors
Empathy	And	Nursing or Nurse Education

In keeping with a hermeneutic endeavour, I did not apply a strict search criteria (Boell and Cecez-Kecmanovic, 2010), but rather was attentive to what called out from the literature that fuelled further searches. Searching for relative information required a selective use of databases that is described next.

2.2.2 The databases searched

The initial search strategy used the university's online catalogue 'ICAT' that enabled multiple electronic databases to be searched simultaneously using the broad terms previously mentioned that gave an overview of the subject. Boell and Cecez-Kecmanovic (2010) and Finfgeld-Connett and Johnson (2013) suggest that searching multiple databases widens coverage of the literature and helps to develop an unbiased discussion. Ethos database was invaluable in reading researchers' relevant theses and learning about their methodological approach and findings on

the subject. ‘Google Scholar’ was also searched to capture literature from the wider disciplines and philosophical arena that deepened my interpretation of compassion. As my knowledge on the subject developed, I applied a more focused searching of particular databases: Education Research Complete (EBSCO), Cumulative Index to Nursing and Allied Health Literature (CINAHL) included in EBSCO and Medline to ensure data were not missed and promoted an unbiased discussion of the literature located specifically to healthcare and nursing. The literature search was furthered through a snowballing approach by networking and attending conferences. Citation tracking was also applied to reveal the progress of common debates raised in the literature about compassion within the context of nursing.

To broaden my horizon of understanding about compassion, I read widely and called upon an expansive range of knowledge sources: primary research from both the interpretivist’s and positivist’s realm; opinion papers; poems; novels and philosophical texts. I will explain my approach to how the literature was reviewed.

2.3 Hermeneutic phenomenological review of literature

Smythe and Spence (2012) purport that hermeneutic interpretation of the literature acknowledges the interpreter’s past experiences and current situatedness that influence how the text is critically reflected on. I sought a focused understanding of compassion that related to the study’s questions and as I engaged dialectically with the literature, I thought about how my past experiences related to the text and my present involvement in nurse education. This understanding will be ongoing as I am

guided by Heidegger's (1962) notion of the hermeneutic circle that involves a circular relationship between pre-reflective understanding and interpretation. I included Gadamer's perspective and appreciated that my past experiences informed my presuppositions as I contemplatively questioned and sought answers from the literature and myself (Spence, 2017). Glimpses of my presuppositions are revealed as I think about compassion during a time I was hospitalised as a child and is presented through poetic reflexivity in Figure 2.1 below:

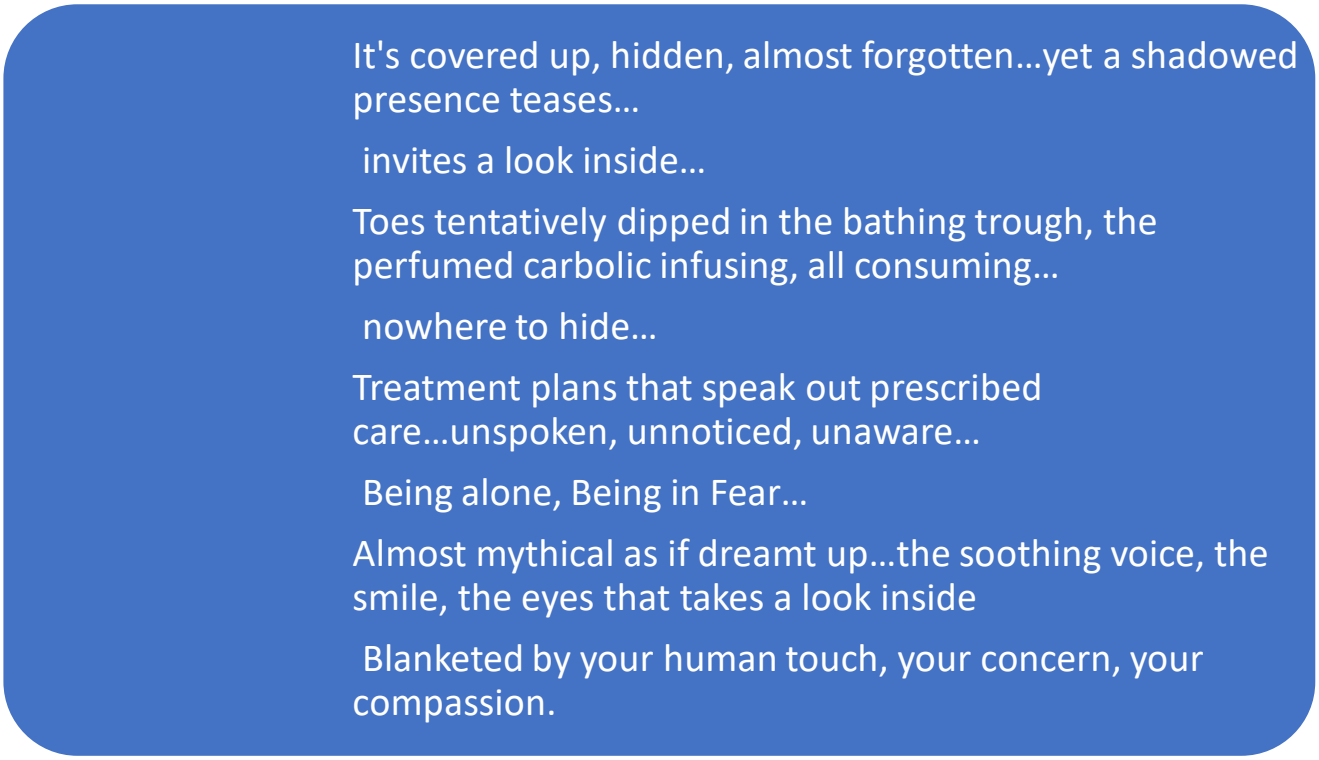

Figure 2.1: Being Hospitalised

Whilst I bring my presuppositions of compassion to the fore, I remain open to critically assessing alternative meaning perspectives. Therefore, no date restrictions

were applied to the literature as I recognised that interpretations of compassion can change through time.

2.4 Salient perspectives of compassion raised in the literature

This literature review explored the key perspectives of compassion that were attentive to my study's questions and are presented in three parts. The first section presents only the key milestones that influenced the meaning of compassion in nurse education as deeper knowledge of the history of nursing can be gleaned from other sources (Dingwall, Rafferty and Webster, 2002). Second, I explore how compassion is experienced and understood in contemporary nursing with its main focus in nurse education. Third, I discuss the central notions related to the meaning of compassion that is featuring prominently in the literature to further foreground my study.

2.5 Evolving perspectives of compassion in nurse education

Historically, compassion was regarded as the 'archetype' of nursing care linked to Florence Nightingale who espoused nursing as a 'calling' that involved altruistic, nurturing acts (White, 2002; Rafferty, 2011; Ledoux, 2015, p.2045). Etymologically, the word compassion stems from Latin *'com'* (together with) and '*pati'* (to suffer) that means to suffer with (Von Dietze and Orb, 2000, p.168). The term 'nurse' itself originates from the Latin word *nutricius* (nurturing) and was portrayed through Nightingale's nurturing actions (Wagner and Whaite, 2010). Straughair (2016) believes that although the word compassion was not used explicitly in Nightingale's

notes (1859), there was an underlying tone of compassion promulgated in the empathetic, caring acts that originated from her Christian values.

Kerfoot's (2012) historical review implied that Nightingale engaged in a spiritual relationship with God to guide her moral acts in serving humanity. Worthington *et al.* (2011, p.205) explain that whilst religious spirituality is associated with closeness to a specific religion, humanistic spirituality involves closeness to humankind. It seems that whilst Nightingale had a close connection to God, she also possessed a humanistic spirituality portrayed through compassionate acts. Arguably, as Western societies are increasingly secularised, it is contended that public spaces such as healthcare should be secular (Paley, 2009). Therefore, this study might uncover if nurse educators' meaning making of compassion are guided by historical religious and spiritual ideals or based on moral, self-expressive values.

The caring acts promulgated by Nightingale were fused with science to raise nursing standards as she formulated the first school of nursing in 1860 (Brooks and Hallett, 2015). Garden (2010) explains that during this time whilst nurses had some authority over the patient's care environment, they were still subordinate to the medical profession who D'Antonio (2004) highlighted were predominantly middle-class males. The systems and structure of power hegemonised by medicine seemed to regulate gender norms so that compassion in nursing was naturally expected from women, aligned with nurturing qualities, and men were viewed as practical leaders (Evans, 2002; Helmstadter, *et al.,* 2011; Brooks and Hallett, 2015). Although exploring gender in relation to compassion in nurse education is not the focus of this

study, it is necessary to understand how compassion has been historically embedded and informs the study on the traditional norms that influence nurse educators' professional practice. The literature offers glimpses of hidden structures and systems of power and social positioning that might have influenced how compassion was experienced. This present study may uncover if or how power might be connected to the moral practices expected in nurse education and which voices are dominant in directing how compassion is featured in the nursing curricula today. The study seeks to advance knowledge by thinking about how the nurse educators' interpretation of compassion may have been shaped by the traditions of nurse education and how it was designed historically.

In summarising this section, compassion seemed to be closely linked to the meaning of nursing that suggests nurturing selfless acts provided mainly by females and based on religious and spiritual ideals. Additionally, control over who entered nursing and how they were educationally prepared were directed by normative expectations and organisational and professional values at that time. As femininity seems to be associated with emotional work that relates to compassion in nursing, it is important to explore how these emotions are experienced and interpreted as compassion.

2.6 Compassion that is emotional work

The control of emotions expected in nursing can be related to Hochschild's (1983) theory of emotional labour that involves the regulation of emotions to reflect an outward appearance in making others feel cared for that aligns with societal norms

and organisational rules. Hochschild (1983) identified that in emotional labour there are times of ‘surface acting’ that requires hiding one’s true feelings and ‘deep acting’ that involves regulation of felt emotions to meet the role’s demands. Hochschild’s description of surface acting and deep acting are closely related to Gross’ (1998) analysis of emotional regulation strategies described as response-focused and antecedent-focused. Gross (1998) explains that the response-focused strategies involve suppression of emotions whilst those that are antecedent-focused use reappraisal techniques to regulate emotions.

If the emotional aspects of care in nursing are reduced to binary acts (surface vs deep), it may not fully address the complexities in human relationships that are more nuanced and varied. My study on compassion in nurse education is completely necessary to explore this complexity that furthers knowledge beyond binary acts and prepare nurses for sustainable compassionate care. It requires the study to find out how nurse educators are interpreting compassion in their pedagogical practices that addresses the intricacies in nursing relational work. Although Hochschild’s theory might be useful in understanding the control of emotions that reflects the organisation’s culture in nursing, Theodosius (2006) argues that it does not expand on the relational nature of emotional work. Hochschild’s theoretical lens was applied to the ethnographic study by Smith (1992) who re-examined her findings in relation to contemporary healthcare in 2012. Smith (2012, p.14) suggests that due to the everyday language of emotional labour incorporated in the discourse of compassion in nursing, the concept has become ‘normalised’ and therefore the relational aspect

of emotional work in nursing remains hidden. It is this normalised talk and tacit view that my study seeks to uncover in the nurse educators' stories that might reveal their meaning of compassion.

Although there seems to be a gap in the literature that focus on nurse educators' experiences of compassion in the UK, there are attempts to explore university lecturers' emotional labour. The mixed method study by Berry and Cassidy (2013) found that emotional labour of 61 lecturers from various faculties in a UK's university was significantly higher compared to other frontline occupations. The study claims that the lecturers' emotional labour of supressing genuine feelings is associated with increasing workload, reduced autonomy and organisational restructuring of universities and could directly impact on students' satisfaction, performance and retention (Berry and Cassidy, 2013). Contrastingly, Msiska *et al.'s* (2014) hermeneutic phenomenological study in the clinical context describes the type of emotional labour associated with compassion as requiring regulation of emotions that is guided by the situation and relates to 'deep acting' (Grandey and Sayre, 2019). Whilst the literature addresses some of the emotional labour associated with emotional avoidance in nurse education, there appears to be a deplete in research that explores how nurse educators regulate and manage their emotional experiences in their meaning making and facilitation of compassion. The research questions have been particularly shaped by the gaps in the literature that seek meaning of compassion from nurse educators' modes of existence.

In concluding this section, it seems that emotional labour plays an essential part in how compassion is interpreted through behaviours and feelings and are either supressed, tailored or freely expressed. The study might uncover how nurse educators interpret compassion through thinking about their own and others' emotions in the professional context. I will now explore the notions of gender, professional values and organisational culture that are highly relevant to contemporary nurse education because they might surface barriers or enablers for developing and sustaining compassion within students.

2.7 Compassion: Influences of gender, professional and organisational factors in the meaning making of compassion

2.7.1 Compassion and gender

The RCN (2017) reports that although there is an increase in the number of men entering nursing, they are still in the minority and this illustrates that the gender divide remains uneven. The stereotypical views of men as previously highlighted may have been regulated by the systems, structures and power at that time, so it would have been difficult for them to enter nursing or express compassionate ways of being. In modern healthcare, the gendered views that relates to compassion seem to be changing but is still flavoured with traditional norms.

Paterson *et al.'s* (1996, p.31) interpretative phenomenological study conducted in a Canadian University for an undergraduate nursing programme found that male student nurses expressed gender differences in caring as women were perceived as

‘natural’ carers’ but men had to ‘learn’ how to care. Several studies describe how caring qualities are expressed by male nurses that are related to stereotypical pressures, socialisation processes and professional boundaries. For example, Paterson *et al.* (1996) explain that male nurses are less likely to use touch because traditionally they were socialised into masculine ways of being. Similarly, Grady, Stewardson and Hall (2008) describe how men exhibit caring qualities but it is expressed in different ways such as humour and practical care. There was a sense of vulnerability experienced by the participants in Evans’s (2002) study as they were concerned that their use of touch may be misinterpreted and risked being accused of sexual molestation. The claims made by Paterson *et al.* (1996), Evans (2002) and Grady, Stewardson and Hall (2008) could be related to Gray’s (2009) ethnography research which explains that gendered stereotypical views of nurses characterises their emotional labour as largely women’s work. Gray (2009) argues that these images that relay messages of the female as ‘natural carer’ risk gender inequalities in nursing.

As mentioned earlier, it is beyond the scope of this study to focus on gendered ways of being in relation to compassion. I am merely pointing out from the literature that historical stereotypical gendered norms still seem to be permeating contemporary nursing practice and causing tensions over how it is experienced. The study might be helpful in finding out if compassion is developed through pedagogical practices in a way that instils students’ confidence or heightens their vulnerability regardless of gender. I will now explore the relevant policies and professional values that are

guiding how compassion is interpreted in pre-registration nurse education that informs my study.

2.7.2 Professional guidance in educating for compassion

The reiteration of compassion throughout the NMC's updated Code (2018b), emphasises its centrality placed on nurses' professional expectations and responsibility. Additionally, as previously mentioned in Chapter 1, key polices such as Compassion in Practice (DH, 2012) propose the 6Cs, and the NHS Constitution for England (DHSC, 2021) profess compassion as a core value in the NHS. Whilst these policies and the NMC's Code are featuring compassion as integral to nursing care, Bradshaw (2016) questions the lack of reference or mutual integration of these policies within the NMC's Code (2015). This study can further the meaning of compassion by being attentive to how nurse educators interpret or fuse the notions of compassion from political and professional perspectives in their teaching practices.

In Chapter 1, I highlighted some of the ambiguities about interpreting compassion from the NMC's (2010) standards for pre-registration nursing education that the study refers to. I expand my analysis and assert that it is not entirely clear what is meant by the expectations that towards the end of the first year of training, student nurses will be assessed on 'addressing the emotional needs of people'(NMC, 2010, p.109) and by the end of their second year, they will demonstrate 'appropriate and constructive relationships' (NMC, 2010, p.105). Similar terms, 'communicate

effectively' and 'maintain appropriate relationships' (NMC, 2018d, p.9) are depicted in the NMC's (2018d, p.7) renewed standards of proficiency, and again can be interpreted differently and risk inconsistencies in assessment. This study could give nurse educators the opportunity to share their experiences on how they interpret the NMC's educational standards (2010) to prepare students emotionally for developing 'appropriate relationships' required for compassionate practice.

Several authors suggest that the meaning of compassion in policies is abstruse owing to its subjective nature and phenomenological complexity (Armstrong, Parsons and Barker, 2000; Dewar, Pullin and Tocheris, 2011; Taylor *et al.,* 2017). I will be attentive to how nurse educators in this study think policies and professional guidance are informing their ways of being in the university. Furthermore, it will uncover which particular acts, skills, behaviours and knowledge forms highlighted in professional guidance are interpreted as compassion and progressed in the curriculum. It may reveal tensions that stem from organisational and professional culture that adds another dimension in nurse educators' meaning making of compassion.

2.7.3. Compassion and organisational and professional culture

Investigative reports into the failings in the NHS (Francis, 2013; Keogh Report, 2013) tagged to nurses' apparent lack of compassion have found that increasing workloads, limited resources and a performance-driven culture have resulted in staff burnout or compassion fatigue (NHS Staff Survey, 2018; Lown, Shin and Jones

2019). Whilst the focus of my study is not to explore compassion fatigue in nursing, it is necessary to understand these essential factors can colour the meaning of compassion in nurse education and influence how it is addressed in the curriculum.

The mixed methods study by Michalec, Diefenbec and Mahoney (2013) surveyed 436 student nurses and interviewed those in their third and fourth year who were more clinically based and found that all students, regardless of cohort, experienced moderate levels of emotional exhaustion. The study was conducted in the USA and in their curriculum model, students in their first and second year spend most of their learning in the classroom; this differs from students in the UK who begin their clinical placements a few weeks into their first year. Michalec, Difenbec and Mahoney's (2013) research pointed out that emotional exhaustion increased amongst students in their third year compared those in their first year. Although this study was conducted in the USA, it has implications for pre-registration nurse education in the UK, as student nurses could already be at risk of emotional fatigue as early as in their first year.

Several studies in the UK have confirmed that supporting students in nurse education is fraught with challenges such as increasing work pressures, limited time and resources, commodification of students and disempowerment of nurse educators due to political and socio-economic demands (Kenny, 2003; Braine and Parnell, 2011; Mackintosh-Franklin, 2016). Additionally, the literature purports that the marketised values of HEIs in countries such as the UK, USA and Australia focus

on increasing outputs that contribute to reduced autonomy, collegiality and trust between peers and managers (McGrath, 2003; Rolfe and Gardener, 2006; Mackintosh-Franklin, 2016). As previously indicated by Berry and Cassidy (2013), the performative culture seems closely related to increase in surface acting amongst university lecturers. There are reports that surface acting could lead to emotional fatigue, burnout and high staff turnover (Hülsheger and Schewe, 2011; Grandey and Sayre, 2019). There seems to be a gap in understanding how the neoliberal issues highlighted in the literature are navigated by nurse educators to facilitate compassionate practice and is a component that my study will focus on.

The qualitative study by Clegg (2008) addresses how academics try to overcome performativity and new managerialism in HEIs and explains that they are able to create imaginary spaces for building personal autonomy and agency. It is noteworthy that Clegg's (2008) study focused on preservation of academic identity and not specifically on compassion. Nevertheless, the imaginary spaces described by Clegg (2008) might offer prospects for developing self-compassion that is necessary for compassion (Wiklund-Gustin and Wagner, 2012; Durkin *et al.,* 2016). Clegg's (2008) research prompts this study to explore how nurse educators seek out opportunities to enable compassionate relationships within the university's apparatus. I propose that the study will deepen knowledge on how organisational structural systems and policy might be in tension with personal and moral values and needs to be understood in education for facilitating compassion. This is necessary because the literature highlights a discord between sustaining the professional ideals of

compassion and coping with the realities of practice pressures, leading to increasing self-blame, vulnerability and burnout amongst students and qualified nurses (Curtis, 2013; Hofmeyer, Taylor and Kennedy, 2020; King's Fund Report, 2020). Curtis (2013) recommends that more clarity and responsibility are needed in formal education programmes to understand how students can best be supported for compassionate practice (Curtis, 2013). This current study seeks to further understanding by uncovering any possible tensions between practice and education that affects nurse educators' responsibility for developing compassion. It will surface if or how nurse educators negotiate these challenges to chart out creative methods for developing and sustaining compassion within students, their peers and themselves.

In addition, it is argued that technological advancements of the 21st century have caused professional organisations to demand greater technical competence from nurses that are often in tension with the humanistic aspects of caring (Mcilfatrick, 2004). This opinion is supported by Jakimowicz, Perry and Lewis' (2018) and Straughair, Clarke and Machin's (2019) grounded theory studies which indicate that technology is an inhibitory condition for compassion that is problematic in technological environments and risks dehumanisation. It could be that in highly technical settings such as critical care, humanistic aspects of caring might be overshadowed. Arguably, McGrath (2008) found that experienced nurses working in 'high tech' environments were able to merge the interpersonal aspects of caring with technical tasks and suggests that novice nurses require support to develop such

expertise. The challenges of balancing technical competence with humanistic values raised by these authors justify my study's attentiveness to how nurse educators are integrating compassion in a curriculum that is competing with multiple knowledge forms.

The conclusions drawn from this section indicate how the meaning of compassion is deeply intertwined with gendered norms, professional values and organisational culture that are often in tension with each other and one's personal moral values. Furthermore, there are pertinent issues in the literature left underexplored; such as how are nurse educators interpreting the meaning of compassion in professional standards and applying it in their pedagogical approaches? The study will address this gap in knowledge by provoking thought on how these socio-political and professional influences are directing their teaching practices and modes of existence.

2.8 Pedagogical methods for developing compassion

Firth-Cozens and Cornwell (2009) assert that the meaning of compassion is ambiguous and Durkin, Gurbutt and Carson (2018) explain that because of this ambiguity, nurse educators find it difficult to teach and assess compassion. In addition, Williams' (2010) micro-ethnographic study found that in nurse education there is an unconscious dominance of practice-bred values and nurse educators adopt a habitual approach to curricular and pedagogical activities. It might be argued that the design of curricula and pedagogical methods assume a collaborative

approach through working groups formed in the university that engage with service users and practice colleagues. Such collaborative groups can be related to the concept ‘Community of Practice’ (CoP), described by Wenger (2011, p.1) as ‘groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly’.

The theoretical CoP model was developed by Lave and Wenger (1991) for business professions and has been advocated in nurse education with the intention to combine academic and practice knowledge (Andrew, Tolson and Ferguson, 2008). Although application of the CoP model to specifically facilitate compassion is not featured in the literature, the framework shows possibilities for a collaborative approach that values all knowledge forms. However, Wenger (2011) explains that power imbalances can exist in collaborative groups and the ethos of CoP that espouse collective ideas and resources might be challenging in traditional hierarchical organisations (Wenger, 2011). This has implications for particular groups formed in the university, such as those with curricular interests, as some voices might conflict or dominate over others. There seems to be limited research on how group dynamics might influence pedagogical practices and this study could contribute to knowledge by revealing how nurse educators’ experiences within groups in the university might direct their understanding and teaching of compassion.

The literature is revealing a wide variation of teaching practices for developing compassion in nursing students such as using online protocols, reflection, role

modelling and the application of creative arts in the nursing curricula (Adam and Taylor, 2014; Adamson and Dewar, 2015; Hofmeyer *et al.,* 2016; Newham *et al.,* 2019; Spadoni and Manankil-Rankin, 2020). Additionally, there are inconsistencies as to when compassion is taught, conveyed in therapeutic modules focused in the second year (Richardson, Percy and Hughes, 2015) and online modules proposed in the final year of nurse education (Hofmeyer *et al.,* 2016). This is relevant because research demonstrates that student nurses experience significant levels of psychological distress in the first clinical placement (Jack, 2017) and their stress levels are highest in their second year of nurse education (Rudman and Gustavvson, 2011). Reflection seems to be particularly favoured for developing compassion as exampled by Adam and Taylor's (2014) evaluative study that facilitated a personal tutor group of second year students to reflect on their experience of an incident that occurred in practice. These authors propose a safe, collaborative environment and the use of summative assessments for reflection that applies theoretical concepts to their experience. Reflecting on their personal experience of clinical practice deepened the students' understanding of their experience (Adam and Taylor, 2014). Nevertheless, it could be argued that using a summative assessment might lead to underlying stress, potentially constrain the students from exploring emotional issues and emphasise the theoretical meanings of compassion.

Positive role modelling in the clinical environment is regarded as important for developing students' compassion through their professional socialisation and enculturation in practice (Straughair, Clarke and Machin, 2019; Nathoo, Shaw and

Sandy, 2021). Positive role modelling is also considered an essential part of the nurse educators' role as Jack, Hamshire and Chambers (2017) describe how students feel they receive compassion from educators who were enthusiastic, respectful and treated them as equals. Informed by the literature that role modelling and reflection can be useful for facilitating compassion, this study seeks understanding on what particular experiences need to be role modelled or reflected on that gives meaning to compassion.

Jack and Illingworth (2017) assert that directly reflecting on painful experiences can be distressing for student nurses and propose self-authored poetry to enable students to explore emotional and relational issues. In their interpretive phenomenological study, their findings illustrate how the use of metaphors and self-distancing in poetry can liberate students to express themselves in a cathartic manner and can reduce the risk of compassion fatigue and attrition. Spadoni and Manankil- Rankin (2020) concur that the use of metaphors can help make sense of experiences and propose a reflective space via letter writing to develop students' relational compassionate practice. The discourse analysis by Newham *et al.* (2019) propose the use of selected films and narratives that depict humanistic values to facilitate compassionate caring and offer alternative ways for developing compassion. Although Jack and Illingworth (2017), Newham *et al.* (2019) and Spadoni and Manankil-Rankin (2020) provide a vehicle for how compassion could be conceptualised and developed through reflection and application of the arts, it is still not clear what particularly relates to the meaning of compassion from the lived

experience. In addition, there seems to be limited research on how the emotions of students and educators are confronted in pedagogical practices to give deeper perspectives on the meaning of compassion. I will be perceptive to how emotions are experienced in teaching practices as Curtis (2013) reported that in nurse education, the emotional boundaries are unclear and as such there is often a suppression of difficult emotions.

On summarising this section, the varied teaching methods proposed by nurse educators share glimpses of their meaning of compassion jostling for centre stage: caring acts, personal attributes, moral virtues, expression of feelings and relational human experiences. It is not clear how these multiple meanings of compassion that use a range of teaching methods are linked to assessment strategies. Furthermore, whilst the range of teaching strategies proposed may be argued as creative and invokes thinking, the inconsistency assumes a haphazard approach to how it is facilitated and conveys its ambiguity. Additionally, an explanation is not given as to why particular years in the students' training were chosen for teaching compassion, thus suggesting an almost random approach to pedagogical methods. There seems to be a gap in the literature in understanding when compassion should be developed in the curriculum. The timing of when compassion is taught in the curriculum is crucial to understanding if students are prepared for compassionate work in a timely way that meets the challenges in practice that this study seeks to address. I concur with Darbyshire and McKenna (2013) and Mackintosh-Franklin (2016) who argue that the fragmented approach to how and when compassion is taught and assessed

relates to how nurse educators experience and interpret this phenomenon. Therefore, exploring nurse educators' meaning of compassion is paramount if we are to secure its prioritisation, consistency and advancement in the nursing curricula and is explored next.

2.9 Nurse educators' meaning of compassion

There appears to be a significant gap in the literature on exploring nurse educators' meaning of compassion revealed through their lived experiences. Smith *et al.* (2014) used action research to allow nurse lecturers the opportunity to reflect on their experiences and perceptions of compassion within a UK university. The nurse lecturers valued and experienced compassion in the workplace through shared leadership and a culture that celebrated success and supported professional development. Whilst the study explored the nurse lecturers' experiences of compassion, the findings were focused on what needs to happen in the workplace with limited exploration on their meaning of compassion. Although Smith *et al.'s* (2014) study uses group reflection that can generate rich discussions, it can also restrict some individuals from sharing their story on sensitive issues that are often associated with compassionate experiences. Baldwin *et al.* (2020) explained how during the pandemic clinical nurse educators provided one-to-one restorative reflective supervision that enabled compassionate resilience. This suggests that some experiences of suffering may be deeply traumatic and at times may require confidential reflective discussions to enable the individual to problem solve and recover from adversities. Whilst my study is not focused on facilitating

compassionate resilience, it is intending to explore nurse educators' interpretation of compassion so that it can be facilitated in their professional role. Therefore, it is necessary to find out how they recognise, evaluate and respond to the suffering of others, what opportunities are available for reflective discussions and what particular knowledge they use or require for such skilled, sensitive conversations.

Newham *et al.* (2019) found that nurse educators believed that compassionate caring requires the ability to form relationships and connect with others. Thus, the restorative space provided by Smith *et al.'s* (2014) study might have had a therapeutic effect of facilitating compassion amongst the participants through its opportunities for building relationships. The valuing of relationships was supported by the exploratory study by Ross *et al.* (2014) who explained that nursing students expected personal tutors to recognise vulnerability, establish trust and invest time in them. It could be perceived that it is the responsibility of the personal tutor to create compassionate relationships. Nevertheless, since all nurse educators are responsible for facilitating compassion (Willis, 2012; NMC, 2018c), it is essential that its meaning is worked out. Yet, there are arguments raised in the literature on whether compassion can be taught, as some postulate that it is innate.

Bradshaw (2016, p.79) denotes that the CNO's policy on the 6Cs is contradictory as values such as compassion are described as 'instinctive' to the nursing profession, but yet proposes that it must be 'adopted' by all nurses. Such contradictions warrant that this study finds out if nurse educators understand compassion as an inherent

trait or one that can be learnt, as their perspectives may influence how compassion features in their pedagogical practices. For example, Geraghty, Lauva and Oliver (2016) explained that compassion is not taught in the nursing curricula in Australia because it is assumed as a natural characteristic that nurses possess. These authors base their claim on highlighting that the Australian Nursing Midwifery Accreditation Council do not identify intrinsic qualities such as compassion as an indicator for a quality educational programme. However, the authors recognise compassion as a necessary part of quality care and argue for its inclusion in the curricula, therefore suggesting their viewpoint that it can be learnt (Geraghty, Lauva and Oliver 2016). Straughair, Clarke and Machin's (2019) research demonstrates that although nurses are perceived as having an intrinsic self-propensity for compassion that draws them into the profession, education and socialisation processes can develop these innate qualities. Personal attributes such as kindness and empathy were perceived by student nurses and academics as intrinsic characteristics for compassion (Straughair and Machin, 2021). These authors' research stimulates thinking in my study about what particular experiences do nurse educators interpret as instinctive and how do they pursue opportunities for developing it. From the above discussion, whilst there are still some views that compassion is innate, the overriding evidence suggests it can be developed and therefore has implications for how it is taught. The study by Peters (2006) will be analysed next as it describes nurse educators' compassionate experiences across several HEIs in the USA and might share some commonalities with the UK's HEI's system.

Peters' (2006) interpretive phenomenological study offers some integral knowledge of the essence of nurse educators' experience of compassion in the educational context. These experiences include: human connectedness, reciprocity, empathy, recognition of suffering, kindness, caring, emotions and acts and maintaining professional boundaries (Peters, 2006). Her findings resonate with some of the literature previously examined such as compassion interpreted through caring acts (Brooks and Hallett, 2015), therapeutic relationships (Richardson, Percy and Hughes, 2015), maintaining professional boundaries (NMC, 2018) and personal characteristics (Straughair and Machin, 2021). Peters (2006) described how the nurse educators' empathy deepened when they recognised the suffering of students but controlled their emotions by maintaining professional boundaries that were used as a protective measure to avoid feeling overwhelmed.

The curtailed emotions described by Peters (2006) could be related to surface acting proposed by Hochschild's theory (1983) and aligns with the findings by Berry and Cassidy (2013) who found that lecturers suppress their genuine emotions due to organisational pressures. The studies by Peters (2006) and Berry and Cassidy (2013) reiterate my concerns about surface acting that is associated with compassion fatigue (Hülsheger and Schewe, 2011; Grandey and Sayre, 2019) and therefore can permeate nurse educators' meaning of compassion. Additionally, whilst the study by Peters (2006) describes the nurse educators' experiences of compassion, it does not explain how these experiences are influencing their teaching

practices nor does it explore the nurse educators' relationships with their peers and managers. Although Peters' (2006) findings offer some useful descriptions of the properties for compassion, they do not elucidate how the nurse educators' experiences were interpreted as compassion and may relate to the study's methodological approach.

Whilst Peters' (2006, p.38) study claims to use interpretive phenomenology, the author attempts to 'uncover and hold biases at bay' associated with 'bracketing' their presuppositions which are congruent with descriptive phenomenology (Dowling, 2011). Furthermore, as Peters' (2006) study searched for recurrent patterns or themes through thematic analysis, it might only surface the voices of the majority of participants and therefore interpretation from the researcher's perspective might be constrained (Smythe, 2011; Crowther and Thomson, 2020). I appreciate that no two hermeneutic phenomenological studies are the same (Crowther and Thomson, 2020). Therefore, I propose that my study offers a different vantage point to understanding the phenomena that values the uniqueness of each individual's experience and is inclusive of the researcher's horizon of understanding.

In summarising this section, it seems that the meaning of compassion formed by nurse educators stem from guided discussions and professional guidance with limited interpretation that evolves from their unique lived experiences. The defining characteristics proposed in the literature seems to be shaped by what needs to happen for compassion in practice and are multiple: shared leadership, supportive

relationships, reciprocity, empathy and caring. Additionally, whilst it is agreed that compassion can be taught, it is not clear what aspects particularly should be taught as its meaning is underexplored from the distinctive experiences in the educational context. Compassion seems to be defined by prominent notions depicted in the literature that I explore in the next section.

2.10 Notions of compassion featuring in the literature

2.10.1 Compassion, sympathy and empathy

Sinclair *et al.'s* (2017) grounded theory study revealed that whilst compassion, sympathy and empathy share commonalties, there are clear distinctions between all three ideologies. The 53 patients in this study were receiving palliative care for advanced cancer and regarded sympathy as an unwanted pity-based response. Empathy was viewed positively as it involved deep understanding of the patient's suffering that leads to emotional resonance. The patients perceived compassion when empathetic understanding of their suffering was experienced by their carers who were motivated to perform caring acts to relieve their distress. Compassion was therefore favoured by the patients as it not only involved a deep awareness of the patient's distress that relates to empathy, but included the motivation to relieve their suffering through altruistic acts (Sinclair *et al.,* 2017).

Sinclair *et al.* (2018) developed their research by a further grounded theory study with 20 patients receiving palliative care for non-cancer, life-limiting illness. These patients felt that emotional resonance, virtuous response and tangible acts to

alleviate their suffering were associated with their understanding of compassion (Sinclair *et al.,* 2018). Conversely, the opinion paper by Jeffrey (2016) promotes developing empathy within medical education as he postulates that empathy is multi-dimensional and involves affective (feeling with others), cognitive (understanding others' perspectives), behavioural (helping skill) and moral (phronesis) elements. He argues compassion does not involve cognitive processes and can invoke reactive, unreflective responses that may be misguided. McKinnon (2018) concurs that although compassion motivates one to relieve the suffering of others, the caring acts are directed by the carer's internal frame of reference and not from the patient's perspective. Despite these arguments, compassion is promulgated as a central tenet of nursing professional values (Schantz, 2007; DH, 2012; Nijboer and Van der Cingel, 2019).

It could be that compassion is publicised in nursing as it correlates with traditional nursing values depicted through selfless caring acts (White, 2002; Wagner and Whaite, 2010). Furthermore, Peters and Calvo (2014) argue that since empathy concentrates on feeling other's distress, it can lead to burnout and is affirmed in the cross-sectional study by Duarte and Pinto-Gouveia (2017) who found nurses were more likely to experience burnout from empathic abilities. These arguments are helpful to informing my study as it is important to find out if the pedagogical strategies used by nurse educators are moving students beyond feeling with others and preparing them for helping others and fosters resilience.

It can be concluded that empathy serves as a precursor for compassion but it is not clear how it is differentiated or articulated in nurse education. The study will be attentive to how empathetic experiences might contribute to nurse educators' meaning making of compassion. Central to the notion of compassion is that it represents the very core of being human and is discussed in the next section.

2.10.2 Compassion as being human

Dewar, Pullin and Tocheris (2011, p.32) define compassion as 'the way we relate to people, recognise their vulnerability and respond through meaningful caring acts', thus indicating compassion is a necessary part of being human. Their definition is affirmed in Straughair, Clarke and Machin's (2019, p.1535) study which proposed the concept, 'humanising for compassion', described through 'humanising approaches to nursing care' that can be interrupted by situational factors. These authors' understanding of compassion is particularly helpful to my study in thinking about what are the unique, humanistic qualities identified in the individual's experience that nurse educators are interpreting as compassionate or uncompassionate.

Straughair, Clarke and Machin's theory (2019, p.1535) is congruent with Paley's (2014, p.278) concern which problematises that compassion is less likely to occur when individuals are dehumanised, or one aspect of care is focused over other aspects that leads to 'inattentional blindness'. Paley (2014) suggests that the cognitive process of compassion can be disrupted under stressful situations, where the suffering of others may go unrecognised if individuals are preoccupied or rushed.

Paley (2014) based his argument on the social psychology literature and suggests human helping behaviours are less likely in organisations that promoted a culture of dehumanisation. I am not suggesting that it is the culture of universities to dehumanise individuals, but I particularly need to understand how the 'individual' requirements of the person are recognised within large groups that exists in the university.

Doane and Varcoe (2015, p.4) suggest that dehumanisation is less likely to occur if there is a 'relational consciousness' that surfaces the intrapersonal (norms, culture, values), interpersonal (self-awareness, personhood) and contextual factors (socio-political/historical) intertwined in forming relationships. In response to Doane and Varcoe's (2015) view, my study could awaken the ontological perspective of compassion that reveals these relational factors influencing nurse educators' interpretation of compassion. Additionally, the relational human quality that Curtis (2014, p.212) associates with compassionate practice and described as not only 'caring for' the patient but 'caring about' them could be related to how the nurse educators talk about their existence with others.

In summary, the pertinent issues raised in this sub-section reveal compassion as a deeply human concern, but it is told mainly from the healthcare practice perspective. My study could advance this knowledge in nurse education by heeding to the nurse educators' stories that tell of the intricacies of human relationships, moulded by personal and organisational values that influence their meaning of compassion. A

central notion featuring in the literature is the emotional intelligence required for developing compassion that I explore next.

2.10.3 Emotional intelligence for compassion

Emotional Intelligence (EI) was theorised by prominent academics Salovey and Mayer (1990, p.189) as 'a type of social intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them and to use this information to guide one's own thinking and actions'. Salovey and Mayer's (1990) concept of EI as a mental ability was developed by Goleman (1990) who proposed a mixed model and suggested EI develops from a mixture of personality traits and social competencies. The meaning of EI offered by Goleman (1990) and Salovey and Mayer (1990) seems related to the interpretation of compassion that involves recognising and understanding emotions of self and others (McCaffrey and McConnell, 2015; Strauss *et al.,* 2016). Curtis (2012) purports that in order to recognise the suffering of others, emotional intelligence is required to afford the emotional labour of compassionate practice. In particular, McQueen (2004) asserts that emotional intelligence is integral for successful human relationships that require understanding self and others. Additionally, the qualitative studies by Heffernan *et al.* (2010) and Hurley *et al.* (2020) have found that EI correlates with nurses' self-compassion and is necessary for building their resilience and compassion for others.

Whilst there are several studies that confirm the significance of EI for developing self-compassion, resilience and compassion in the clinical arena (Senyuva *et al.,* 2014; Hurley *et al.,* 2020), there seems minimal evidence on how EI is used for

developing compassion in nurse education. Freshwater and Stickley (2004) argue that EI should be at the heart of nursing curricula as both rational and emotional knowledge are integral for humanising patient care. Their arguments are further advocated by Karimi *et al.* (2014) and Kaya, Senyuva and Bodur (2018) who claim that EI is necessary for developing critical thinking, clinical decision-making and emotion regulation as it reduces the risks of negative emotions in emotional labour. The benefits of developing emotional intelligence in nurse education is justified and is relevant to my study in finding out how is EI featuring the curriculum for facilitating compassion. To address this issue in the study, I will find out how nurse educators apply pedagogical strategies to help individuals manage their emotions for facilitating compassion. The next section explores the notion that compassion are acts, behaviours or attributes used to relieve suffering of others and are contested as reciprocated or altruistic.

2.10.4 Compassion as acts, behaviours or attributes that are reciprocated and altruistic

The action research conducted by Dewar, Pullin and Tocheris (2011) found that patients identified ordinary acts such as nurses actively listening to them as compassionate practice. In particular, the patients in Sinclair *et al.*'s (2017; 2018) study described compassion as selfless acts and attributes such as kindness depicted by the nurses who paid attention to the little things that mattered. Although these patients interpreted the nursing acts as selfless, the fact that they appreciated the care might have been reward in itself for the nurses and can be argued as reciprocal.

The evaluative work by Adam and Taylor (2014) helped students to reflect on an episode of care and recognise that compassion need not involve heroic acts but can occur through typical acts of kindness. Several studies reported that ‘going the extra mile’ (Smith, 1992; Papadopoulos and Ali, 2016, p.137; Sinclair *et al.,* 2017, p.445) or going ‘above and beyond’ (Straughair, Clarke and Machin, 2019, p.1531) were associated with compassion. However, these extra efforts were described through small acts of caring (Sinclair *et al.,* 2017; Straughair, Clarke and Machin, 2019) and were often associated with altruistic propensities (Sinclair *et al.,* 2017). Carter’s (2014) qualitative study found that although nurses challenged the notion of altruism for reasons they entered nursing, they reflected on their work as rewarding and more than a job. Additionally, Straughair (2016) explained how positive reciprocity is required in professional relationships for reciprocal compassion whilst negative experiences between individuals and organisations can potentiate negative responses. Straughair’s (2016) notion on positive reciprocity for compassion is supported by Slettmyrr, Schandl and Arman’s study (2019, p.371), which proposes the ideology ‘treat others as you would like to be treated yourself’. Whilst altruistic acts and behaviours are interpreted as compassion, there are hidden rewards for those who give it with an underlying expectation of positive reciprocity necessary for reciprocal compassion.

The overarching message from this section is indicating that compassion in nursing practice involves a culmination of everyday acts and behaviours. Yet it is not entirely clear what the particular acts and behaviours are that gives compassion its central

meaning in nurse education. As experiences of suffering vary in particular contexts, the evaluation of acts and behaviours in the university may be interpreted differently compared to nursing practice. Nevertheless, I will use the findings by Sinclair *et al.* (2017; 2018) and Dewar, Pullin and Tocheris (2011) to explore the ordinary ways of being that may be interpreted by nurse educators as compassion. In addition, the study could further understanding by finding out if there are underlying expectations or rewards in nurse education for compassionate behaviours and acts that favours its reciprocity or altruism.

2.11 Chapter summary

In summarising this chapter, I liken my experience of the literature reviewed on compassion in nurse education to that of Smythe's (2011, p.50) understanding, who recognises:

> *'there is often an overwhelming feast of related literature, yet a famine of anything that closely relates to the experience itself'.*

Nevertheless, the readings do provide me with a platform for building my study as it has given me an insight into how compassion is theorised and defined. However, there are only limited meanings that are born out of experiences in nurse education; as such, the answers to my study's questions have not been fully explained. The research, policies and professional guidance are reminding nurse educators of the centrality of compassion in nursing, the risks of compassion fatigue and processes for facilitating compassion, but there seems to be sparce knowledge on how nurse educators understand this phenomenon. I am left perplexed by how the important

drivers highlighted in the literature are shaping nurse educators' experiences in their interpretation of compassion and directing their pedagogical practices.

Furthermore, whilst the body of research is providing some understanding of compassion described as a behaviour, an act, an emotion, cognition and a moral virtue (Curtis, 2012; McCaffrey and McConnell, 2015; Straughair, Clarke and Machin, 2019), these studies mainly stem from students' and patients' perspectives with limited focus on nurse educators' experiences. To my knowledge, there seems to be a significant gap in the literature on how nurse educators are interpreting compassion through their modes of existence in the university. It seems that nurse educators have multiple concepts associated with compassion at their finger tips, but yet they do not know how or which are most relevant when they are considering this in their professional practice as educators. Therefore, this study will explore and understand how these concepts are interpreted in their experiences and endeavour clarity in their meaning making of compassion.

Chapter 3: Methodology, Theoretical Perspectives and the Study's Design

3.1 Introduction

The previous chapters have explained my rationale for undertaking this study and explored the perspectives of compassion related to nursing and nurse education that were gleaned from the literature. In this chapter, I explain my methodological approach, theoretical perspectives and study's design and why I believe these particular standpoints were integral for exploring the research questions that I reiterate:

> How do nurse educators make meaning of compassion and understand its role in their professional practice in a UK HEI?
>
> **Sub-Questions**
>
> - How do nurse educators make meaning of compassion?
> - What are nurse educators' lived experiences of compassion in a UK HEI?
> - How do nurse educators perceive the meanings of compassion are influencing their pedagogical practices in a UK HEI?

As I am trying to understand how nurse educators make meaning of compassion that may be revealed through their lived experiences, I recognised that my study required an exploratory qualitative approach. The reasons why a hermeneutic phenomenological methodology is best suited for this study will be explained in relation to clarifying my philosophical position. Hermeneutic phenomenology seeks

to illuminate and interpret hidden meanings from everyday experiences (Cerbone, 2008) and some of the key tenets of Heidegger's and Gadamer's ideologies that guide this study will be discussed in this chapter. Qualitative methods used for collecting and analysing the data are attuned to the hermeneutic phenomenological endeavour and my reasons for using a qualitative interpretivist/constructivist approach is justified next.

3.2 Philosophical perspectives influencing a qualitative interpretivist/ constructivist methodology

> *'To understand the rose,*
> *One person may use geometry*
> *And another the butterfly'*
>
> (Paul Claudel, 1929)

Denzin and Lincoln (2018) purport that the researcher's methodological choice is steered by the approach that best answers the research question and the researcher's set of beliefs on how they interpret the world. Therefore, a firm foundation for implementing the study required that I reflexively ponder on these philosophical questions: what is the nature of reality and existence (ontology), what constitutes knowledge (epistemology) and what are the principles of acquiring knowledge (methodology) that culminate to my particular paradigm (Holloway and Galvin, 2017; Denzin and Lincoln, 2018). In these questions, I recognised the complexity in seeking nurse educators' own meaning of compassion from lived experiences.

The nurse educators' evaluation of their unique experience may be coloured by multiple factors such as their moods, feelings, context, timing and culture and, as such, their meaning is situated. Holloway and Galvin (2017, p.3) assert the social world is not fixed and qualitative approaches could uncover knowledge from the participants' 'life-world' that are contextual and time-specific. Therefore, my ontological position accepts that there can be multiple realities because knowledge is individually constructed and relational. So, I agree with the epistemological stance that the knowledge is subjective and understanding comes from our modes of being (Annells, 1996; Denzin and Lincoln, 2018). Unlike positivism, I accept that this study cannot provide objective, single truths that are generalisable (Onweugbuzie, 2002; Polit and Tatano Beck, 2010) and reason that it is positioned within the Interpretivism/Constructivism qualitative paradigm that acknowledges the subjectivity of multiple realities.

Embracing both an interpretivist and constructivist approach is appropriate for this study because I sought to interpret the nurse educators' unique meanings and rich experiences of compassion and construct how compassion is understood. Crotty (2003) reasoned that constructivism is closely connected to interpretivism that propounds an epistemological view that knowledge is constructed by individuals through their interaction with each other and their world where meanings are created. Denzin and Lincoln (2018) posit that qualitative inquiry seeks to describe or interpret meaning from particular people about their actions, beliefs and experiences

of their everyday lives. I recognise that understanding compassion from nurse educators' perspectives may have shifted over time as they interact within the university's milieu and the changing socio-political world. Their background experiences of nursing might also be guiding their interpretation of how compassion should be facilitated in their pedagogical practices. Whilst the experience is unique to the individual, the meanings interpreted might resonate with my own and others' understanding of compassion. Contrastingly, some meanings may jar with others' interpretation of the phenomenon and thus furthers alternate vantage points of how compassion is understood. I concur with Packer (2010) who describes the profound potential for using qualitative research as it affords attentiveness to the subtleties of human existence and interactions with people and their environment. Adopting a qualitative approach to my study underpinned by interpretivism/constructivism is therefore justified and consistent with several expert researchers' opinion. They assert that this research paradigm is necessary for interpreting human experiences that are contextual, temporal and subjective, and can be open to re-interpretation (Crotty, 2003; Packer, 2010; Holloway and Galvin, 2017; Denzin and Lincoln, 2018).

I recognise that there are a wide range of qualitative methods such as grounded theory that seeks to build theory inductively from the data, ethnography that describes the culture of a community from an emic perspective, and phenomenology that seeks to describe or interpret the 'lived experience' of individuals to give a holistic meaning of phenomena (Starks and Brown Trinidad, 2007; Polit and Tatano Beck, 2010; Hennink, Hutter and Bailey, 2011). I am interested in nurse educators'

interpretation of compassion rather than working out the implicit culture or customs of compassion where ethnography will be helpful and could be the focus of another study (Rashid, Caine and Goez, 2015). Ethnography in this study might be challenging as I am a nurse educator in this HEI and therefore I will not be able to immerse myself in the context because there are already relations and power dynamics. Theoretical explanations of compassion that use a grounded theoretical approach (Charmaz, 2006) are also important and there are already substantive concepts of compassion related to nursing (Straughair, 2016; Sinclair *et al.,* 2017) whilst there is limited knowledge on the meaning of compassion gleaned from nurse educators' experiences.

As my research questions were seeking meaning of compassion through the nurse educators' lived experiences, phenomenology as a research methodology seemed the most fitting to illuminate rich understanding of the phenomenon. There are several branches of phenomenology that stems from two distinctive philosophical perspectives: descriptive (eidetic) and interpretive (hermeneutic) (Dowling, 2011). First, I provide a brief outline of descriptive phenomenology before I explain why I have chosen hermeneutic phenomenology as the most suitable approach for this study.

3.3 Descriptive phenomenology

Phenomenology was developed by the philosopher Edmund Husserl (1859–1938) who recognised human subjectivity and sought rigorous ways of describing 'people's perceptions' and 'lived experiences' of the world (Laverty, 2003, p.22; Sloan and Bowe, 2014, p.1293). The term 'Phenomena' stems from the Greek word 'Phainomenon' that is associated with meaning light or brightness (Palmer, 1969, p.127). Husserl's phenomenology sought to illuminate things as they appear (Dowling, 2007) and assumed that there are 'essential structures' shared by people who have experienced the same phenomena termed 'universal essences' (Lopez and Willis, 2004, p.728). Whilst descriptive phenomenology could identify common characteristics of nurse educators' experience of compassion, it could omit how their situatedness might be influencing their unique meanings. Contemplating about the phenomenon that is detached from the world is aligned with Husserl's notion of intentionality.

Husserl's concept of intentionality refers to all conscious acts that are directed 'to the things themselves' (Dowling, 2011, p.57). In order understand the things as they appear, Husserl proposed the notion of *'epoche'* that requires suspending or bracketing one's presuppositions, biases and beliefs (De Chesnay and Bottorff, 2015). I did not believe I can ignore my existence in the study whilst I tried to interpret the nurse educators' experiences of compassion as it could restrict my understanding of the phenomenon. As I already have personal and professional experience of compassion and I inhabit the same lifeworld as the nurse educators, it

is not possible to bracket my preconceived notions as promulgated by Husserl. Therefore, I explain my reasons for choosing hermeneutic phenomenology next.

3.4 Hermeneutic phenomenology reasoned for the study

Hermeneutic phenomenological research is central to understanding the meanings concealed in the complexities of the lifeworld that can reveal unique lived experiences (van Manen, 1997). van Manen (1997, pp.39–40) proposes that a hermeneutic phenomenological concern is more than a preoccupation with the concreteness or 'ontic' but should encapsulate the nature of lived experiences and what it means to be, that is 'ontological'. Hermeneutic phenomenology is the most fitting methodology for the study as it enabled me to think beyond concepts of compassion and to be attentive to meanings hidden in nurse educators' experiences. van Manen (1997) purports that these meanings excavated from the hermeneutic phenomenological method can surface understandings experienced through corporeal, relational, temporal and spatial modalities, coined as 'existentials'. As the study continues, these existentials informed by van Manen (1997) will deepen my analysis on how meanings emerge through nurse educators' modes of existence in the university.

As I am part of the nurse educators' world, my interpretations of their meaning making were told from an emic perspective. The study sought *Verstehen* (interpretative understanding) into the subjects' lived experiences and accepted that the researcher cannot be separated from what is studied (Smith,1983; Packer, 2010). Withy (2014, p.64) contends that the person seeking meaning already has a

‘particular history, a definite body and gender, a specific personality’ that give rise to their presuppositions and influences their interpretation of phenomena. These contextual factors informed my introspection as I interpreted the meaning of compassion through engaging with nurse educators and the wider socio-political context. Therefore, I did not attempt to suspend my presuppositions but made them explicit by questioning and thinking about how my views might relate to the nurse educators’ experiences, so meanings were reinterpreted. Reflexivity, discussed later, enabled transparency and as I called upon some of the central tenets of hermeneutic phenomenology, I trusted that rich meanings were revealed openly and honestly. The philosophy that underpins hermeneutic phenomenology by Heidegger and Gadamer will guide the study and will be explained.

3.4.1 Hermeneutic phenomenology – philosophy offered by Heidegger (1889–1976).

Martin Heidegger (1889–1976) was a student of Husserl but changed the direction of phenomenology as he believed that meanings originate from human experience as they interact with the lived world (Sheehan, 2007). The project for Heidegger’s hermeneutic phenomenology is letting things become manifest as what they are rather than trying to force our own category on them (Palmer,1969). The hermeneutic endeavour was highly useful in answering the study’s questions by being attentive to what called out from the nurse educators’ experience that is interpreted as compassion.

Understanding phenomenon, according to Heidegger (1962), requires thinking about the meaning of being-in-the-world (Healy, 2011). In our natural absorption of daily activities, Heidegger purports that our background is concealed from us and the meaning of the phenomenon can go unnoticed (Healy, 2011). Dreyfus (1993) explains that these 'primordial' experiences described by Heidegger could go unnoticed but can be uncovered through bringing to light the meanings constituted contextually within a particular activity. Heidegger's philosophy that informs hermeneutic phenomenology was a prominent guide to this study as it could surface what might be otherwise hidden in the nurse educators' experiences to reveal rich meanings of compassion particular to nurse education in this UK HEI. To further my understanding of their lived experiences, the study was guided by Hans-Georg Gadamer (1900–2002) who expanded on Heidegger's philosophy and focused his intent on hermeneutics and will be discussed next.

3.4.2 Hermeneutic phenomenology – philosophy developed by Gadamer (1900–2002).

Gadamer's concern of man's existence in the world was also ontological but focused on hermeneutics that subsume the philosophical, historical, traditional and aesthetics in bringing understanding through the medium of language (Hans,1978; Regan, 2012). A central tenet of hermeneutics promulgated by Gadamer is that 'understanding is interpretation and vice versa' (Regan, 2012, p.286), thus indicating that understanding is always open to re-interpretation and not conclusive. Gadamer emphasises the practical notion of understanding and proposes that to understand means to be able to 'apply' that meaning to my situation (Grondin, 2002). The notion

of practical application of understanding was helpful to this study as it served as a guide to the type of questions I asked during the interview. For example, it was helpful to find out how the nurse educators might be applying their past experiences of compassion in their present context of nurse education. In particular, I was attentive to how their presuppositions of compassion were interpreted alongside their socialisation into the university's culture and how it might be influencing their pedagogical practices.

Gadamer recognises that the interpreter's historical perspectives could influence their pre-understanding but theorised that there are 'true' and 'false' prejudices. True prejudices could enable us to make sense of particular situations through relating it to our past experiences, but conversely, it could serve as 'false' prejudices that restrict our interpretation of new meanings (Spence, 2017, p.837). As I interpreted the nurse educators' stories, I questioned my own assumptions through reflexivity and thought about how it might be influencing my interpretations. It is beyond the scope of the study to explore all of the philosophical ideologies of hermeneutic phenomenology, but the key notions rendered by Heidegger and Gadamer that underpins the study are presented next.

3.5 Heideggerian philosophical notions

3.5.1 *Dasein* – openness to interpreting compassion

The existential view that questions the nature of existence is rooted in Heidegger's (1962) philosophy which theorised that 'Being-there', termed *Dasein*, always understands itself in terms of its existence that is openly engaged with the world.

Dreyfus (1991, p.13) explains that Heidegger did not intend for *Dasein* to be thought about as a conscious subject but rather to mean 'being there', as a constitutive subject who is interested in the human 'way of being'. In his magnus opus, *Being and Time*, Heidegger (1962) asserts that '*Dasein* is ontically distinctive in that it is ontological'. The capitalisation of the 'B' in 'Being' is used to emphasise the ontological way of existing that distinguishes Being from entities (Wheeler, 2011). Therefore, from this point onwards, I use 'Being' and 'being' to denote the difference between the ontological and the ontic, but I am mindful of the dynamic connection between the two and do not intend to place them in 'fixed binary opposition' (DiCenso, 1988, p.668).

For *Dasein*, the meaningfulness of the experience occurs through relations with others and worldly activity that is contextual, open to all possibilities and can be re-interpreted (Sheehan, 2007). Heidegger's analytic of *Dasein*, affirms that a central concern of *Dasein* is to consider its mode of Being, its Being-with or existence with others (*Mitsein*) and the 'different forms of Being- with-one-another' (*Miteinandersein*) (Cerbone, 2008; Crowther and Thomson, 2020, pp.6–7). Exploring with nurse educators what it means to them in their way of Being in this university, their relationships with others and in this particular socio-political era could reveal rich, situated meanings on how their experience of compassion is interpreted. It can allow *Dasein* a moment to pause, to analyse self and others' ways of being and how its comportment is understood as compassion or lack of compassion. It might reveal

how nurse educators think about themselves as moral agents, what concerns them and what they value most in 'this' university.

3.5.2 Understanding compassion through Being-in-the-world

Heidegger (1962) denotes the compound expression 'being-in-the-world' to emphasise that it is a unitary phenomenon, there is no self/world distinction and interpretation is rendered through *Dasein's* involvement in the world (Cerbone, 2008). It will be useful to think about how nurse educators make meaning of compassion through Being-in-the-university and how they relate their understanding to the world of nursing practice.

The background familiarity of Being-in-the-world does not require conscious thought because we are naturally absorbed in the world (Wisnewski, 2013). Consequently, the meanings of nurse educators' everyday encounters may become hidden or taken for granted; for example, we may empathise with someone who is bereaved and sit with them in silence, but the meaning of the experience may go unnoticed. It is this primordial way of Being that the study seeks to uncover so that understanding of compassion can be surfaced from those unique experiences that might otherwise be concealed as it eludes consciousness. Heidegger purports that we actively think about our existence when there is a 'breakdown' or something concerns us deeply (Healy, 2011, p.221). The study may surface experiences when the nurse educators felt something was missing in their relationship with others that they interpret as lack of compassion. The analytic of *Dasein* will guide my data interpretation as I think

about the nurse educators' everyday encounters and contemplate on the meaning of those background experiences that might have been forgotten or there was a 'breakdown' in the relational way of Being.

3.5.3 Thrownness in making meaning of compassion

Thrownness, otherwise termed facticity, according to Heidegger, refers to the particular ways in which *Dasein* is already engaged and orientated in the world (Cerbone, 2008). It means that the specific time, place, gender and culture one is born into already determines how the world is made intelligible to us (Withy, 2014). For nurse educators who are 'thrown' into the world of university life, we may become socialised through its particular culture and norms; it shapes who we are and often is not consciously thought about.

Thrownness in the way in which the world is encountered and our decisions on what concerns us is also emphasised by our mood (Cerbone, 2008). Heidegger believed that moods or attunements signified 'being there' and *Dasein* is always in one mood or another that reveals how things are disclosed (Dreyfus, 1991). Thinking about the nurse educators' distinctive pasts and how they are orientated within the context of the university will be helpful in analysing how the notions of care and mood might influence their understanding of compassion. For example, my reflexivity surfaces a mood of turbulence and anxiety as I am concerned about how the *techne* and *phronesis* are to be equally met in the curriculum. Our interpretations, according to Heidegger, are based on fore-structures of understanding that will be explained.

3.5.4 Fore-structures of understanding influences on interpreting compassion

Heidegger (1962) postulated that human beings come to understand things through a dynamic interplay of fore-structures of understanding: fore-having, fore-sight and fore-conception. Fore-having refers to interpretation grounded in something we have in advance, fore-sight for something seen in advance and fore-conception is the anticipatory grasp of what the phenomenon might mean (Ginev, 1999). By reflecting on our own fore-structure, 'one can at least partially regulate one's implicit interpretative dispositions and so allow the otherness of the things to be disclosed and appear against the background' (Grondin, 1994, p.97). Therefore, my fore-conceptions need to be continually worked out and brought into interpretation as I engage in meaningful dialogue with nurse educators and will be furthered through on-going reflexivity.

3.5.5 Care

In this social world existentially shared with others, Heidegger projected that '*Dasein* is care' that conveys a fundamental part of being human involves our engagement in a world that matters to us (Wilson, 2014). In particular, Heidegger (1962, p.32) considered humans as self-interpreting beings who care about their existence and that '*Dasein* understands itself in its Being'. Central to Heidegger's theory of Being-in-the-world is ***Dasein's*** care for Being-with-others as our experiences are always in relation to other people (Pascal, *et al.,* 2010; Healy, 2011). The notion of Being-with-others urges us to think about not only how others engage with us but also how we

exist with others. Heidegger (1962, p.154) asserts 'By "Others" we do not mean everyone but me…They are rather those from whom, for the most part, one does not distinguish oneself – those among whom one is too'. In particular, Heidegger (1962, p.235) purports that Being-with-others within-the-world involves solicitude (*fursorge*) or our concern for others that requires being resolute despite our thrownness into particular situations.

Although *Dasein* is shaped by inherent factors that cannot be chosen and our thrownness in a certain world, Cerbone (2008) asserts that the decisions one goes on to make will depend on Heidegger's appeal to care. Care as aforementioned, therefore requires *Dasein's* resoluteness, which means 'projecting oneself' and being responsible for our actions and decisions regardless of our thrownness (Cerbone, 2008, p.96). Heidegger (1962, p.83) believed that despite *Dasein's* thrownness, there are multiple choices accessible to us, but the way we choose to exist is guided by our concern or care for Being-in-the-world. Therefore, whilst there may be various options and constraints that limit or delimit human choices, the decisions one goes on to make are influenced by our concern or care for Being-with-others and what is an issue for us (Dreyfus, 1991; Thomson, 2011). I will be adapting Heidegger's notion of care when interpreting the data as I think about how nurse educators decide on which pedagogical approaches to use when teaching compassion and how they choose to act or behave when Being-with their peers, students, managers and the university that may be interpreted as compassion or lack of compassion. The adapted use of Heidegger's concept of care in this study could provide an

interpretive lens to illuminate how nurse educators navigate the university's systems and processes to make decisions about what concerns them and that they interpret as compassion. The notion of care means that I will be attentive to how nurse educators interpret their concern about their professional practice in the everydayness of the university and, in particular, what concerns them the most in their meaning making of compassion.

3.5.6 Authenticity and Inauthenticity

Heidegger postulated that whilst 'concern' guides our decisions and Being is an issue for us, we may exist between authentic or inauthentic modes of existence (Thomson, 2011, p.145). According to Heidegger, humans are already socialised in public practices and they can either choose to accept the norms and culture of society and exist inauthentically or face up to their anxiety and become an authentic self (Dreyfus,1991, p.241). Thomson (2007, pp.327-328) posits that Heidegger did not regard this inauthentic way of Being as always a deficient mode of existence, as through enculturation processes it is *Dasein's* essential way of Being-in-the-world. In addition, there must be inauthentic existence to initiate self-awareness in one's endeavour for authenticity (Thomson, 2007). Nevertheless, in our prescribed daily routines, we are often absorbed in our world, pre-reflective, and as such Heidegger (1962, pp.164–173) believed that 'Being-with-one-another'… 'we are guided by idle talk, curiosity and ambiguity'. Heidegger claimed that *Dasein* mainly exists inauthentically and is content to follow the 'they' (*das Man*) unquestioningly. This everyday way of Being assumes a lack of responsibility for our decisions and takes on generic forms of self-understanding (Taylor, 2006). Heidegger proposes the

notion of ‘fallenness’ that leads to inauthentic existence to explain how humans live life superficially, content to go along with what is familiar to them and what is championed by others (Bourgeois and Schalow, 1987). Arguably, there are times when conforming to the community’s norms are necessary as there are rules and standards required for the smooth running of the organisation and to ensure that collective goals are achieved.

Taylor (2006) explains being authentic according to Heidegger means resisting conformism and assuming self-responsibility and requires two distinctive elements: resoluteness, where one is sensitive and responsive to particular needs of the situation, and fore-running that involves a willingness to be exposed to the vulnerability and fragility of the world. The move to Being authentic occurs as *Dasein* experiences a mood of anxiety from an ‘uncanniness of thrown individualization’ as ‘anxiety discloses *Dasein* as Being-possible’ (Heidegger, 1962, pp. 232-233, 325). These moments of ‘uncanniness’ urge us to think about the ontological character of our Being and how we choose over our inauthentic or authentic modes of existence. Heidegger believed that a requirement for authenticity is acceptance of our own mortality as through understanding our temporality we can fulfil our ownmost potential for Being-in-the-world (Thomson, 2007). However, being authentic does not mean existing in isolation as *Dasein* is dependent on Being-with-others and therefore it’s about ‘questioning the type of Being one is’ and one’s ‘ownmost potentiality of Being’ an individual (Cerbone, 2008, p.96). Authenticity therefore requires reflexivity where one can confront the temporality of one’s own existence in

spite of the uncertainties and insecurities it may yield. I appreciate the Heideggerian notions such as authenticity and inauthenticity are philosophical, higher-order and can be subjectively and contextually determined in research (Thomson, 2011; Horrigan-Kelly, Millar and Dowling, 2016). Adapting these concepts in the interpretive phase of this study, could uncover the nurse educators' modes of existence in the university that may be interpreted as compassion or lack of compassion. In particular, it urges thinking about how the university's traditions and socialisation processes might influence the nurse educators' everyday lived experiences and how they choose to teach compassion and exist in the university that may be interpreted as authentic or inauthentic modes of Being.

3.5.7 Temporality

Temporality in the philosophical sense for Heidegger is not how we usually understand clock time but relates to how '*Dasein's* future precedes the past, which in turn precedes the present' (Cerbone, 2008, p.67). Time understood in this way is not linear as *Dasein's* present situation could also reconfigure how the past is interpreted. Heidegger (1962, p. 376) asserts that 'Temporality makes possible the unity of existence, faciticity and falling and in this way constitutes primordially the totality of the structure of care'. It means *Dasein's* ontological condition on how it exists or continue to be, relates to its past self and its temptation of fallenness of the present (Wisnewski, 2013). Temporality thought of in this way will help me to understand how nurse educators' recollection of significant past events might offer glimpses into their ways of Being in the university and could be related to their anticipatory grasp of what compassion should mean.

3.6 Gadamer's philosophical notions

3.6.1 Understanding through Language

Gadamer (2004, pp.402, 403) believed that 'language is the medium in which substantive understanding and agreement take place' and the hermeneutic endeavour is 'coming to a proper understanding about the subject matter' through dialogue. There is a 'universality' of language which means one is able to project reasoned thoughts onto another and read between the lines through dialogue (Regan, 2012). It means being conscious to what is said and not said that includes utterances, intonations and being receptive to the infinity of interpretations that can occur through language. Gadamer's emphasis on language will prompt me to think about the verbal and non-verbal forms of communication that occur in the research interviews and to respond to cues that furthers how compassion is thought about. Attention to language is particularly distinctive to hermeneutic phenomenology as Gadamer also draws our focus on 'interpretation' in what is expressed through the arts (Laverty, 2003). It urges my thinking about the hidden meanings of compassion that are implicit in the phenomenological conversation or the types of art that the nurse educators might call upon in their meaning making of compassion. It compels me to be attentive to the types of questions I ask that address my research questions, to explore the gestures that might belie the words and to recognise the limits of the thoughts expressed in words. It will therefore require that time is spent reflecting immediately after each interview so that I can consciously think about my biases and how it relates to my peers' understanding and reduce possible mis-understandings of their meaning of compassion.

3.6.2 Fusion of Horizons

A person's worldview or vantage point is described by Gadamer as a person's horizon of understanding and can deepen when individuals share their perspectives through a fusion of horizons (Grondin, 2002). In accordance with Heidegger's notion, Gadamer (2004) believed it is impossible to eliminate the interpreter's presuppositions and philosophised that understandings are continually shifting as our prejudices based on past traditions are questioned and so can surface tensions when fused with our present horizon of understanding. Engaging in conversations with nurse educators can allow their experiences to be shared and re-interpreted from my own historical standpoint, but might uncover differences in our horizons of understanding of what compassion means. Although we might have unique horizons of understanding, an openness to others' viewpoint can enrich the meaning of the phenomenon. Therefore, in my research methods, I will endeavour to remain open to the nurse educators' ideas and opinions during the interviews and this will extend into my data interpretation as I continually clarify and question my own horizon of understanding and how it relates to their stories.

3.6.3 The Hermeneutic Circle

Gadamer characterised the 'hermeneutic circle' where each part (e.g. philosophical, historical and aesthetics) could contribute to the whole meaning and that the entire meaning can influence how each part is interpreted (Hans,1978; Lawn, 2006). Koch and Harrington (1998, p.887) agree with Gadamer's concept that 'understanding is circular' where each part impacts on the meaning of the other to illuminate the understanding of the phenomena in its fuller sense. Gadamer postulated that the

person seeking understanding brings their own prejudices into the hermeneutic circle and there is a dialectical interaction between the whole and the parts that are compared to what is already known (Debesay, Nåden and Slettebø, 2008). Therefore, Motahari (2008) claims the term 'circle' might be misleading if thought about in its real sense as it creates the notion that there is a unidirectional circular movement to interpretation that returns to the same understanding from where we started. As the art of understanding involves a reciprocal interdependence and deliberation of the parts and the whole that is a continuous 'self-correcting process', it is better to think of it as a 'hermeneutical spiral' (Motahari, 2008, pp.102,106).The fusion of the interpreter's own horizon of understanding and horizon of others relies on the individual giving themself over to the experience (Gadamer, 2004). I am thus open to various horizons of understanding and as I am immersed in the hermeneutic circle, I have contemplated various theoretical perspectives in deepening my interpretation of compassion. The Neo-Aristotelian view on compassion philosophised by Martha Nussbaum (2001) seems particularly helpful in addressing my study's questions and my reasons will be explained next.

3.7 Neo-Aristotelian theoretical perspective of compassion

There are several theories of compassion such as theological, evolutionary and neo-Aristotelian perspectives and as I consider some of these concepts in relation to the contextual literature on nursing, I appreciate the differing lens they offer in seeing the phenomenon. For my study, I am seeking perspectives that give me fresh and relevant viewpoints for how compassion is interpreted in nurse education today. The

neo-Aristotelian theory proffered by Nussbaum (2001) resonates with my understanding and provides a distinctive realisation on how its concept might uncover the tacit knowing in nurse educators' meaning making of compassion. I will explain why I believe the religious and evolutionary theories did not seem to fit with my study's quest for interpreting compassion in contemporary nurse education and rationalise the venerable and imaginative contribution of the neo-Aristotelian concept.

Whilst nursing in the UK is historically rooted in Christian beliefs (Straughair, 2016), today's society represents multiple faiths and my study's aim does not seek comparative religious perspectives. Furthermore, I am concerned that if my study is viewed from a religious perspective, it may limit the understanding of compassion to an individualistic dimension of religious spirituality that restricts consideration of the wider socio-economic variables connected to compassion (Pesut *et al.,* 2008; Wynyard, 2014). Based on these arguments, the religious framework in this instance would be restrictive in guiding my interpretation of the lived experiences of nurse educators and therefore it would not have been helpful in addressing the wider diversities in understanding compassion.

From an evolutionary perspective, compassion, phrased as 'sympathy' by Darwin, was promulgated as instinctive and a necessary part of survival where protection and nurturing are offered to the vulnerable offspring (Goetz, Keltner and Simon-Thomas, 2010; Ledoux, 2015). As previously discussed in Chapter 2, several

authors indicate that some individuals naturally possess intrinsic traits for compassion (Straughair, Clarke and Machin, 2019). Nurse educators' understanding of compassion through an evolutionary perspective seems limited in the literature and therefore my study might share some glimpses over this debate. However, I assert that such issues cannot be fully ascertained until we understand how nurse educators interpret the meaning of compassion through their everyday experiences as focused in my study. Therefore, the evolutionary concept of compassion were not pursued and I looked to the neo-Aristotelian lens in seeking meaning of compassion in contemporary nurse education.

Nussbaum's (2001) neo-Aristotelian theory of compassion emerged from Aristotle's work on morality and virtue ethics and his discussion on pity that translates into compassion in modern society (Carr, 1999; Deigh, 2004). She includes the Stoics' conceptions of cognitive reasoning in making evaluative judgements on how compassion is understood (Deigh, 2004). Her culminated analysis of compassion theorises that it is a social emotion that involves deep cognitive reasoning (Nussbaum, 2001). Surmising on the neo-Aristotelian perspective of compassion as a cognitive emotion (Nussbaum, 2001) could offer possibilities on analysing how nurse educators make meaning of compassion through actively thinking about their emotions and how they assume this affects their teaching practices. Nussbaum (2001) emphasises the cognitive aspect of compassion and argues that it goes beyond individualistic concerns but is necessary in many aspects of public life such as attending to social and political justice, welfare and moral reasoning. Her

philosophy is highly useful to this study as it expands thinking about how nurse educators adequately prepare nurses for compassionate practice through ethical decision-making and equal opportunities.

Nussbaum (2001, pp.306–319) proposes that for compassion to occur it requires three reasoned judgements:

1) The suffering of the 'other' is serious.

2) The suffering is undeserved.

3) The awareness of similar possibilities; the person feeling compassion can sense their own vulnerability and can imagine themselves or their loved ones suffering this misfortune.

Nussbaum expanded the third point and posits that the evaluative judgement is based on the well-being or human flourishing of the sufferer and is a necessary part of the carer's own happiness described as 'eudaimonistic judgement' (Nussbaum 2001, p.319). In Aristotle's seminal writing, *Nichomachean Ethics*, he postulated that humans aspire for happiness or human flourishing termed 'eudaimonia' and to achieve this requires deliberation and sympathetic (empathetic or compassionate) decision-making (Jenkins, Kinsella and DeLuca, 2018). Nussbaum furthers thinking and explains that what is required for compassion to occur is an evaluative judgement that the 'person suffering is significant in my own scheme of goals or project' (Nussbaum, 2001, p.319). This particular viewpoint can provide understanding into what matters most to nurse educators and how it relates to who

compassion is directed towards and how it is experienced. It will urge thinking about how political and managerial goals influence the nurse educators' agenda and if it creates or inhibits conditions for human flourishing.

It may be argued that Nusbaum's (2001) second point on deciding which suffering is undeserved could instil blame and exclude compassion to some individuals whose misfortune may be regarded as a result of their own negative behaviours (Crisp, 2008). The neo-Aristotelian lens could uncover potential biases, personal and sociocultural influences and tensions on how evaluative judgements are constructed in nurse education. It may reveal hidden meanings on how the nurse educators decide on the 'seriousness of the situation' for compassion to be offered and their thoughts on who they think are 'undeserving of suffering' (Curzer, 2007). Nussbaum's (2001) theory of compassion has been criticised for over-emphasising the cognitive element where limited attention has been afforded to feelings that Deane-Drummond (2017) argues are necessary parts of this phenomenon.

Compassion explored solely from a cognitive perspective could ignore the argument proposed by others where compassion is considered a feeling or non-cognitive human quality (Crisp, 2008). Whilst Nussbaum emphasises the cognitive structure of emotions, I assert that she recognises and appreciates the integral role emotions play in human ethical reasoning as she purports;

> *'Emotions are not just the fuel that powers the psychological mechanism of a reasoning creature, they are parts, highly complex and messy parts, of this creature's reasoning itself'* (Nussbaum, 2001, p.3).

Furthermore, Nussbaum gives a lengthy description of the feelings she experienced with the loss of her mother and explains how a person's historical experience can influence their present emotions in making evaluative judgements.

In summary, Nussbaum's (2001) neo-Aristotelian perspective could afford rich insights into the nurse educators' cognitive, emotional and sociocultural influences that guide their interpretation of compassion. I recognise that my early readings of Nussbaum's neo-Aristotelian's theory might add to my pre-suppositions on how compassion is understood and may impact on the data collection and interpretation of findings. Whilst my pre-suppositions cannot be bracketed, I will be critically open to my biases as I am prepared to engage reflexively with different perspectives of compassion. I appreciate that Nussbaum's theory might influence 'my' interpretation on how nurse educators make evaluative judgements about compassion, but I will remain open to their views and socio-political stance. Post-interview reflective notes will scrutinise my own assumptions on how I make evaluative judgments on others' suffering and their deservedness of compassion in relation to the nurse educators' opinions on how they decide over who is worthy of compassion. I will think about my own emotions that surface during the interviews and how they impact on my analysis of the data that will be revealed through poetry and reflective notes. As I am part of the hermeneutic circle that contributes to the whole meaning of compassion, I

appreciate that my prejudices can colour my interpretations of compassion and thus my reflexivity will continually feature throughout the study.

3.8 Reflexivity

In this study my reflexivity allowed me to question my assumptions, to make strange what is familiar and to illuminate my true and false prejudices (Delamont and Atkinson,1995; Spence 2017). Wisnewski (2013) asserts that *Dasein's* interest lies in the everydayness involvement of Being-in-the-world and I am aware that whilst I am caught up in the daily business of university life, I can frequently enter periods of fallenness. Reflexivity can prompt authentic ways of Being as I question my own values and understandings of compassion and how it relates to nurse educators' experiences in the university.

I kept a reflective journal since the beginning of the study that facilitated my critical self-awareness and fostered transparency of my own presuppositions (Watt, 2007). My reflexive journaling was dialogical and dialectical in nature, as I questioned self, my ways of knowing, thinking about what I have read and re-read and returning to further questioning and answering my understanding of the phenomenon (Spence, 2017). Watt (2007) purports that through this process of introspection, one is able to recognise and scrutinise their thoughts and prejudices that might influence the research and suggested that although they cannot be set aside, they can be made known to others.

Reflexivity raised a conscious awareness of the possible impact of an insider researcher's status on the recruitment and data collection process as I am already immersed in the university's culture and have established relationships with my peers. It is recognised that insider researchers have easy access to the study's population, can readily identify suitable participants and can enhance the development of researcher-participant rapport and reciprocity that enable deeper exploration of the phenomenon (Corbin Dwyer and Buckle, 2009). Conversely, the researcher's familiarity with the study's group who might share similar experiences is not always advantageous as it could potentially lead to role confusion, presumptions from both parties and limited exploration when collecting the data (Couture, Zaidi and Maticka-Tyndale, 2012). Furthermore, some participants may not feel comfortable talking to a researcher who is member of their community and may prefer the anonymity of an outsider (Couture, Zaidi and Maticka-Tyndale, 2012). Reflecting on the potential advantages and limitations of being an insider researcher, I was transparent at each stage of the research journey. My position and existing knowledge about compassion were made explicit as I discussed my decisions on the recruitment process with my supervisors, sought ethical approval, piloted the data collection method and my on-going reflexivity is featured throughout the thesis.

Whilst it can be argued that an insider researcher's pre-understandings can enable questioning of issues that are significant to the organisation and can yield rich, situated knowledge that directly impacts on practice, concerns have been raised about its objectivity owing to the researcher's closeness to what is being studied

(Fleming, 2018). Hermeneutic phenomenology research accepts that the researcher can never be totally objective (Laverty, 2003; Koch, 2006) but trustworthiness is enhanced as I later give a detailed description of the study's context, processes and characteristics of the participants so that understanding gained from this study might be transferable to other settings (Holloway and Galvin, 2017). In addition, through acknowledging and reflecting on my beliefs, values and experiences, I questioned the impact this personal autobiography might have on the study's design and data collection process (Polit and Tatano Beck, 2010).

To further uncover my pre-understanding of compassion, I was interviewed by an expert researcher that brought my assumptions to the fore. Spence (2017, p.838) supports undertaking a 'presupposition interview' as it can reveal the prejudices the researcher brings to the interpretation and surface their emerging understandings of the phenomena. Reflecting on the presupposition interview, I was acutely aware of how passionate I am about the phenomenon and the strong views I hold on what I think compassion should be. I was in wonder by how frustrated I felt by the ambiguity of the meaning of compassion and the tensions it created within myself when it did not seem equally valued by others who focused on the technical skills. I realise my biases are ineluctable as I am not divorced from the world and therefore do not intend to bracket my presuppositions but rather be attentive to how it may be influencing my interpretations so that I remain open to the views of others. Spence (2017) asserts that the meanings we uncover from our experiences are not only formed rationally but connected emotionally in bringing to light the things that are

important to us. Such deep reflexivity that reveals my judgement and feelings emphasise Heidegger's (1962) appeal to care. I am attentive to my concerns, my fear that technical skills might be prioritised over humanistic values and my hope for how I envisage compassion could be developed in our pedagogical practices. Specifically related to my study, I will think, question, discuss and journal reflexively, issues that particularly concern the nurse educators and how they relate or jar with my own values and biases about the meaning of compassion and its implications for nurse education professional practice.

This self-reflexive opportunity has revealed that I might have assumed that my peers have not prioritised compassion in their pedagogical strategies, but it could be that their interpretation of compassion has led to alternative ways in which it is facilitated. An openness to differing perspectives is therefore required for interpreting the participants' stories and my reflexive endeavour will be to 'trust the process' (Smythe, 2011, p.37) and embrace uncertainty as I cyclically think, question and reconsider how my understanding of phenomenon might be reinterpreted over time (Crowther *et.al.,* 2017).

My reflexive journaling is framed around my fore-structures and is an essential part of the data analysis as I am part of the hermeneutic circle. My fore-having reveals my past experiences of compassion in my personal and professional life and how it

moulds my present understanding. As indicated in Chapter 1, my earliest memories of compassion are associated with the nurturing, patience and selfless acts that emanated from my mother. As a nurse and nurse educator, my experiences of compassion have been shaped by the professional values and the relationships I have formed with patients, students and colleagues; a strong sense of care and 'Being there' for others. My fore-having as a woman, a mother and a grandmother, a nurse and nurse educator permeate my pre-understanding that compassion is something lived, felt and integral to being human that is fundamental for reaching our future aspirations. Thus, my fore-sight to how I interpret the data stems from my fore-having as a woman, mother, nurse and would be searching for the meanings that reside in the experiences; unconcealing something unique to being human, distinctive to nursing and a privileged responsibility required from nurse educators. The fore-conceptions I possess anticipates an openness to what is shared and the future projections of meanings that are yet to come. Figure 3.1 offers my fore-structure of interpreting compassion that openly shares my presuppositions and how I envisage future understanding of the phenomenon.

Fore-having: My background experiences in play

As I search for answers from the texts and the arts, I'm called into thinking about my childhood days

And as if for the first time my senses are re-awakened, and I'm mesmerised about mammy's ways

Her familiar smell, reassuring smile, soothing voice and comforting touch, nourishes my being

And holds me up when I stumble, when I'm pained, when I'm lonely…or just not feeling

For I'm nurtured, as she cares for and about me and this brings compassion into my meaning.

The roads I have walked, the life I have lived, the relationships I have built and the profession I hold

Have deepened and challenged my assumptions on compassion as I inhabit this particular world

For being a daughter, a mother, a grandmother, a nurse and a nurse educator unearths new perspectives

Where compassion is unique yet ordinary, freely offered yet controlled; creating tensions yet future possibilities.

Fore-sight: My on-going play in the present

In the here and now I think about how I orientate myself to the phenomenon of compassion

I am in wonder of how much my interpretation is directed by my personal experiences and my profession

For I see compassion permeating how I understand acts, values and emotions… a fundamental necessity

Imbued with kindness, selflessness and deep concern for self & others; a central part of humanity.

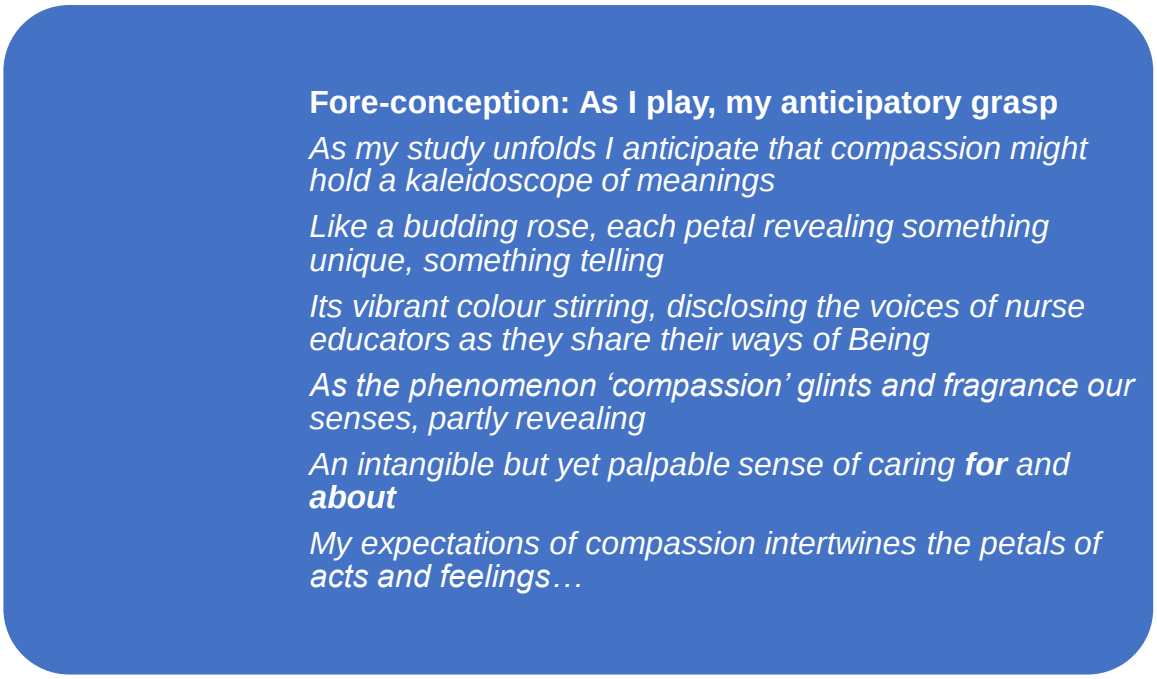

Figure 3.1 My fore-structure of interpreting compassion: A glimpse of reflexivity shared- My dialectical and dialogical play.

3.9 Methodology summary

Heidegger and Gadamer did not propose hermeneutic phenomenology as a research methodology but others have shown that its philosophical principles can be applied in research to reveal rich, shared meaningfulness of the human experience (Benner, 1994; Crowther and Thomson, 2020). I have justified my reasons for choosing hermeneutic phenomenology to answer the research questions.

3.10 Research methods

This section reflects on the processes and decisions for my research design. It explores sampling, data collection and analysis that was guided by hermeneutic phenomenology. The ethical considerations are discussed first as a foundation to the research design.

3.10.1. Ethical considerations

The moral responsibility I have towards protecting the participants' physical, psychological and social well-being required that the ethical principles of autonomy, beneficence, non-maleficence and justice were embraced (Beauchamp and Childress, 2012). Therefore, formal application for ethical approval was sought through the university's Faculty Research Ethics Committee (FREC) where I was conducting the study (see Appendix one), and was successfully granted following amendments to the study's proposal (see Appendix two).

In-depth interviews were conducted with my peers who worked in the same university as myself and thus I was aware that there could be particular challenges

researching my colleagues. Quinney, Dwyer and Chapman (2016) acknowledge that interviewing peers can be challenging as relationships can range from collegial to close friendships and could produce mixed emotions and possible exclusion for the participants. I recognised the nature of the relationship I had with the participants varied from close friendships to work associates. My role as pathway leader did not include management duties, hence I did not envisage issues over power dynamics. Holloway and Galvin (2017) assert that relationship inequalities can exist if the researcher is in a position of authority or holds management roles. I also believed that it would be particularly useful to conduct the study in the same university in which I work as hermeneutic phenomenology appreciates the situatedness of meaning; as I am in the same world as the participants, we share the same norms and culture of the organisation and thus I could develop a deeper, insider's perspective of the phenomenon. I was more concerned that my peers might feel obligated or pressured to take part in the study.

To avoid coercion and to respect the individual's autonomy, I ensured the participants were fully informed of the study, its focus and aims, the advantages and possible risks of taking part, and they were made aware that they would not be disadvantaged if they decided not to participate (Beauchamp and Childress, 2012). Autonomy was furthered through the ethical rule of truth-telling propounded by Beauchamp and Childress (2012) as I was open and honest about the study's purpose and willing to answer any questions for those deciding on whether or not to take part. Voluntary, informed consent was obtained and it was emphasised that if

consent was withdrawn that there would be no repercussions and I would be respectful of their decision (Health Research Authority, 2017). The contribution to new knowledge from this study will add richness to the literature that will be disseminated and will be invaluable to nurse education and supports the principle of beneficence and justice (Beauchamp and Childress, 2012). Furthermore, this study will give nurse educators the space to reflexively think about their role in the university and how their understandings of compassion might be influencing the curriculum and their projections for the future pre-registration nursing programme.

Although interviewing one's peers might have less power differences, vulnerability can still ensue if there is a fear of unintended disclosure that could endanger the participants from honestly telling their stories (Holloway and Galvin, 2017). Furthermore, the nature of the relationships with colleagues could impact negatively on the findings as some individuals might only talk about issues they feel are socially desirable. Others may worry that sharing sensitive or negative experiences may portray them as uncaring and lacking compassion. The hermeneutic phenomenological approach probes deeply into the human experience and this could arouse feelings of exposure and vulnerability. The principle of nonmaleficence was endeavoured through a debriefing opportunity scheduled immediately after the interview to provide opportunities for the participants to raise any concerns or questions. There was the possibility that exploring the participants' experiences of compassion might have raised sensitive issues that could have caused emotional distress. If there were any signs of distress during the interview, I had planned to

stop the interview and only continue if the participants felt able and requested me to do so. If further support was needed, provisions were made on how to access the university's staff counselling service. Collegial trust was endeavoured through assuring confidentiality and anonymity were maintained (Devers and Frankel, 2000).

Confidentiality and privacy of the participants were framed in accordance with the Data Protection Act (2018). The participants were invited to choose their own pseudonym that was used to protect their identity and promote anonymity (British Ethical Guidelines for Educational Research, (BERA), 2018). Any identifying data of individuals or organisations in the transcripts were changed in agreement with the participants. It was decided that the audio-recordings would be deleted within 24hrs of the interview once the anonymised data were transferred to a password protected file on the university's secure drive. Hard copies of the transcript and the consent forms were stored in a locked cupboard within the university in accordance with the organisation's information policy for data storage and protection.

On-going reflexivity continuously features in my interpretations of the stories that illuminate the phenomenon in an unconcealing way. A summary of my interpretations will be presented to the participants who have all accepted this offer as they have expressed feelings of curiosity and interest on what the study might reveal.

3.10.2 Participants and recruitment

Purposeful sampling was required in the recruitment process as the study's focus seeks the meaning making of compassion from nurse educators working in pre-registration education. To explore their lived experiences that captures in-depth understanding of the phenomenon, the following selection criteria was applied:

- Nurse educators who are involved in teaching and assessing in pre-registration education in all fields of nursing within the HEI.
- Nurse educators who are on the NMC's active register.
- Nurse educators who have worked at the university for two years or more.

An invitation letter (see Appendix three) to participate in the study was sent through the staff's email directory within the School of Nursing. The email included a participation information sheet (see Appendix four) that was sent with the invite and an informed consent form (see Appendix five) prior to recruitment so that they had sufficient time to consider their participation. Whilst I am part of the nurse educators' world, to avoid role confusion, I was open and honest about my identity and role as researcher in the study that allowed them the opportunity to make an informed decision about their participation. Although I had easy access to the nurse educators, they were not physically approached or verbally invited, and I sought their participation formally through a written invite so as to avoid potential feelings of obligation to participate in the study.

As my research is concerned with explicating the hidden meanings of the experience from individuals who share knowledge of the phenomenon, I required in-depth

knowledge and thus a small sample was considered appropriate (Holloway,1997). I was not seeking saturation as van Manen, Higgins and Riet (2016) purport that saturation is not congruent with phenomenological research as it is not possible to capture all meanings that are temporal and can change. Smythe (2011) suggests that a sample size also depends on practical issues such as the amount of time available to conduct the study and I have noted that several hermeneutic phenomenological studies have produced meaningful knowledge using small samples (Banning and Stafford, 2008; Wilson, 2014). Therefore, a sample of up to twelve was included and participants were informed that selection would be on a 'first-come first-served basis'. Of the twelve nurse educators who volunteered for the study, no one declined to participate from this group and there were no further requests made from individuals to participate during the recruitment process.

The participants all have experience of the phenomenon as they teach in the university's pre-registration nursing programme that delivers education and training in all nursing fields. The school of nursing recruits on average about 330 students per year for pre-registration nurse education with the majority of individuals undertaking the adult nursing field and smaller groups entering the children, mental health and learning disability fields. There are 83 full-time equivalent (FTE) nurse educators, with the majority registered in adult nursing and the school operates in a matrix structure. The sample of twelve participants came from the overall population of 83 FTE nurse educators. The demographics and characteristics of the participants are presented in Table 3.1.

Table 3.1 Demographics and characteristics of the participants

Participants	Gender	Nursing Field	Year ranges of working in the university
Matt	male	Mental health	2-5 years
Emma	Female	Children	5-10 years
Susan	Female	Adult	5-10 years
Ella	Female	Mental Health	5-10 years
Dani	Female	Adult	5-10 years
Bird	Female	Children	>15 years
Sky	Female	Learning Disability	2-5 years
Jason	Male	Adult	>15 years
Sally	Female	Adult	>15 years
Cameron	male	Adult	5-10 years
Ann	Female	Adult	5-10 years
Sandra	Female	Mental Health	5-10 years

The participants' professional backgrounds were diverse and their teaching responsibilities and team structure varied in accordance to their relevant nursing fields. The age of the participants are not presented in the table as this would be too

identifying but their age also varied with six participants between the age range of 30-40 years, two between 41-50 years and four were over 50 years of age. The sample variation provided helps to understand how nurse educators' interpretation of compassion might vary in relation to their background experiences as 'interpretations in the present are always linked to the history of those interpretations in the past (Lawn, 2006, p.53). Through sharing the essential characteristics of the participants in table 3.1, the trustworthiness of the study is enhanced as it allows readers to consider how the findings might be transferable to their context (Holloway and Galvin, 2017; Korstjens and Moser, 2018). I acknowledge that I have not identified the participants' ethnicity but it features in some of the findings and later discussion and is an area for future research opportunities.

3.10.3 Data collection

In-depth, face-to-face interviews were used to produce detailed and contextual meanings of the phenomena (Coombes *et al*., 2009). Semi-structured interviews were conducted using an interview guide (see Appendix six) based on topics gleaned from the literature review. Whilst I use the word 'conducted' for carrying out the interviews, I willingly admit these were conversations that I became 'involved' in and rests with the philosophical underpinnings of hermeneutic phenomenology (Smythe *et al.,* 2008, p.1392). I was guided by Gadamer's call for openness in the conversation and endeavoured the interview to have a 'spirit of its own…taking its own turn' and responding to the participants' cues (Smythe *et al.,* 2008, p.1392). I recognised that such conversations required particular interviewing skills as I wanted to stay close to the research topic but be flexible to the uniqueness of the

conversation. Therefore, a pilot interview was initially undertaken with my research supervisor that helped me focus on issues related to the research question, think about how the questions were framed and consider the overall logistics such as testing of the two digital recording devices to be used (Kvale, 2007; Coombes, *et al.,* 2009). The opportunity to conduct a pilot interview was invaluable to helping me reflect on how the questions were framed, refine the interview guide and develop the skills needed in facilitating a phenomenological conversation.

Prompts from the interview guide were helpful in exploring similar topics and probing questions encouraged the participants to expand on specific details related to the research question (Ryan, Coughlan and Cronin, 2009). Whilst ethical considerations have highlighted potential power imbalances that may deter some participants from telling their stories, as an insider researcher I was aware of the risks of 'informant bias' (Fleming, 2018). I recognised that there was a potential that some of the nurse educators might be willing to share personal information as I might be perceived as someone who 'understands'. The benefits of undertaking a pilot interview combined with the use of an interview guide helped focus the conversation whilst trying to maintain trust, sensitivity and rapport with the participants. I was aware that my own professional background in the adult nursing field combined with being a nurse educator for over fourteen years in the university might share commonalities with some of the participants and this might influence how I asked questions about their experiences and impact on their responses. As I undertook further interviews, my interviewing skills in research developed and there were times that minimal

questioning were required for the participants to share their experiences that they interpreted as compassion. Whilst some of the nurse educators are from diverse backgrounds that may contrast with my own experiences, through consciously thinking and questioning my own views, I remained open to their varied perspectives of compassion as I appreciate its phenomenological complexity.

Permission was sought from participants for brief notes to be taken in the interview to capture non-verbal responses that could hold underlying meanings (Kvale, 2007). However, whilst conducting the interviews, I felt the note-taking interrupted the flow of the conversation and consequently I decided to make post-reflective notes immediately after the interviews.

The interviews were conducted in a comfortable setting that assured privacy and confidentiality with minimal risks of interruptions (Liamputtong, 2009). A mutually agreed space that was considered private and safe was offered for conducting the interviews and all the participants were happy to meet in a private room within the HEI. The length of the interviews ranged from 47 minutes to 1 hour and 39 minutes and these times were not pre-determined but rather came to a natural end as I followed the participants' cues during the conversation. I initially transcribed three of the interviews myself but, for practical reasons, permission was later sought through the ethics' committee for the use of a professional transcriber to transcribe the remaining interviews (see Appendix seven), and permission was granted (see Appendix eight). The digital recordings of the interviews were later transcribed by a

professional transcriber who agreed and signed the university's confidentiality agreement form (see Appendix nine).

I recognised that my existing knowledge of the nurse educators' field of nursing, their status and responsibility in the university could influence how I asked questions, responded to cues or interpreted their meaning making of compassion. I was critically reflexive about how my own experience in adult nursing might contribute to a shared understanding of compassion with nurse educators with similar background experiences but might contrast with those from differing contexts.

3.10.4 Data interpretation

> *'What makes phenomenology so fascinating is that any ordinary lived through experience tends to become quite extraordinary when we lift it up from our daily existence and hold it with our phenomenological gaze'* (van Manen, 2017, p.812).

In keeping with the analytical framework of hermeneutic phenomenology, I did not intend to categorise nor reduce the data but rather aimed to show the meaning of the participants' stories from its situatedness (Smythe *et al.,* 2008). Although I initially thought of using Braun and Clarke's (2006) framework for thematic analysis that would be structured, I felt there were would be limitations in surfacing meanings hidden within the experiences and therefore an approach more aligned with hermeneutic phenomenological research was needed. Smythe (2011) explains that although thematic analysis is an appropriate methodological approach, it is not

enough when doing hermeneutic phenomenological research that requires interpretive skills that are underpinned by the philosophy of hermeneutic phenomenology.

Through extensive reading, seeking guidance from expert researchers and attending a hermeneutic phenomenology methodology course, I learnt the art of surfacing meanings from lived experiences through crafting stories from the verbatim transcripts (Smythe, 2011; Crowther, *et al.,* 2017; Crowther and Thomson, 2020). At first, the notion of developing narratives from the transcripts felt unsettling, for I was concerned that it may be viewed as fabricated stories and that the findings might be argued as lacking in credibility as it does not provide a structured process of analysis. However, expert researchers assert that through engagement with philosophical tenets, crafting stories is a trustworthy approach in hermeneutic phenomenology research (Crowther and Thomson, 2020). Guided by Heidegger and Gadamer's philosophy, my willingness to dwell in the data, my openness and attentiveness to what is spoken and unspoken enabled me to trust the meanings that emerged from the stories. The process was highly iterative as I repeatedly listened to the recordings and re-read the transcripts that urged me to question and contemplate (Spence, 2017) about the meaning making of compassion from both the participants' and researcher's perspectives. I recognise the findings of this study are contextual and whilst I am not seeking for measures of correctness or generalisability, I hope that the stories I present are plausible and might resonate with others (Crowther, *et al.,* 2017). Interpretation was initially informed by

Crowther's *et al.,* (2017, pp.829-831) guidance on crafting stories that involved two overlapping but distinctive processes:

- Ontic phase: involves the practical skill of crafting the story
- Ontological phase: *The Interpretative Leap* – involves asking questions to the story in seeking deeper underlying meaning that connects to the philosophical perspectives of hermeneutic phenomenology. Further questioning of the theoretical and professional literature related to compassion and asking how does the story relate to self, others and the world.

A summary of the ontic and ontological phase described by Crowther *et al.,* (2017) is illustrated in Figure 3.2.

Figure 3.2: Ontic and Ontological approach to interpreting the data (Crowther, *et al.,* 2017).

Familiarisation with the data was useful in the ontic phase of crafting stories as I started to knit together stories with significant words that called out from the stories. Transparency was enhanced during analysis through on-going reflexivity as I questioned my presuppositions and repeatedly moved between each specific story and related it to the data as a whole and vice versa. To further assist me with engaging with the story ontologically, I integrated the guidance offered by Caelli (2001) and Smythe (2011) that is adapted and presented in Table 3.2. Although the table conveys the analytic process as linear, Caelli (2001) and Smythe (2011)

emphasise that interpretation is on-going and involves an integrated method of thinking, writing, questioning and re-writing.

Table 3.2 Adapted guide for interpreting the data by Caelli (2001) and Smythe (2011)

Analysing through a hermeneutic/interpretive lens	Application to the study
Dwelling with the data	• Becoming immersed in the data through repeatedly listening to the audio-recordings and re-reading the transcripts. • Attentiveness to the things that stand out from the stories and how it relates to the research question. • Thinking about the words that conflict with intonations, hesitations and silences and how they relate to the post-interview reflective notes.

	• An openness to possibilities and how it relates to my own pre-understandings.
Resonance	• Attentiveness to what calls out from the stories. • Thinking about what particular stories matter to me and how it might be connected to philosophical notions. • Removing aspects of the transcripts that are deemed not relevant to the phenomenon. • Reconstructing stories from the participants' own words.
Trusting the process	• I trust that deep meanings can be revealed through process of reading and re-reading the transcripts and relating it the wider texts.
The Interpretive Leap	• The on-going dwelling in the data and engagement with the philosophical texts will help me to make an interpretive leap.

	• The background meanings are unsurfaced and reveal more than what the participants said. • The stories are re-written through a continuous dialogical and dialectal relationship with the data, my supervisors, the philosophical texts and the literature and how it relates to my own pre-understandings. • The stories are re-interpreted from the many vantage points: fusion of horizons.
Coming to see	• My interpretations inform my understanding and vice versa. • Themes are starting to form. • New insights illuminated.
Write up	• Through thinking, writing and re-writing the stories, themes emerge. • The areas that are of particular concern that relate to the

	meaning compassion are unconcealed. • Unconcealing the meaning of compassion presents an understanding of that might be shared by others. • The meanings presented urges the reader to ‘think along’.

The guidance offered by Caelli (2001), Smythe (2011) and Crowther *et al.,* (2017) sheds some clarity on how the data was interpreted in this hermeneutic phenomenological study and provides an audit trail of how the meanings developed. The meanings emerged inductively from my interpretation of the data and helped me to understand the meaning of compassion from the nurse educators’ ways of Being. The interpretative leap allowed the philosophical notions and wider literature to be related to the participants’ stories and through engaging dialectically and dialogically with the data (Crowther, *et al.,* 2017), with others and myself, deeper understanding came through a fusion of horizons.

As the crafted stories have been re-written, particular words or phrases invite others to think, feel and grasp shared moments of understanding that are unconcealed as compassion but remains open to further re-interpretation. I used NVivo (see Appendix ten) to organise the abundance of meanings that were filtering through and by linking the emergent meanings from the stories with my ideas that were informed

by the philosophical notions, I was able to understand the inter-relatedness of the meanings that uncovered significant themes. Appendix eleven gives an example of how one story (Emma) was interpreted, which demonstrates my use of mind maps, reflexivity and a sketch of my childhood days to surface the meanings of compassion.

3.11 Trustworthiness

The trustworthiness of the study was considered in relation to its credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985). Prolonged engagement through in-depth interviews followed by repeatedly reading the transcripts and listening to the recordings adds credibility to the study (Tappen, 2011). In addition, regular engagement with my supervisory team provided opportunities for further thinking, questioning of self about the decisions made and the findings uncovered from the participants' stories. I have also presented various aspects of the study at symposiums to expert researchers and fellow research students. Detailed descriptions of the study's context and the researcher's interpretations of the phenomenon enable the findings to be transferable where inferences could be related to other similar settings (Polit and Tatano Beck, 2010). The dependability of the findings was enhanced through an openness about the decisions made throughout the study's process detailing the reasons for the methodological and theoretical choices (Koch, 2006). My presuppositions were constantly brought to the fore through ongoing reflexivity to enable confirmability of the study's findings (Lincoln and Guba, 1985). The transcripts and the crafted stories

were not returned to the participants for accuracy checking as Crowther *et al.,* (2017) purport that stories are never neutral or complete. Therefore, I recognise that what was said in the past can change and is always open to re-interpretation.

3.12 Chapter summary

In this chapter, I conveyed my philosophical and theoretical stance that guided the study and provided justification for my methodological choices. The study's design is explained with detailed description of the data collection and the interpretive process outlined. Ethical consideration is demonstrated and trustworthiness of the findings are explained.

Chapter 4: Unconcealment

The phenomenological gaze as I seek meaning in the experience….

'If I were to tell you where my greatest feeling, my universal feeling,

the bliss of my earthly existence has been,

I would have to confess: It has always, here and there,

been in this kind of in-seeing,

in the indescribably swift, deep, timeless moments

of this divine seeing into the heart of things.'

(Rainer Maria Rilke, 1987)

4.1 Introduction

This chapter reveals my interpretations of the participants' stories that are uncovered as I engaged with Heidegger's and Gadamer's philosophical notions and Nussbaum's neo-Aristotelian theory to articulate the meaning of compassion. My knowing in the moment seeks to bring what is forgotten into visibility, which Heidegger relates to the Greek word '*Aletheia'*, meaning 'truth' or Unconcealment (Smythe *et al.,* 2008, p.1391). My understandings do not provide a correct truth that defines compassion but rather a self-showing of the meaning of the phenomena that is unconcealed through an awakening of Being (Putt, 2018). Heidegger believed that 'unconcealment' provides an opening that grants the possibility of truth and casts radiance over things that may be overlooked in the everydayness of Being (Moules, 2002; Putt, 2018). Therefore, I believe this chapter is best titled 'Unconcealment'

instead of ‘Findings’ in an attempt to bring hidden meanings into the open that might have otherwise gone unnoticed.

Importantly to note, unconcealing the phenomena are told from my perspective and I recognise that whilst I provide meanings of compassion from my position, there are some aspects that remain closed or open to other interpretations. As aforementioned, my interpretation was not linear as I was continuously thinking, reading, writing, reflecting, having conversations with my supervisors and peers and returning to the participants’ crafted stories that guided me into the ‘clearing’ to provide glimpses of the meaning of compassion. Heidegger uses the metaphor ‘the clearing’ in the forest to show how meanings of everyday experiences are uncovered, where the forest paths that are illuminated might merge with shadowed aspects that remain covered (Smythe *et al.,* 2008). As the sunlight filters through the canopy of the forest and throws meanings of compassion into the clearing, there are hidden aspects of the phenomena waiting to be revealed as the temporality of the sun re-positions and brightens undiscovered paths.

My interpretation of the stories re-affirms that compassion remains a central feature of contemporary nurse education that warrants careful attention. The initial glimpses of the themes that called out from the stories were as follows:

- Being-with
- Colliding worlds of nursing and education

- Grasping opportune moments for compassion

As I entered the ontological realm of analysis, an interpretative leap was made through asking questions about my own experiences and its relatedness to the nurse educators' stories. Deeper understanding surfaced as my ideas fused with the philosophical notions and provided clearer and richer phenomenological themes described as:

- Being-with is Care
- A settling of the colliding worlds of nursing practice and nurse education
- Unveiling the veiled dance of *Kairos* balanced with negotiated time for compassion in nurse education

The phenomenological themes will form the headings in the following sections of the chapter. Their supportive emergent meanings will be explored in sub-sections under these distinctive themes. Table 4.1 depicts the phenomenological themes and their emergent meanings.

Table 4.1 Phenomenological themes and emergent meanings

Phenomenological Themes	Emergent Meanings
Being-with is Care	Care for Being-with-others Emotional dimension of compassion through Authentic and Inauthentic Being Inauthentic existence of colleagues as lack of compassion The nature and intensity of compassion that is relational: • Being-with-peers • Being-with-students • Being-with-patients • Being-with-family and close others The totality of Being-With: • Physical • Emotional • Practical • Spiritual
A settling of the colliding worlds of nursing practice and nurse education	A dialectal play of past, present and future Compassion through Leaping in and Leaping Ahead as 'we try to fix things' Caring for and caring about It's the little things…It's going above and beyond Reciprocal and Altruistic Compassion that is natural, learnt and professional
Unveiling the veiled dance of *Kairos* balanced with negotiated time for compassion in nurse education	Being-in-the-moment Missed moments for compassion Negotiating time for compassion

4.2 Being-with is Care

A moment to pause: My Reflexivity

The spaces are brimming, seeding and drumming out our being, voices of the they

The physicality of Being affirms I am not alone, even when I am alone, thoughts occupy, seek out, this or that, of they or you.

They cradle my Being, nurturing, guiding, directing the right acts, feelings to display

Being-with-the-they assures me I am not alone, yet an inner voice tells me I am lost, astray

Whilst they might see, they might hear; my loneliness and suffering are invisible, my voice drummed out.

So I am called to thinking of my Being-with-others, my Being-with-you, my Being-with-self.

Thus the spaces we share might unveil the togetherness of Dasein, of being-there.

Figure 4.1: My reflexivity- Being-there

This section revealed that many of the nurse educators interpreted compassion through their careful concern about Being-with-others and relates to Heidegger's (1962) notion of solicitude or *'care'* for Being-with. The interviews revealed that the nurse educators not only thought about and questioned how 'others' engaged with them but at times provoked a questioning of self. The crafted stories of the participants uncovered that the meanings of compassion were dynamic and dependent on the context they were thrown into and the nature of the relationship; described as being compassionate, showing compassion, feeling compassion and compassion for/about and towards others. My interpretation of what nurse educators mean by compassion or lack of it, their seeing, feeling, thinking about compassion

and the giving or receiving compassion were related to my curiosity about how they engaged with their colleagues, students, patients, families, friends and the university. As nurse educators talked about their engagement with others, their stories uncovered particular forms of Being-with one-another, revealed through authentic and inauthentic ways of Being that is interpreted as compassion or lack of compassion and will be explained.

4.2.1 The emotional dimension of compassion through authentic and inauthentic Being

'To Thine Own Self Be True'
(Hamlet,* Act 1 Scene 3*)

This section provides some of the participants' stories of how the emotions were attended to when Being-with-students that were interpreted as a positioning of the authentic and inauthentic self. The argument that inauthentic existence is justified at times is revealed in Ann's story where she talked about the *'rules'* for how compassion is facilitated in the classroom. Notably, these rules that Ann referred to were unwritten and were related to agreed customary practices by the nurse educators on how compassion should be taught. Ann teaches on the pre-registration nursing skills module and indicated that rules are in place to prevent the students sharing personal stories of suffering as in the past it hindered the learning activity. She said:

> *'I understand why we have these rules because when you are talking about personal experiences it's easy to feel quite emotional… they are in floods of*

tears and that can be disruptive. Some of my colleagues like using scenarios and not personal stories, kind of what I call synthetic. But nursing is about life, it's about a lot of things going right and a lot of things going wrong.'

Ann seemed to appreciate the reasons behind the rule of not sharing personal stories in the classroom and she goes along with using case scenarios that are championed by others that relate to inauthentic existence (Heidegger,1962). However, she was unsure if emotional avoidance is the best way to facilitate compassion as she recognised the unpredictability of life. There seemed to be an inner struggle for Ann as she wants to be authentic and share her personal experiences of compassion but nevertheless the rules were followed inauthentically to prevent disruption of learning. As Ann refrained from sharing her personal experiences and went along with the '*they'* (Heidegger, 1962, p.164), she contemplated about the preparedness of nurse educators' ability to facilitate compassion that may lead to rules followed unquestioningly:

'They are not allowed to share their own experiences because perhaps some lecturers do not feel equipped or have the skills to pick up the pieces with students who become distressed'.

Ann's supposition that nurse educators might not be prepared to deal with the emotional suffering of students was affirmed in Emma's story, where she admitted to her uncertainty about exploring the students' feelings when using case scenarios:

'*We use case scenarios but I don't know if they really explore how they feel. Even though I am quite experienced I would be frightened because you don't know what you are going to unearth and how you are going to support them'*

Instead, Emma adapted the rules and used a questionnaire before the lecture to enquire about the students' anxieties and concerns, but their feelings were not explored in the classroom. They were allowed to leave the lecture if they found something upsetting, and Emma ensured another colleague was available to support the student, or she met with them after the teaching session that showed her authentic intentions. Although Emma did not explore the students' personal experiences of suffering, she played sentimental music along with direct quotes from patients and realised this could unearth painful emotions. She told them:

> *'We will take it steady, we will take a break if we need to'.*

Emma admitted to the students that talking about experiences of suffering can trigger painful emotions. Her story revealed an openness to these emotions and through careful preparation for facilitating compassion, she was role modelling to the students how to manage these emotions. Similarly, Bird understood that talking about sensitive topics can trigger emotional distress for some students:

> *'it was about adult resus and a student left the room. I went after the student who revealed they had a relative who had died and it sort of hit home. It would be very difficult if you had a class full of students and they are all crying, but there is no harm in them crying… that's OK.'*

Bird recognised that sharing personal stories about suffering could be upsetting for the students and although she understood why the emotional aspects are avoided, she believed it is part of facilitating compassion:

'When we do death and dying, it's about last offices [preparation of the deceased], we don't go down the emotional side because the students might get upset, but I don't know if that's very healthy… In the third year we go into a much deeper level but we use scenarios, I think it's because we haven't got enough time.'

Conversely, Jason thought it is necessary to allow the sharing of personal experiences in order to facilitate compassion as he indicated:

'Through sharing my experience perhaps they feel that this man is demonstrating an emotion, compassion, or I'm acting as a role model for them'.

The stories shared by Ann, Emma, Bird, and Jason revealed that they understood the significance of emotions in making meaning of compassion but there were conflicting views on how they thought it should be facilitated that led to tensions between their authentic and inauthentic engagement with students. Personal experiences of suffering seemed to be an essential feature for understanding the emotional aspect of compassion. Jason was consciously thinking about his corporeality (van Manen,1997) of Being a man who was openly *'demonstrating'* his emotions as he recalled his personal stories. By acknowledging and responding to the emotional aspect of compassion, Emma, Jason and Bird were acting as positive role models for the students. The valuing of emotions uncovered in the nurse educators' stories are supported by Nussbaum's (2001) philosophical view that feelings influence the deep reasoned judgements essential for compassion.

Nevertheless, owing to the unpredictability of emotions that arose from personal stories, some of the nurse educators tended to go along with the rules to prevent the students from emotional harm and therefore can be debated as Being authentic. There were further glimpses of Being authentic that were interpreted through resisting conformism by Ella as she talked about the time a student was late. There is a general consensus that if students are more than 10 minutes late, they should not be allowed into the classroom. Ella described how she resisted reprimanding a student as expected by her colleague:

> '*The student is hard of hearing and things got messed up with the interpreters and he turned up late for a lecture and a colleague said "you need to tell him off" and I am thinking… I am not going to tell him off...'*

Matt also talked about the time he resisted going along with the rule when a student was late:

> *'If I was to follow the course of like… you are more than ten minutes late you can't come in could you please leave… that's not very nice for someone to experience that'.*

Ella and Matt chose not to go along with the overall expectation of the '*they'* and took responsibility for their actions. They recognised the unique challenges students face and chose not to apply a blanket policy of 'one size fit all' that could be interpreted as Being authentic. However, resisting going along with the crowd could risk the possibility of isolation but Being true to self and others requires deep reflexive

evaluation of self and the context. The nurse educators' stories indicated that meaning making of compassion involved questioning rules, norms and practices and thinking about how they related to particular situations that required flexibility and willingness to re-position self within authentic and inauthentic modes of Being.

4.2.2 Inauthentic existence of colleagues as lack of compassion: 'Just going through the motions'

The following stories describe the nurse educators' interpretation of how their colleagues engaged with themselves, students and their peers. Some nurse educators argued that they had experienced instances when Being-with-others felt ingenuine and it was interpreted as a lack of compassion. Ann gave an example of a situation where a senior colleague and herself had a meeting with a student:

> *'The student was expressing stuff that I felt needed some kind gestures. I believe my colleague wasn't able to do it… it didn't feel like there was a lot of compassion. It was just processing the rules… they're just going through the motions'*

Similarly, Jason talked about the time he returned to work following his bereavement over the death of his mother. He said, even though he told his colleagues he was very close to his mother:

> *'None of them came… I felt if they say come and have a cup of tea and say I'm sorry… It was a major event for me and I would have felt happier if somebody express their compassion towards me… probably they will send me a card and say I'm sorry and that's the end of it'*

Jason seemed to think that there are societal and organisational norms that steers our behaviour in Being-an-academic as he thought it is not usual to openly express our emotions:

> *'In the academic world you don't openly cry or express yourself. We are distant, we are educated, we are doing a job'.*

Whilst Jason interpreted his colleagues' avoidance to talk about his bereavement or unthinkingly sending a card as a lack of compassion, Bird's story revealed that such actions are intended to be compassionate:

> *'If someone has been off sick, I might send them an email or a card… when they come back they might not want to talk about it, or they might say "thank you for that email"'.*

Bird seemed to be indicating that she wants to show her compassion through an email or a card as she is unsure if her colleagues might want to talk about their suffering. Conversely, Sally shared the times she tried to talk to colleagues and she recalled:

> *'You say something where you would expect… you know, giving off a clue about something and they are not really wanting to listen to that…'*

These stories revealed that there were conflicting expectations and understanding of compassion, where some nurse educators felt the need to openly express their suffering with the expectation that their colleagues would give them the opportunity to listen. Contrastingly, others preferred acknowledgement through a card or an

email, but it risked being interpreted as simply '*going through the motions'* and a lack of compassion.

4.2.3 The nature and intensity of compassion that is relational

4.2.3.1 Nurse educators Being-with-peers

The nurse educators described their experiences of compassion through the nature and depth of the relationships formed through Being-with their peers. For instance,

Sandra talked about the close relationship she has with a few colleagues and because of her colleague *'knowing'* her, they were able to recognise and respond in a compassionate way during a time she was upset:

> *'One or two in particular are close colleagues, we check out with each other how we are. It was the nature of listening, stopping, noticing and helping me make sense of something… why I was reacting in an unusually upset way because that person knows me'.*

Similarly, Susan said:

> *'You get different relationships with different colleagues. I can talk to certain people about anything, people like xxxx [anonymised colleague], that is who I would go to if I was upset about something'.*

Sandra and Susan indicated that the closeness of the relationship is necessary for mutual transparency to enable authentic engagement. Such close relationships create a strong sense of presence in 'Being-with' and explicates Heidegger's (1962, p.160) relational notion of 'Being-with-others…and in concernful solicitude, the Other

is proximally disclosed'. The value of belonging in a team seemed to provide opportunities for developing close relationships and influenced how compassion was experienced. For instance, Emma recalled how her team responded to her when she returned to work after the death of her father:

> '*When I came back into the office there was this envelope and it was from my team with a gift. I just sat and cried because I thought it was so lovely, they didn't have to say anything'.*

Conversely, during the time Emma was experiencing the loss of father, she recalled feeling *'ignored'* by a senior colleague from a strategic group that she belonged to in the university. Emma described feeling hurt as she noted her senior colleague had sent a compassionate email to another staff member in the group who was briefly off sick but did not acknowledge Emma's own suffering:

> *'I was sitting beside my dad who was dying and nobody sent an email to say we are thinking about Emma. I felt hurt that we should be showing compassion… you feel uncared for'.*

Emma contemplated whether the senior colleague did not send her an email because they were not her line manager:

> *'My line manager was amazing, she said "You take whatever time you want…" and the colleague who sent the email was the line manager to this person who was off sick'.*

Emma's story indicated that she thinks line mangers should be responsible for Being compassionate. Conversely, Sally believed that there is an organisational and

professional expectation in the university that we should be able to care for ourselves and this may influence how some line managers respond to you:

> *'You have got those professional boundaries, they are not really concerned about your feelings… we should be able to care for ourselves'.*

Emma's and Sally's stories indicated that relationships differ amongst particular groups in the university, which could be due to the groups' purpose, the individual's role and opportunities for developing close relationships. Whilst Emma was associating the role of 'line manager' with Being compassionate, Sally was assuming that professional boundaries exist with such roles that may restrict the emotional aspect of compassion. Notably, Emma is the line manager of the team she belongs to and it could be she has formed stronger relationships with these individuals compared to the managerial group. Emma interpreted her team's unspoken words of the gift as compassion compared to the managerial group where she described feeling '*ignored'* and was interpreted as uncompassionate. It could be argued that Emma's team may feel obliged to express concern for her suffering as she is in a position of power in this group. Emma's and Sally's stories implied that systems of managerial structure, power and group dynamics influenced how compassion is experienced by individuals. Regardless of Being-in a team or a managerial group and in positions of power, Emma and Sally were expressing concern for how they existed with others in the university as *Dasein* is care (Heidegger,1962). Emma's feelings of hurt when her suffering was ignored, and Sally's sense of isolation experienced from professional boundaries suggested an appeal for solicitude for

Being-with-others, which Heidegger purports should be guided by 'considerateness' and 'respect' (Rentmeester, 2018, p.434). Being-in a team seemed fundamental for nurturing compassionate relationships but Susan claimed that opportunities for developing deep relationships with colleagues are problematic when working across differing sites and dealing with the everydayness of university life:

> *'I work across two sites which mean that I don't have deep compassionate relationships because I am hardly ever with my team. I always feel push and pulled as you might not see them all day'*

Whilst *'thrownness'* (Heidegger,1962) into particular teams may create opportunities for deepening relationships, it could also demarcate boundaries, create an insular climate and exclude others who are not from that group and determine how compassion is experienced and interpreted. Ann, for instance, talked about the time there was bereavement of a colleague in another team:

> *'We wanted to show the team we care, but they went inward and didn't really talk about it'.*

The nurse educators interpreted compassion or the lack of it depending on the closeness of the relationships they formed with their colleagues. Although the teams created opportunities for strengthening collegiality, the nurse educators explained how it was compounded by the complexities of their work, the spatiality of working across differing sites and the team's structure. van Manen's (1997) notion of the 'lived space' shows how working across various sites can affect our relations with

others. Furthermore, the team leaders are also managers of their team and this power imbalance risks evaluative judgements about who receives compassion and to what extent it is offered. Additionally, whilst some nurse educators implied that being in a team could foster close relationships, it risked tribalism between teams.

4.2.3.2 Nurse educators Being-with-students

The next stories draw attention to how nurse educators make meaning of compassion through their relational aspects of Being-with-students. Susan talked about the challenges in forming close relationships with students due to workload pressures, spatiality and large numbers of personal student groups:

> *'I cannot get relationships with 29 students…. Personal tutor groups should be less than ten if you want to have a meaningful relationship with the tutor, but our numbers don't allow for that'.*

Regardless of the challenges Susan described in getting to know her personal students, she explained that there were times she chose to put aside her busy schedule and spend time with students so that she could understand their issues:

> *'Sometimes students will say "Can I have a word with you?" and I put everything aside and sit and talk to them and find out what they are worried about on a one-to-one because often we are in groups that are massive'.*

Susan's story revealed *Dasein* as care who is constantly taking a stand on things (Cerbone, 2008) as she was thrown into the ceaseless medley of university work but at times she chose to Be-with in her concern for students. Emma is from a different

nursing field that has a smaller number of students compared to the adult field and was also willing to assert herself as she said:

> *'sometimes the organisational ethos takes us away from showing compassion'.*

Her assertiveness for building closer relationships with students unfolded in her story where she chose to extend a 2-hour drop-in session by an extra hour. However, she admitted that she got into *'trouble'* for doing so by a colleague who explained that in other nursing fields, students get less time. Although Emma gave more time to the students in her nursing field that she interpreted as compassion, it could be that her colleague's concern for fairness and equal support across all nursing fields underlies their understanding of compassion. The challenges of workload pressures seemed to not only affect opportunities for developing close relationships with students but also how nurse educators responded to students. For instance, Sandra recalled her reaction to a student who sent her an email expressing dissatisfaction about her grade. Sandra said she felt *'quite irritated'* and indicated:

> *'I would expect students to be upset if they failed, but this student had received a pass. We have other pressures and I think, here's another issue to sort out… So I kept it professional and said, if you want to appeal this is the process…'*

The pressures of work made Sandra immediately signpost the student to the appeals process. It could be that in the busyness of Being-in-the-university, nurse educators may not be aware how particular grades might relate to students' individual feelings and future aspirations. Consequently, responsibility is handed over to the 'they' and

therefore our ‘ownmost potential for Being-with-others’ has already been decided upon (Magrini, 2012, p.8). Heidegger (1962, p.165) indicated that because the ‘they presents every judgement as its own, it deprives the particular *Dasein* of its answerability…’. It is therefore easier to go along with the crowd’s norms and rules than take responsibility for ones own’s decisions and actions. In that moment, Sandra referred to the university’s appeals process as a matter of course without fully exploring the student’s perspective and could be interpreted as a lack of compassion. However, as the student persisted with feelings of disappointment, Sandra said she reflected and this revealed a bringing back to self and how she chose to engage with the student. Sandra said that she acknowledged the student’s disappointment and invited her to meet and discuss how she can be supported:

‘I tried to reassure her about future opportunities to develop…’

Sandra’s reflexivity of the student’s perspective deepened the nature of their relationship and her care urged her to question her own feelings and how she could respond in a proactive way. Sandra seemed to relate her awareness and sensitivity to the student’s emotion as a form of emotional intelligence and this could have prompted a ‘call of conscience’ (Heidegger, 1962, p.317) or self-awakening for pressing forward into possibilities. Heidegger pointed out that the call of conscience brings an awareness of self-responsibility that liberates the possibility of being authentic (Ortega, 2005). Susan’s, Emma’s and Sandra’s stories revealed that workload pressures and routinised processes can hinder opportunities for developing close relationships with students and can affect how compassion is experienced. Nevertheless, whilst they were thrown into predetermined situations, at times they

chose to exist authentically by spending time in getting to know their students that can be interpreted as compassion.

The closeness of relationships nurse educators formed with students and how compassion was experienced seemed dependent on their understanding of Being a 'good' student. Bird gave an example of how we might form opinions about what we think being a 'good' student means:

> *'Some students are seen as good students and others aren't. I have one student who had to step off the programme …With a bit of dread, she was supported to come back and we were amazed she worked hard to get herself in a better position. We have a few students who are quirky and different and some people wouldn't be terribly patient with'*

Bird's experience suggests that evaluative judgements are made on the deservedness of compassion based on the nurse educators' interpretation of what constitutes Being a 'good' student. Bird believed that students who are considered '*different'* might be judged negatively and may be less likely to experience compassion during difficult times. Nurse educators' understanding of a 'good' student and their deservedness of compassion seemed to emerge from a nexus of personal, professional and organisational norms, values and ideals. For example, Matt described the time his colleagues were concerned about the students' conduct in the classroom:

‘The students’ behaviour were poor in the lecture theatre, they’d been eating and shopping on the internet. I was thinking how difficult things are being a student, balancing life and whether we weren’t compassionate enough. But it’s right to want professional boundaries and expect professional behaviour’.

Although Matt acknowledged the importance of professional conduct in the classroom, he empathised with the challenges of balancing personal and student commitments and made allowances for their behaviours; this could be interpreted as compassion. Evaluative judgements seemed to be informed by nurse educators’ prejudices (Gadamer, 2004) that may lead to decisions around binaries such as true/false, good/bad or appropriate/inappropriate and can influence who we choose to be compassionate with. Being compassionate to those who nurse educators perceived as a ‘good’ student can be related to Nussbaum’s (2001, p.306-319) theory that the person showing compassion thinks that the suffering of the individual is ‘undeserved’. The nurse educators’ stories uncovered how they formed judgements and navigated through the complexities of university work to seek out opportunities for developing close relationships with students that they interpreted as compassion. The next stories illustrate how the nurse educators’ meanings of compassion are formed from their background experiences of Being-a-nurse.

4.2.3.3 Nurse educators as nurses: Being-with-patients

The nurse educators talked about the relationships they formed with patients when they worked as nurses and how they make meaning of compassion. Cameron, for

example, talked about the relationship he formed with a patient and her family as she was receiving palliative care:

> *'I wasn't close with her…but when she was dying, I felt an overwhelming sense of sadness… I was managing the emotional situation professionally. I didn't break down and start crying… I got on with things. I certainly had a weep at the end of the day'.*

Cameron admitted to feelings of *'deep sadness'* even though he did not have a *'close'* relationship with the patient. Yet he suppressed his sadness and his compassion surfaced through the practicalities of caring for her and empathising with the family. Jason too shared how his relationship with patients related to how compassion was experienced:

> *'I have witnessed when some people were dying and there are no relatives… we simply draw the curtain and leave them there and that really broke my heart… So I used to go and sit with them'.*

Even though both Cameron and Jason did not claim to have deep relationships with patients, their stories implicated how compassion was understood through their presence and they attempted to balance their emotional and professional connectivity with patients.

4.2.3.4 Nurse educators Being-with-family or significant others

This section illustrates how nurse educators interpreted compassion from the closer bonds they have with some of their family members or friends that were different from their professional Being. Jason described how the intensity of the relationship

steered how compassion was experienced as he talked about Being-with his mum whilst she was dying:

> *'I have sat with dying patients but it's not the same as your loved ones…She was unconscious and I sat holding her hands…When I touch her hair she knew I was touching her, she was gradually changing colour… getting blue from her toes coming upwards, getting cold. She is slowly slipping away from us and we are calling her, mum we are here'.*

The following reflexive verse in Figure 4.2 offers my thoughts on how Jason's story revealed a deep connectivity with his mother that uncovered a giving of self and an openness to fragility and vulnerability in the meaning making of compassion.

A moment paused: My reflexivity shared

As darkness quickens and steals the light away, still you'll know I'm here

Closeness is sensed, heard, felt and breathed in… washing away the fear

And though coldness is sweeping over, sprinkling mottled shades of grey and blue

Voices soothes, warms, embrace and consoles… sitting close to you.

And though our heart is heavy, saddened by what we are about to lose

Solace comes through being-with and lightens the darkness that is drawing near

Figure 4.2: Reflexivity: *Compassion, the presence of Being-with*

The detailed description given by Jason about the corporeality of his mum's body as she was dying was recalled with clarity and as he touched, saw and spoke to her, it revealed the close connection that he had with her compared to the patients he cared for. Similarly, Sky said:

> *'With your family and friends you are more likely to give them a hug, but I wouldn't necessarily do that with a patient… It's down to the therapeutic boundaries'.*

Jason and Sky were indicating that the use of touch is more likely to be experienced with closer relationships compared to less familiar relations that are guided by professional boundaries.

4.2.4 The wholeness of Being-with – *Dasein* that are in parts emotional, practical and spiritual

4.2.4.1 The physicality of Being-with that is emotional

The nurse educators make meaning of compassion through their kaleidoscopic existence with others that were illuminated through acts, behaviours, thoughts, emotions and feelings. These modes of Being-with-others were interpreted through *Dasein's* emotional, practical and spiritual presence of Being-with and were significant to the nurse educators' meaning of compassion. For example, Matt recalled a time in his life when he was ill and was looked after by a nurse 'Beth' who he described as having a distinctive way of Being-with him. Matt said:

> *'There were times I had trouble communicating how I felt and Beth would just sit in silence with me. It made me feel valued and cared about'.*

Matt interpreted the nurse's response to his emotional cues as compassion through her physical presence of sitting in silence with him which made him feel *'cared about'*. Similar to Matt's interpretation of Beth's way of Being, Sky reiterated the value of the physical presence of Being-with to offer emotional support to others as she said:

> *'It's about sitting with them and giving them that space, but at the same time just being close'*

van Manen's (1997) existential notion of the 'lived body' revealed something about Matt and Sky's appreciation of the carer's bodily presence that communicated their feelings and interactions with the sufferer that made them feel cared about.

4.2.4.2 The physicality of Being-with that is practical

Some of the nurse educators talked about compassion in a 'practical' way. For example, Bird described an instance when a student's ill health motivated the practical act of her classmates to help:

> *'One student was in a lot of pain and another student offered to take her home, so then they were both missing the lecture… then other people in the class offered to share notes…'*

There seemed to be an inter-connectedness between the emotional and practical acts of Being-with-others as gleaned from Dani's story of Being-with a student who was upset:

> *'A personal student phoned me up in floods of tears because she failed her last placement... I was concerned about her going home on her own in that emotional state, so I dropped everything and I went and picked her up and we had the opportunity to debrief on that journey home'.*

Painful emotions can be a precursor for helping acts and relates to Nussbaum's (2001) theory that compassion is an emotion that prompts ethical deliberation and beneficent actions. Dani was prompted by the student's distress and acted in a practical way by helping the student to reflect on the situation and was interpreted as compassion.

4.2.4.3 The physicality of Being-with that is spiritual

Some of the nurse educators shared experiences of the spiritual aspects of Being-with that were interpreted as compassion. Jason, for example, talked about the memorable moment he shared with his mother on his birthday that he understood as compassion:

> *'It was my 7th birthday so she went into the temple…she gave me some coconut water and it tastes sweet (smiles). I get goose pimples, I can feel it…I could hear the motorbike going brum brum…I could smell the incense, see the sun and feel the rising temperature, the humidity; so all the senses are alert'.*

Jason's story revealed a close connection of Being-with his mother who offered him a blessing in a temple that awakened his senses to the natural beauty and could be related to the notion of 'cosmos spirituality' (Worthington *et al.,* 2011) that connects the humanistic, religious and natural wholeness of Being. There was also a religious spirituality uncovered in Ann's story that guided her behaviour towards others and her interpretation of compassion:

> *'if somebody is unpleasant to me, I feel angry and hurt but there is no resentment… My faith makes me feel an inward peace and I try to behave in a way that I feel is what God wants me to be like'.*

Jason and Ann's understanding of compassion revealed a spiritual and religious dimension that guides *Dasein's* acts, behaviours and emotions. Understanding compassion from these participants' stories revealed how each part described as emotional, practical and spiritual connected to the whole meaning as I move through the hermeneutic circle. Gadamer (2004, p.197) asserts that 'meaning can only be

revealed in the manner described' and therefore the nurse educators' interpretation of compassion related to a particular context and time. I was also aware of my own prejudices that influenced my understanding of compassion that is shared through reflective poetry in Figure 4.3.

A Moment to Pause: my reflexivity

You do not hear the sound of my heavy heart as I'm anchored amidst the storm
For the pain is stifled, hushed, locked within, though I'm feeling forlorn
Head held high, sturdy shoulders to the gale winds, though I mourn
Moistened eyes glistens that hints of the dark clouds that threatens my guise.

Your presence comforts, stills and silences the looming thundering sky
Practicality promises hope, possibility, a seeing, a willingness to try
The gods are called to shield the dissonance, a contagious calmness ensues
The interweaving and giving of you that is emotional, practical, spiritual.

Figure 4.3: ***Compassion as emotional, practical and spiritual***

The Being-with-others (friends, family, colleagues, students and patients) that nurse educators described reveals an overall endeavour for care that is interpreted as compassion. Whilst they may be immersed in the everydayness of Being-in-the-world, and for the most part leads to inauthentic existence, they described moments of authenticity through their concernful engagement with others. My interpretation

from these stories brings into conscious play that nurse educators make meaning of compassion through authentic relationships experienced practically, emotionally and/or spiritually that vary in nature and intensity.

4.3 Compassion: A settling of the colliding worlds of nursing practice and nurse education

> *'We only understand ourselves when we understand the other, and as we understand the other, we understand ourselves' and this understanding is circular'* (Stephani and Oliveira da Cruz, 2019, p.128).

The stories revealed that the way in which nurse educators interpreted compassion were determined through Being-with particular groups who occupied different corners of the world during different periods. Crowther (2014) shared her concept of 'worlds colliding' from her study that revealed how tensions can occur between different health professionals who hold distinctive opinions about a phenomenon. In her study, Crowther (2014) explained that although the health professionals (Obstetrician/Midwife) held different worldviews, they both cared about the phenomenon but in different ways. Therefore, she argued, it's not so much about 'worlds colliding' but rather working together from different points of view that can develop through Gadamer's notion of a 'fusion of horizons' (Crowther, 2014, p.151). Parallels can be drawn from Crowther's (2014) concept as my study reveals a jostling of ideas of how compassion was interpreted from varying perspectives. These tensions arose from how the nurse educators positioned themselves through *Dasein* as a nurse, educator or a particular person. Their thrownness into particular

worlds is not to implicate a lack of control over their actions and decisions as *Dasein* is always projecting into future possibilities (Cerbone, 2008).

4.3.1 Compassion: A dialectal play of past, present and future

The following stories describe the different views nurse educators had about how they thought students should be supported that they interpreted as compassion. The way Cameron orientated and anticipated compassion with students was uncovered in his fore-structures as his past experiences in nursing and gendered norms was informing how he related to students:

> *'I can't help feeling that some students need to toughen up a bit…, man up or grow a pair… I have empathy for them but up to a point… you have to be careful cause you get landed with everything and that happened in nursing and then you burnout'.*

Cameron seemed to be cautious about how much support he offered students. His past experiences in nursing of the fear of *'burnout'* influenced his measured approach to Being-with-students. In addition, whilst he expected students in general to suppress their emotions, his story revealed that the traditional social norms he seemed to hold on to about men's emotion management involved emotional distancing. Conversely, for some nurse educators, there appeared to be a shift in gendered norms; as previously demonstrated, Jason was openly sharing his emotions as a means of getting students to explore their own emotions. Nursing roles seem to conflict with academic roles and is creating different perspectives on how students should be supported. Sandra recognised there is a risk of blurring of

boundaries between Being-a-nurse and Being-an-educator that steered how she related to students:

> '*Some personal students come with complex mental health needs and I have to keep reminding myself that I am not a mental health nurse to my students'.*

Whilst Sandra seemed to be concerned about the risk of becoming the students' mental health nurse, Matt, on the other hand, used his past history of mental health nursing to understand students' difficulties as exampled:

> *'As a mental health nurse, I'm thinking what's happened in their lives for them to get where they are struggling and everything is overwhelming them'*

Matt not only used his past experiences to empathise with the students but projected into the future by thinking of ways he could support his students to progress:

> *'I'm trying to keep close tabs on them, to help them with the steps that they need to make to be able to stay on the 3rd year'.*

The notion of thrownness and projection was also revealed from Susan's story as she remembered how she struggled in her second year of nurse training. It helped her empathise with students and offer them hope for the future as she recalled:

> *'My second year felt like a really dark place…it's gone up a level…we need to acknowledge that, we need to say this isn't easy but you will come out the other side'*

Whilst the nurse educators conveyed a common interest to support students that they interpreted as compassion, they seemed to have different opinions about how they thought it should be expressed and to what extent it should be offered that stemmed from their own internal frame of reference. Cameron projected the need for clear boundaries when supporting students, whilst Susan used her experience as a learner to inspire hope as she urged the students to go on. Sandra was concerned that she risked treating her students as patients whilst Matt used his experience as a mental health nurse to understand the students' challenges and support them. These differing perspectives can lead to tensions in nurse educators' pedagogical practices where some students may feel more supported than others and there may be colliding views between nurse educators' interpretation of compassion.

4.3.2 Compassion through Leaping in and Leaping ahead as 'we try to fix things'

Different forms of solicitude from the nurse educators' experiences were uncovered on how they interpreted compassion and relates to the notion of 'leaping in' and 'leaping ahead' (Heidegger, 1962, p.158). Heidegger claimed that leaping in occurs in inauthentic solicitude and takes away care from others that can lead to dependency, whereas authentic solicitude involves leaping ahead where others are empowered to take control of their possibilities (Glover and Philbin, 2017). For Heidegger, leaping in and leaping ahead are positive modes of existence as they do not indicate a negative mode of indifference (Crowther and Thomson, 2020). However, in this study, leaping in surfaces inauthentic solicitude as Ella talked about

how she had observed that some students try and find solutions for their peers during reflective activities:

> *'I think as nurses we can rush in as we try and fix things…during reflective activities in the classroom some students are saying to their peers; "But have you thought of doing…?"'*

She told the students that if they don't get the support they need, they should *'seek it out'* elsewhere to do some *'reflecting and debriefing'*. Ella said:

> *'If we steam in too quickly trying to fix it, we can lose valuable information if we don't give the person space to open up'.*

Dasein's concern for others was revealed in Ella's 'leaping ahead' through encouraging her students to reflect with their peers, friends or families and indicated her interpretation of how nurse educators could facilitate compassion. Similarly, *Dasein's* authentic solicitude was manifested in Bird's story of the time a student was upset due to difficulties faced in practice and Bird gave her the space to reflect:

> *'I sat with the student and she had a little cry and we had a chat about it and I think that there was a lot of learning for the student…it's about helping her to grow'.*

Bird was making meaning of compassion through concern for the student by 'leaping ahead' and empowering her to take control of the situation and 'care' was offered back to the student that liberates her to take responsibility for self (Heidegger, 1962,

pp.159-159). Contrastingly, Matt shared his concern for a couple of students from his personal tutor group who were at risk of failing:

> *'They are clinging on by their fingernails to stay on the course. I became aware that one of them hasn't submitted an assignment. I'm doing my utmost to keep them on the course; for mutual concerns because I know how costly and difficult it is for the university to lose 3rd year students…they are now down to their last attempt. I took charge and supported them to submit their assignment and prevent them failing the course'.*

Matt was concerned about this student failing so he leaps in and fixes the problem to prevent them from failing. It could be as nurse educators, our emotions urge us to act without critically evaluating the situation and we jump into resolving problems we consider important for the sake of our own flourishing. As nurse educators, there may be an underlying pressure to ensure students pass the course and therefore there may be an urge to find quick solutions to problems that arise.

4.3.3 Compassion: Caring for and caring about

I have highlighted earlier how some of the nurse educators valued the emotional aspects of feeling 'cared about' as described in Matt's story about the care he received from Beth. This section points out the colliding views of how 'caring for' and 'caring about' surfaced in the nurse educators' pedagogical practices. Sky, for example, used practical acts of caring for in her teaching practices to show how it served as a bridge to make others feel cared about:

'It's the intention behind the act. In simulations we are not just getting on with the task, we spend time to talk through how the simulated person feels…'

Whilst Sky thought that practical acts of caring could make others feel cared about and is interpreted as compassion, Bird interpreted the emotional aspect of caring as something '*deeper'* than the practical act and this influenced how and when it was taught in the curriculum. For instance, Bird said:

'In the first year when we teach about death, it's just about the skills and we don't go down the emotional side…it's very task-orientated, this is how you do it, wash the body, wrap it, label the body and in the third year we would go into it in a much deeper level'.

Bird seemed to indicate that the current curriculum divides the practical activities of 'caring for' from the emotional aspects of 'caring about' where the first year focuses mainly on the skills and the third year facilitates the emotional dimension of caring. Bird was uncertain if this is the best way to teach students but agreed that in the first year, they need to have the skills for practice. However, Jason hinted to the impact of separating the task from the emotions as he recalled the time he was a student nurse:

'The healthcare assistant took me to do the last offices…we had to wash the body, wrap the body… that had an enormous impact on me'.

The stories shared glimpses of the nurse educators' unease about the consequences of emotional avoidance or delay in education that led to others

holding opposing views on how and when compassion should be facilitated. For example, Dani believed that the facilitation of compassion should be threaded throughout all our teaching:

> *'Those themes of compassion should run through all your teaching like a running stitch… In all of my teaching I try and teach a narrative…instead of it being a boring brown thread it becomes more like a golden vibrant... more of a dimension'.*

Dani was indicating that throughout the curriculum, combining narratives of caring about with the technical skills of caring for, the learning becomes richer. Nevertheless, Emma shared her concern that currently emphasis is placed on accomplishing the skills in the PAD and it becomes a *'tick box'* exercise:

> '*It worries me about our PADs because sometimes students are saying "I haven't got these skills… I have another 25 to do" and I say "It's not about ticking boxes"… but we have made it like that because they won't pass if they don't get their boxes ticked'.*

Consequently, Emma tried to move the students beyond thinking about the technical skills of caring and said that she often played music along with quotes from patients to summarise her teaching session as she believed:

> *'the songs not only conjure up feelings but have powerful messages for students'*.

Whilst Emma thought the PAD may be attentive to the technical skills, Sky had a different perspective:

'The PAD does discuss person-centred care and it does get people to think about the individual and not just doing a task'.

All the nurse educators appreciated that the practical skills of caring for and the emotional aspects of feeling cared about were necessary parts of compassion. However, their stories uncovered a jostling of ideas between the *techne* and *phronesis* in terms of how it was interpreted and positioned in nurse education. The concerns raised by Emma about prioritising the technical skills over the relational and moral aspects of care could be paralleled to Heidegger's notion of 'enframing' as individuals become 'standing reserves', 'enslaved' by technology thus risking dehumanisation consequences (Bevan,1998, p.732). Emma's angst that technical skills were being prioritised over humanistic aspects of caring prompted her to facilitate compassion through patients' story-telling and music. Conversely, Sky thought the PAD drew out the relational aspects of caring that goes beyond the skill. There are conflicting perspectives on how the skills in caring for others are interpreted and when it should be taught and assessed.

4.3.4 Compassion: 'It's the little things – you can't be a hero everyday'

Several of the nurse educators talked about the everyday things that gave meaning to compassion. Bird, for example, said:

'*It's little things that you might do for somebody. I have had a situation where one student was in a lot of pain and another student offered to take her home'*

Similarly, Sky agreed:

> *'It's the little things that you do that can be quite big such as recognising if someone is stressed and offering the chance to talk over a cup of coffee…as you can't be a hero every day'.*

Whilst some of the nurse educators interpreted compassion through *'little'* acts, conversely, others understood compassion as going above and beyond the everyday norms and professional duty. Sally talked about the time she was concerned about a student's mental health and she went to the student's home to check that they were ok because they were missing. She said:

> *'As a lecturer you could just say "I will phone them or I will email them" and not necessarily go and find them'.*

The nurse educators held differing views on how they should come to know their personal students. Dani said she tries to get to know the individual in her personal student as she keeps a photo, records their likes/dislikes – whilst another lecturer told her that there is no need for all of that when she can just record the details in the university's computerised system. Similarly, recalling Matt's description of the care he received from the nurse Beth that gave him hope, he interpreted as compassion that which goes beyond her professional duty:

> *'The nurse-patient boundaries got blurred because Beth would come in on her days off …'*

Matt's understanding of compassion seemed to be rooted from such past experiences and branches into his present understanding about going that *'extra mile'* that made him feel '*cared about'*. Nevertheless, although Matt interpreted Beth's care as compassion, he seemed to be indicating that it took her to uncharted territory beyond the generally accepted professional boundaries and questioned her professionalism.

Whilst Matt, Sally and Dani thought that compassion was more than the averageness of everyday things, Bird and Sky held differing opinions and did not believe that it needs to involve 'grand gestures' or 'heroic acts'.

4.3.5 Compassion: Reciprocal – 'It's like a gift they will give you if you are valued' vs Altruistic – selflessly giving

Some of the nurse educators shared experiences or expectations of reciprocity that were revealed in the giving and receiving of compassion. For example, it appeared that the giving of compassion was interpreted as conditional in return for something else as Cameron said:

> *'What I find disappointing is that some lecturers won't acknowledge you, there is kind of rudeness. I've noticed a bit more friendliness and you are aware they are after something'.*

Similarly, Sally talked about the time she went above and beyond to help a student who was struggling during her final placement but never heard from her once she qualified. She said:

'I regularly visited her in placement…when she brought her PAD, it was incomplete and I took it for the mentor to sign so she was on the register and I never heard from her again… I suppose that's an example of going above and beyond and there's a kind of expectation, at least a card to say Thank you, Nothing!'

Nussbaum's theory on eudaimonistic judgement can be related to how these nurse educators thought compassion was offered: 'An evaluative judgement is made about things/persons we place value on' (Nussbaum, 2001, p.49). It seemed that when compassion was given, it was based on the giver's own flourishing, so there was an expectation that it would be reciprocated by the person receiving compassion. For some recipients of compassion, it appeared as though they felt an underlying sense of obligation to reciprocate gratitude to those who offered compassion to them. For instance, Ann talked about her manager who was supportive when her dad was ill:

'My manager says "Take what you need… if you want, go and take your dad to that appointment". It makes you feel like you want to do much more because she cares about you as a person'.

Whilst Ann expressed appreciation for being cared about by the person offering compassion, hidden in the talk was an urge to repay such compassion. The findings surfaced feelings of indebtedness by the recipient when compassion was perceived as overly given. For others, compassion involved selfless acts despite busy schedules as described by Emma during her offer of a drop-in tutorial session:

'20 students dropped in and I had an hour and a half… I had a meeting after that so I had to leave on time to get public transport but some of them were crying. In the end I ordered a taxi and I had another hour with them, at my expense'.

Similarly, Ella talked about the time she cancelled her own commitment to help her colleague:

'She was snowed under so I cancelled something else so I could be there, because I could see she was struggling'.

Whilst these nurse educators did not appear to expect such selfless acts to be reciprocated, some stories did reveal feelings of reward for their compassionate practices. For example, Bird talked about feeling *'satisfied'* when she had done something good for someone. And the mood of joy was uncovered in Matt's recollection of the students graduating as he thought about their struggles in their learning journey and the support he and his team gave:

'Being aware of how much you and your team have put into getting them through, that gives me much more pleasure than my own personal graduation'.

4.3.6 Compassion: Uncertainty over its natural, learnt and professional abilities

This section reveals how nurse educators held differing understandings of compassion that they thought were innate or could be learnt or facilitated by

professional guidance. For example, Emma assumed that people who come into nursing are *'naturally compassionate'* and applied the nursing values promulgated as the '6Cs' to facilitate the emotional experiences of compassion:

> *'People that come into nursing have a compassionate nature. The 6Cs are at the heart of nursing and compassion is part of that. If you get people to block out their emotions, then I think that's not good. So if students say to me "What if we cry?" – I say "that's OK as long as the patients and their families aren't supporting you"'.*

Emma encouraged the students to openly acknowledge their '*natural'* emotions during times of others' suffering. Most importantly, she urged them about the need to manage their emotions, so they didn't put the burden of these emotions onto those being cared for, and that she interpreted is an integral part of compassion in professional relationships. Jason agreed that compassion pertained to feelings that are innate and can be developed through education:

> *'I think that people who come into caring professions have got it, feel it, it's not that we can learn to be compassionate but we can develop it. Sharing experiences facilitates the emotional side'.*

Jason seemed to interpret compassion as an inherent emotion that could be developed through sharing experiences. Dani agreed that compassion is something that some people 'naturally' have but was uncertain if it could be taught. However, she assumed her professional responsibility and attempted to teach it through the guidance of the 6Cs that was applied differently:

'I have noted some students seemed to demonstrate compassion innately. I am not sure if we can teach compassion but it is one of the 6Cs, it has to run through our teaching… person-centred'.

Cameron also seemed uncertain if compassion could be taught but nevertheless encouraged students to think about it:

'I don't think you can teach compassion but you can get them to think about it… I try to get them to read widely through poetry or texts'.

Emma, Jason, Dani and Cameron all seemed to interpret compassion as something innate that appealed to emotions and tried to develop it in education. However, their methods for facilitating compassion differed and could be related to their contrasting meanings of compassion that surfaced inconsistency on how it is developed in education. The way in which compassion is facilitated by the nurse educators relates to Gadamer's notion on the 'principle of history effect', that the person's understanding of phenomena stems from their background traditions and culture (Austgard, 2012, p.830).The nurse educators may have experienced compassion differently in their personal and professional world that may now be creating tensions on how it is interpreted and developed in the pedagogical strategies. Nevertheless, they all accepted professional responsibility for developing compassion in education.

This section reveals that although there were colliding views over the nurse educators' interpretation of compassion, they all valued its significance in nurse

education. Consequently, the stories revealed efforts to empower others by engaging in caring conversations that facilitate reflexivity, problem solving and taking responsibility for self. Additionally, whilst there was mixed understanding of compassion described as innate, or as a professional responsibility that can be learnt, they all agreed that compassion was central to high-quality care and therefore necessary for its facilitation in education. Consequently, unconcealment reveals that a 'settling of their colliding worlds' is paramount for a shared understanding of compassion to be worked out and coherently developed in their pedagogical practices. The next section unravels how opportunities for compassion present itself but can either be noticed, missed or negotiated.

4.4 Unveiling the veiled dance of *Kairos* balanced with negotiated time for compassion in nurse education

> *'Like sunrise, sunset and noon are distinctive "places" that this heavenly body occupies…This dating of thing in terms of the heavenly body giving forth light and warmth, and in terms of its distinctive "places" in the sky, is a way of giving time which can be done in our being-with-one-another "under the same sky," and which can be done for "everyone" at any time in the same way so that within certain limit everyone is initially agreed upon it'* (Heidegger cited in Aumiller, 2016).

My interpretation of the data reveals that nurse educators make meaning of compassion by recognising and responding to the suffering of others through seizing opportune moments. At other times, these critical moments were missed and interpreted by the sufferer as uncompassionate. Conversely, some nurse educators recognised the needs of others but due to pressing commitments were unable to

seize these moments, but balanced this by negotiating a convenient time. Opportune moments can be related to *Kairos*, which is a Greek notion of a 'decisive' moment; 'a fleeting opportunity that needs to be grasped before it passes' and does not relate to a linear or chronological time (Cocker, 2015, p.2). Rather, *Kairos* represents a time of possibility and cannot be measured nor planned as it is in the now, transformative and momental (van Manen, 2017). Crowther, Smythe and Spence (2015) denote the special time at birth as *'Kairos'* time and explain that such felt experiences can go unnoticed. In my study, I pinpoint the occurrence of *Kairos* time within what I refer to as the nurse educators' 'veiled dance'. This is choreographed through grasping opportune moments, missing a turn and re-setting the rhythm through balancing negotiated times uncovered in their talk. The metaphoric veil stems from reflections by Santini (2011) and Ziolkowski (2008) of Oscar Wilde's play and Richard Strauss's opera of 'Salome Dance of the Seven Veils'. The authors describe the ambiguous or invisible nature of Salome's dance that I related to the nurse educators' stories which hinted to special moments captured, lost or balanced and re-instated in the intangible dance that is compassion. The unveiling conveys the primordial meaning of compassion that can be impulsive in special moments, yet ephemeral, and therefore can be missed but can be reignited through planned times. The following stories revealed such opportune times that were either grasped or went unnoticed during the nurse educators' personal and professional lives that were interpreted as compassion or lack of it.

4.4.1 Compassion: Being-in-the-moment

Sandra's story aforementioned the time in the university when she was upset and recalled how her close colleague not only noticed her distress but paused to be with her in that moment:

> *'It was stopping in the here-and-now, of recognising that I had become upset and listening, the conversation was like coaching me'*

Conversely, Jason talked of the time he returned from his bereavement after the death of his mum and none of his colleagues seized the opportunity to offer him comfort:

> *'After my mother passed away and I spoke to some of my colleagues saying how close I was with my mum. I didn't expect them to hug me and cry but none of them came'.*

Sally, too, recalled times she wanted to talk with her colleagues about something that concerned her but said such moments went unnoticed:

> *'You maybe giving off a clue about something and they are not really wanting to listen'.*

Whilst Sandra interpreted her colleague's sensitivity to relieve her distress at her time of need as compassion, Jason and Sally interpreted their experiences of feeling ignored by their peers during moments they anticipated a listening ear as a lack of compassion. Such times of suffering are not planned, and tensions can arise if such opportune moments are met with indifference or are not recognised and could be interpreted as lack of compassion. Some nurse educators thought about themselves and how they responded at particular times when others were distressed. Emma, for

example, recalled how she responded within her busy schedule to a student who was distressed:

> '*I couldn't have said "Dry your eyes, listen I have to go to". You have to make that person think that you have all the time in the world, even though you haven't'.*

Even though Emma had pressing engagements, she recognised the student's distress and chose to respond during those unscheduled times of suffering that she interpreted as compassion. Similarly, Dani talked about the time she received a phone call from one of her personal students who had failed her practice placement:

> *'I was concerned about her going home on her own in that emotional state, so I dropped everything and I went and picked her up and took her home'.*

Susan too described the times she chose to *'be in the moment with the person who is distressed and give them an extra five minutes'* as opposed to responding to her own timescale. These nurse educators revealed *Dasein* as care as busy schedules were set aside and fleeting moments were captured that brings one back from a state of fallenness that could be interpreted as compassion. Nevertheless, although the nurse educators tried to respond instantly to the needs of others, the stories indicate that recognising others' distress was sometimes missed due to the nurse educators' busy schedules. Furthermore, the findings revealed that it is not always possible or practical to deal with individuals' needs immediately but it can be balanced with a negotiated time for compassionate practices as exemplified next.

4.4.2. Negotiating time for compassion

The nurse educators did not only talk about the spontaneity of compassion that occurred in the moment but shared experiences of how opportunities for support were planned and negotiated. Bird, for example, persisted with finding a mutually agreeable time for meeting with a mentor and a student who were experiencing a breakdown in their relationship:

> *'I made the time to meet up with this student and mentor and we had been back and forth with different dates and times that didn't suit. Eventually we came up with a date as I want to be there to support the student, because I didn't want her going through that on her own'.*

Emma recognised that she cannot disrupt classroom activities if students get distressed whilst exploring sensitive issues. Therefore, she planned ahead for dealing with such issues and told the class:

> *'If you become upset and need to leave the class then you go and find a team member in the office who will be there to support you'.*

The nurse educators also described how they encouraged students to seek out opportunities for support such as creating a conversational space as suggested by Ella:

> '*I let the students know that if they don't get the support they need, seek it out elsewhere…, regularly meeting up with people to do a bit of reflecting and debriefing...'*

These stories show how convenient times are balanced within everyday busy schedules and planned ahead for supporting students. Although the nurse educators were thrown into challenging situations, such as difficulties that arose in practice (Bird) or exploring sensitive topics in the classroom (Emma), they took responsibility and projected into future possibilities by planning ahead meetings or a supportive space in their care for students.

4.5 Chapter summary

The phenomenological themes that are unconcealed in this chapter are intertwined and do not depict a hierarchical view of one horizon of understanding over another. There are rich various meanings revealed in the data but the central themes that are attentive to the study's focus are nurse educators' making meaning of compassion through:

- Being-with is Care
- A settling of the colliding worlds of nursing practice and nurse education
- Unveiling the veiled dance of *Kairos* balanced with negotiated time for compassion in nurse education

The nurse educators shared a genuine concern for how they engaged with their peers, students and the university in their making meaning of compassion. Even though they held contrasting perspectives on how compassion is interpreted from their background experiences, there was an openness towards a shared understanding of the phenomenon because of their concern for compassion in nurse

education. Whilst felt moments for compassion with others were not always grasped or recognised, there was a moral endeavour to seek out or plan opportunities to Be-with others that is interpreted as compassion.

Chapter 5: Discussion

> *'Be patient towards all that is unsolved in your heart and try to love the questions themselves like locked rooms or books that are written in a foreign tongue. The point is to live everything. Live the questions now. Perhaps you will then, gradually without noticing, live your way into the answers'* (Rilke cited in Spence, 2017).

5.1 Introduction

In the previous chapter, I presented the phenomenological themes of compassion that have emerged from unconcealing the meaning of the nurse educators' experiences. In this chapter, the discussion of these themes is developed in relation to the study's questions and aims outlined in Chapter 1 that I reiterate here:

How do nurse educators make meaning of compassion and understand its role in their professional practice in a UK HEI?

Sub-Questions

• How do nurse educators make meaning of compassion?

• What are nurse educators' lived experiences of compassion in a UK HEI?

• How do nurse educators perceive the meanings of compassion are influencing their pedagogical practices in a UK HEI?

Aims and focus of the study

• To illuminate and gain an in-depth understanding of the meaning of compassion through nurse educators' ways of being within a UK HEI.

- To explore how nurse educators feel their meaning of compassion might influence their pedagogical practices for facilitating and sustaining compassion within student nurses.

- To explore and understand how nurse educators' lived experiences of compassion might inform their professional practice in a UK HEI.

The discussion presents Being-an-interlocuter in the hermeneutic circle as I synthesise the literature with the interpretive phenomenological themes and their emergent meanings. These interpretive themes pertinent to nurse education will be discussed in relevant sections under the following headings:

- Nurse educators make meaning of compassion through their care for Being-with.

- A settling of the colliding worlds of nursing practice and nurse education in interpreting compassion in nurse educators' professional practice.

- Grasping opportune moments are balanced with negotiated time for compassion in nurse education.

5.2 Nurse educators make meaning of compassion through their care for Being-with

> *'Being with Others belongs to the Being of Dasein, which is an issue for Dasein in its very Being. Thus as Being-With, Dasein "is" essentially for the sake of Others'* (Heidegger, 1962, p.160).

The nurse educators in this study agreed that compassion is integral to the delivery of high-quality nursing care that is echoed in literature (Schantz, 2007; Ledoux, 2015). On the surface of their stories, they framed their understanding of compassion similar to previous studies that give the 'ontical' or concrete characteristics of compassion that seemed to be bolstered from their reading of the literature and influenced by professional guidelines. For example, at times the nurse educators used language such as 'sympathy and empathy', an 'emotional or affective' state or 'caring' to describe the properties of compassion and are consistent with several studies (Dewar, Pullin and Tocheris, 2011, p.19; Sinclair *et al.,* 2017, p.17; Preckel, Kanske and Singer, 2018, p.20). At times when uncertain, the nurse educators in this study described their understanding of compassion through reiterating their professional responsibility in the NMC's Code (2018) or policy expectations of the 6Cs (DH, 2012) such as maintaining professional boundaries and empathetic care. What is unique about the current study is whilst the nurse educators did not explicitly articulate the meaning of compassion through the stories they told, their experiences hinted to deep ontological meanings that were 'tacit' and often taken for granted (Dahlberg, 2011, p.27). The study awakens the dormant meanings of compassion from deep within the nurse educators' everyday experiences and reveals compassion means careful concern for how they are with others and as such I propose Being-with is Care.

The nurse educators' stories uncovered a fundamental solicitude for Being-with-others revealed through their interactions with others and how others related to them

that was dynamic and is interpreted as compassion or lack of compassion. For the most part, they were attentive to the nature of relationships formed in and out of the university with colleagues, students, patients, families and friends that related to how they came to understand compassion. The findings revealed a questioning of self and others about their behaviours, acts, attitudes and feelings in the human encounter that is interpreted as compassionate or uncompassionate. Research in nursing practice has described caring acts, behaviours and emotional care as compassion (Sinclair *et al.,* 2017, 2018). Similarly, in nurse education, studies have reported compassion through acts of caring, emotional and relational facilitation (Peters, 2006; Richardson, Percy and Hughes, 2015; Newham, 2017). My interpretation compares with this body of knowledge and adds that the way in which Being-with-others was communicated through acts, behaviours and feelings was of great concern to nurse educators in their meaning making of compassion. The study's findings are revealing that acts, behaviours, attitudes and feelings convey a strong message in building human relationships necessary for compassion.

The care for Being-with that features prominently in the findings shares some similarities with the phenomenological study by Peters (2006) who described the human connectedness or developing relationships as a necessary part of compassion. Additionally, my claim that Being-with is Care is a central meaning of compassion is attested in several studies that demonstrate the way we are with others is of great importance. For example, compassion was described as genuinely 'caring about' others (Curtis, 2014, p.212), 'making time to be with individual patients'

(Bramley and Matiti, 2014, p.2795) and involves ‘meaningful relationships between human beings’ (Rykkje, Eriksson and Råholm, 2015, p.7). The study extends understanding of compassion in the context of nurse education and suggests that care for how one exists with others in the university is of importance to nurse educators’ project and is discussed throughout the emergent meanings in the sub-sections that follow.

5.2.1 The emotional dimension of compassion through authentic and inauthentic Being

This study reveals that the emotional aspects of compassion is interpreted through Being-with that involves a continuous re-positioning of authentic and inauthentic modes of existence. Notably, the existential philosophical notions of authenticity are associated with self-responsibility, consistency between values and actions, and care for self and others (Kreber and Klampfleitner, 2013). Unconcealment from the present study conveyed that exploring students’ emotions in the first year of nurse education were underexplored in pedagogical strategies to protect the students from emotional harm. The findings indicate that whilst feelings are recognised as a necessary part of compassion, addressing the emotions in teaching practices are avoided or delayed. There are parallels with the study by Peters (2006) who found that although nurse educators acknowledged students’ feelings, the emotional aspects of compassion were not made explicit in the curriculum. I propose that nurse educators find facilitating the emotional aspects of compassion difficult and as such it is taught inconsistently or left in the periphery of the curriculum. Based on my interpretation, I am emphasising that nurse educators make an evaluative judgement

to avoid exploring the emotions as a protective mechanism to safeguard students' emotional well-being. I therefore make a strong case that because nurse educators 'care about' students' emotional wellness, their intentions are authentic as they avoid talk that might generate painful emotions and is interpreted as compassion.

Research by Jack and Illingworth (2017) and Spadoni and Manankil-Rankin (2020) recognised that teaching sensitive topics such as emotions that relate to compassion can cause emotional distress amongst students and proposed abstract ways to address the emotions and promote their well-being. For example, poetry writing was suggested by Jack and Illingworth (2017) and using metaphors in reflective letter writing was recommended by Spadoni and Manankil-Rankin (2020). Whilst such creative approaches for facilitating compassion might help students to express difficult emotions in notional ways, this study is highlighting that opportunities to explicitly explore their feelings that inform their clinical decisions were restricted. This means genuine emotions could remain covered up and relates to Hochschild's (1983) theory of surface acting as inner emotions are suppressed. As discussed in the literature review, Hochschild's (1983) theory on emotional labour postulates that surface acting or emotional distancing are used in challenging emotional situations. This was evident in the nurse educators' talk about the *'rules'* to avoid sharing personal stories that might reveal distressing emotions. They focused on the tasks in year one of nurse education and used fictional case scenarios in year three. The study's findings indicated that sharing personal stories were avoided and learning about compassion became theorised, which is consistent with extant literature. For

example, research by Adam and Taylor (2014) encouraged second year students to use reflections of their personal experiences that occurred in practice, but it was contextualised in relation to theories of compassion. Focus mainly on theoretical knowledge could restrict exploring the emotions experienced in compassionate practice. Theoretical knowledge, described as propositional knowledge, is 'specialised, firmly bounded, scientific and standardised' (Schon,1983, p.23; Eraut,1992) and may not be enough to enable practitioners to adapt to unpredictable situations. Therefore, Eraut (1992) proposes it should be combined with experiential understanding, tacit knowledge and professional judgement that includes the emotions to create a 'process knowledge' that can be adapted and applied to the situation. The findings in this study compares with existing research about the complexity of emotions involved in compassionate experiences (Van Der Cingel, 2009). Therefore, I claim that emotions are either avoided, delayed or covered over with practical, metaphorical or theoretical ways of knowing.

It could be assumed that the nurse educators were Being inauthentic as they went along with the *'rules'* for teaching compassion even though they described using fictional scenarios as *'synthetic'*. Whilst they seemed uncertain if emotional avoidance could prepare the students for dealing with the unpredictability of life, they still avoided emotions and focused on teaching practical tasks. These findings relate with Smith's (2012) ethnographic study, who illustrated it's easier to divide the technical skills from emotional care. The current study provides understanding that students are 'taught' emotional avoidance at an early stage in nurse education

through the nurse educators' ways of Being-with. My interpretation aligns with Peters' (2006) findings who noted that lecturers controlled their emotions by using professional boundaries to avoid feeling overwhelmed. In addition, Berry and Cassidy's (2013) research demonstrated that lecturers suppressed their genuine emotions to cope with work pressures and Curtis (2013) suggested that negative emotions are suppressed in nurse education due to ill-defined emotional boundaries. In this study, knowledge is furthered by pointing out that the nurse educators' ways of Being-with through surface acting pervaded into their teaching practices. Therefore, at an early stage, the neophyte nurse learns how to suppress emotions through negative role modelling and socialisation processes. Curtis, Horton and Smith's (2012) research has illustrated that student nurses' socialisation processes can compromise compassionate practice for they experienced a disparity between the professional ideals taught in the classroom and dealing with the realities of practice. The study's findings bear similarities with Curtis, Horton and Smith's (2012) research as students are taught the essence of compassion aligned to the NMC's (2010) standards that contrasted with normative ways of Being, role modelled by nurse educators. The findings in my study extends knowledge and reveal that the professional ideals taught about compassion are in tension with the socialisation processes student nurses experience in the university.

Although there is evidence of surface acting, this present study demonstrated the variegated nature of authentic concern revealed through the nurse educators' deep introspection and their care for the students' emotional well-being that is interpreted

as compassion. Based on the findings, I agree with the notion that existing inauthentically is a pre-requisite for becoming self-aware in our strive for authenticity (Polt, 2005). In particular, when the nurse educators had time to reflect, they raised concerns similar to past philosophical debates by Van der Cingel (2009) and Newham (2017). These authors claim that suppressing emotions do not prepare students for the instability of emotional work that is a large part of nursing practice. This present study highlights that when nurse educators had the opportunity to reflect, they were willing to challenge self, others and routinised practices and pursued alternate ways for facilitating compassion.

There was evidence of alternate ways of facilitating compassion exemplified in some of the nurse educators' stories who shared their personal experiences or used aesthetic approaches to provoke thinking about the emotional aspect of compassion. The study revealed that nurse educators understood that teaching students how to manage their emotions is important for developing compassion. This finding of emotional regulation necessary for compassion compares with Msiska *et al.'s,* (2014) research that demonstrated supporting student nurses' emotional management is essential for compassionate practice. The attempt to teach emotional regulation is illustrating the nurse educators' awareness of their own and their students' feelings in facilitating compassion. Therefore, the findings are revealing that emotional intelligence is used for positive role-modelling empathetic ways for facilitating compassion. These findings resonate with the extant research that describe positive role-modelling as an effective educative method for facilitating

compassion (Jack, Hamshire and Chambers, 2017; Straughair, Clarke and Machin, 2019). My interpretation is expanding on the literature and showing that nurse educators use emotional intelligence necessary for positive role modelling in developing compassion.

Nevertheless, as indicated earlier, the study shows that teaching the emotional aspects of care are particularly avoided in the students' first year. Therefore, I argue that it does not prepare them in a timely way for the sufferings encountered in practice. The study's findings identified a potential risk to first-year students who may experience emotional fatigue as emotional issues were not formally addressed. These findings correlate with Michalec, Diefenbec and Mahoney's (2013) research which explains that students suffer from moderate emotional exhaustion as early as in the first year of training. Furthermore, as previously mentioned, there is evidence that student nurses experience high levels of psychological distress in their first placement and their second year of training has been described as the most stressful time (Rudman and Gustavvson 2011; Jack, 2017). The literature demonstrated inconsistency as to when compassion or emotions are taught in the curriculum; e.g. Jack and Illingworth (2017) suggest first year, Adam and Taylor (2014) propose second year and Hofmeyer *et al.* (2016) imply third year. The findings in my study echoes the conundrum raised in the extant research as to when compassion should be taught as some nurse educators indicated it is taught in the third year whilst others suggested it should be *'threaded throughout the curriculum'.* This fragmented approach to how and when compassion is taught in particular

stages of the curriculum could mean that some students are more prepared than others for the emotional aspect of compassionate practice.

This study uncovered that the pedagogical inconsistency on how and when compassion was taught in the curriculum related to organisational pressures and the nurse educators' lack of preparedness to facilitate the emotional dimension of compassion. Several studies confirmed that nurse educators feel disempowered to provide emotional support for students due to increasing work pressures, limited time and resources (Kenny, 2003; Braine and Parnell, 2011; Mackintosh-Franklin, 2016). This study furthers the research and suggests that in addition to performative pressures, there is limited formal preparation for nurse educators to develop their skills for teaching the emotional aspects of compassion. Furthermore, based on the study's findings, I am raising concerns that such lack of preparedness amongst nurse educators might lead to their increasing sense of vulnerability for teaching compassion. There seems to be paucity in research that explores the particular knowledge and skills required for facilitating compassion. The literature review in Chapter 2 provides ample evidence of the wealth of teaching strategies proposed for teaching compassion such as poetry, reflection and letter writing (Adam and Taylor, 2014; Jack and Illingworth, 2017; Spadoni and Manankil-Rankin, 2020). Yet there appears to be a dearth of literature on the nature and extent of preparation nurse educators receive for facilitating the emotional experiences of compassion, thus leaving them feeling *'frightened or ill equipped'*. This study provides a clear indication that the emotional aspects of teaching compassion were avoided by nurse educators

as they did not feel they have the knowledge and resources to support students emotionally for compassionate care, thus highlighting their underlying sense of vulnerability. These findings are uncovering in-depth perspectives on how the meaning making of compassion are multifactorial, controlled by organisational pressures and the type of knowledge and resources nurse educators have access to that informs their pedagogical practices.

In addition, whilst gender was not the focus of the study's questions, an unanticipated finding that emerged from the data revealed that some male nurse educators can resist historical gendered stereotypical norms existent in nursing (Evans, 2002) and openly express emotions when teaching compassion. Research into gendered norms in nursing practice suggest that emotional labour is associated with women's work and men are less likely to openly express their emotions in clinical practice (Paterson *et al.,*1996; Evans, 2002; Keogh and Gleeson, 2006; Gray, 2009). The findings in this present study identified that some men openly talked about their emotions when teaching compassion and contrasted with some of the research undertaken in clinical settings. For example, Evans (2002) and Grady, Stewardson and Hall (2008) showed that men were more likely to express their emotions through humour and practical care. Conversely, in this study, some male nurse educators were able to confront their emotions to help students manage their emotions. Based on my interpretation, I am highlighting that some male nurse educators are resisting the traditional gendered norms existent in nursing and are acting as positive role models necessary for compassion. My finding compares with

the newer research by McDonald (2013) who found that male nurses can ‘undo gender’ by resisting gender norms and demonstrating caring traits associated with femininity. As mentioned, it is not the focus of my study to explore how compassion is experienced through gendered ways of Being in the educational context, but the study is highlighting perspectives for future consideration.

The findings add to research and suggest that the nurse educators recognised emotions are a necessary part of compassion but did not feel adequately prepared for exploring emotional experiences. As such, emotions are often avoided or delayed in pedagogical practices as a means of protecting students and their own vulnerability. At times they questioned and chose to enter uncharted territories with students, inviting talk about feelings through Being-with as they shared their own stories, openly listened and urged students to seek out opportunities to reflect with others. There was a giving and openness of self in this authentic way of Being-with as the nurse educators chose to respond to the uniqueness of the situation and the rules were questioned and contextually applied, and this is my interpretation of compassion. It illuminates the nurse educators’ care through agency and eudaimonistic judgement (Nussbaum, 2001) for the sake of the flourishing of the students that I understand as compassion. Based on this study’s findings, I propose that there is an invested interest in the students’ well-being and therefore the nurse educators’ evaluative judgements led them to take responsibility and show empathetic concern – a giving of self through caring acts and emotions that are

revealing compassion. The next section explores how Being-with is at times interpreted as lack of compassion.

5.2.2 Uncompassionate inauthentic ways of Being-with: 'Just going through the motions'

Whilst emotional avoidance in teaching compassion was reasoned as a means to protect students from emotional distress and understood as compassion, at other times suppression of emotions in Being-with-others was interpreted as lack of compassion. The findings in this study uncovered that there was evidence of compassion fatigue by nurse educators through their emotionally distancing or using the rules as a coping mechanism during Being-with-others that is interpreted as uncompassionate. The study's findings can be likened to clinical studies that share similar experiences of emotional distancing associated with compassion fatigue. For example, Austin *et al.* (2009, p.204) elicited compassion fatigue from a participant's response as quoted, *'You're going through the motions but there is some disconnection…'*. Barnett, Hays and Cantu (2019) associated surface acting with compassion fatigue and Sims *et al.* (2019) noted a tick box culture over individualised care reduces compassion. As discussed in Chapter 2, Berry and Cassidy (2013) confirmed that surface acting is high amongst educators in HEIs but their study was not focused particularly on nurse educators or compassion. This study offers new knowledge told from nurse educators' perspective as there appears to be limited research on compassion fatigue that manifests in nurse educators Being-with-others that is understood as uncompassionate. Whilst my study is not focused on compassion fatigue, it is unique and significant because it is highlighting

the consequences of compassion fatigue can result in relationship breakdown through acts and behaviours interpreted as uncompassionate.

The study expands extant knowledge and explain that in nurse education, expression of emotions is controlled by the organisational norms and expectations. My assertion is based on the stories that showed although compassion was experienced by nurse educators, inner feelings were stifled and was exemplified in the talk, '*Being in the academic world you don't openly cry'.* This assumed tailored behaviour may be interpreted as inauthentic. The findings correlate with Hochschild's (1983) postulation that in organisational settings, there are 'feeling rules' and individuals display feelings that are socially constructed and acceptable to the social context (Riley and Weiss, 2016, p.7). The current study's findings are revealing that there is a construct held by some nurse educators that the university's norms curtail the expression of emotions and during times of suffering, such emotional restraint by others was interpreted as uncompassionate.

In addition, there is an indication that the acts and behaviours can be interpreted opposingly by individuals as compassion or lack of compassion. For example, Jason interpreted receiving a card in response to one's suffering as uncompassionate whilst Bird thought the gesture of sending a card demonstrates compassion. These contrasting interpretations are consistent with the research by Roze des Ordons *et al.* (2020, p. 205) who explain the interpersonal skills intended as compassion can be interpreted differently by those who 'give' and 'receive' it due to relational, cultural

and contextual factors. My study presents new knowledge that is particular to nurse education and explains that the university's culture can create tensions with nurse educators' values and customs and can disrupt ways of Being-with that contrasts in their meaning making of compassion. In the next section, I explain how compassion is relational.

5.2.3 Compassion means Being-with is relational to the character and closeness of relationships in nurse education

The study illustrates that the nurse educators make meaning of compassion depending on the nature and intensity of their relationships formed in the university that guided how and to what extent it would be expressed and received. Unsurprisingly, the study found that compassion is more likely to be experienced to a greater extent in closer relationships. This finding is akin to the psychosocial study that describes how motivation to help others and empathetic concern are greater in close relationships such as immediate family members, friends and romantic relationships compared to strangers (Maner and Gailliott, 2007; Gilbert, 2014). Although there are studies that explore the nurse–patient relationship associated with compassion (Dewar and Cook, 2014; Sinclair *et al.,* 2017), there seems to be paucity in the literature that explores how nurse educators interpret compassion in association with the relational dynamics that exist between their managers, peers, students and personal associations. Whilst the literature review confirms that compassion is associated with forming 'human social relationships' (Jeffrey, 2016), this study illustrates how the meaning and extent of compassion varies in

accordance to the significance of the relationship and ranges on a trajectory from minimal or no compassion on one end to overly compassionate at the other side.

5.2.3.1 Compassion in relations with colleagues

The study's findings indicate that there is a risk of partiality to those we value as important and consequently it could risk inequality in compassionate-based reasoning with other nurse educators. Understanding how nurse educators form their judgements on who is deserving of compassion is integral to finding out how they make meaning of compassion and is a central aspect of my research inquiry. The nurse educators' stories uncovered contrasting interpretations of compassion that were dependent on how their line manager responded to them during times of their distress. For example, some nurse educators described excessive acts of kindness by their line managers as compassion, but it instilled feelings of obligation, whilst others felt isolated when their suffering was unrecognised and was interpreted as uncompassionate. It could mean that the distress of others in detached relationships might go unnoticed or lead to 'inattentional blindness' (Paley, 2014, p.278), or at the other extreme, risks overbearing behaviours within close relationships. Therefore, I appeal for 'relational consciousness' (Doane and Vacoe, 2015) previously mentioned, that considers the intrapersonal, interpersonal and situational factors that mould the nature of our relationships with others. For nurse educators, based on my findings, this means that emotional intelligence is needed for compassionate leadership that promotes fairness and equality in making critical evaluative judgements integral for compassion. My claim relates with McQueen's (2004) review that explains emotional intelligence integrates the interpersonal and intrapersonal

knowledge necessary for successful human relationships. The findings align with further studies by Curtis (2012) who demonstrates emotional intelligence is required for the emotional labour of compassionate practice, Kaya, Senyuva and Bodur (2018) who show a positive correlation between emotional intelligence and rational decision-making and Hurley *et al.* (2020) who confirmed that emotional intelligence is required for self-awareness and awareness of others. My study provides greater understanding that emotional intelligence is necessary for leaders and managers to make impartial judgements on how decisions for compassion are experienced, evaluated and understood.

Being in particular groups that have distinctive functions in the university and holding varied positions seemed to shape the nature of relationships between nurse educators and correlated with their meaning making of compassion. Several studies confirmed that nurse educators understand compassion involves building human relationships. For example, Smith *et al.* (2014) described opportunities for collaborative relationships are necessary for compassion, Peters (2006) explained a human connectedness is required for compassion and Newham *et al.* (2019) described how a connection with others depicted compassion. Interpretations from this current study indicated that groups formed as ‘teams’ fostered opportunities to strengthen human connections for developing compassion. Notably, in this present study the teams were constructed around the commonalities shared by the nurse educators such as their field of nursing. Consequently, their identified similarities could create an ‘in-group favouritism’ with the potential for negative prejudices

towards ‘out-group’ members to be harboured (Mower, 2015, p.231). There was evidence that the nurse educators attempted to support members outside their group during times of their distress but were met with some resistance. There seems to be limited studies on how groups in universities create or hinder opportunities for the meaning making of compassion. The current study does not fill the gap in knowledge on how groups inform nurse educators’ meaning of compassion, but it is identifying some of the tensions within groups formed in the university. The study reveals that whilst groups can generate supportive behaviours for compassion, they can simultaneously create territorial ways of Being-with that exclude others and is interpreted as uncompassionate.

Furthermore, the findings identified that power dynamics exists within groups and their distinctive functionalities contributed to nurse educators meaning making of compassion. As previously discussed, the particular groups formed in the university can be paralleled with Wenger’s (2011) notion of CoP that espouse specific domains. It could be that the main interests of teams formed in the university are for developing caring, supportive relationships to scaffold nurse educators’ everyday practices. Conversely, managerial groups may direct their attention to organisational resourcing and productivity issues. Wenger (1998) acknowledged that there are different levels of individual participation within a CoP that can lead to tensions and a hierarchy of power. The findings in this study revealed that team leaders were also the managers of its members and in other strategic groups they did not have a managerial role. Based on my findings, I propose that differing roles and levels of

participation within groups can lead to inter-relational and power imbalances on how compassion is experienced and interpreted. The study is revealing that evaluative judgements on compassion are made on the individual's positional status. For example, the suffering was more visible in individuals who assumed central managerial positions within groups compared to those who may have been in the periphery and in less powerful positions. My findings align to Nussbaum's (2001, pp.318–319) theory that compassion is based on eudaimonistic judgement, as in this study the team leader's flourishing was an important part of her members' scheme of goals and projects (Nussbaum, 2001, pp.318–319). Conversely, lack of compassion was interpreted when one's suffering was unrecognised in groups that focused their attention on business issues.

It has been argued that new managerialism changes the nature of relations between professionals and managers where there is declining collegiality and a shift in beliefs and values (Nixon, 2001; Kolsaker, 2008). The stories hinted to a culture of business relations between nurse educators and their peers as the language used by them such as '*line manager'* and *'senior colleague'* are terminologies used in the corporate world (Kolsaker, 2008). Based on my interpretation, I am indicating that in some groups in the university, emphasis may be placed on marketised objectives over humanistic concerns that are complicated by hierarchical power imbalances and can influence the meaning making of compassion. Coupled with the spatial complexity of working across multiple sites, the findings in this study evidenced a fracturing of relationships as it created a felt space of isolation that constrained the formation of

‘deep’ relationships. The study provides an understanding that there is an organisational responsibility to foster compassionate leadership that promotes a culture of equality, fairness, inclusivity and a shared ownership for compassionate ways of Being-in-the university. This shared ownership for compassion means it is also the individual’s responsibility to reciprocate compassion to their leaders and colleagues who might not be aware of their distress and may have been judged unfairly as uncompassionate.

5.2.3.2 Compassion in relations with students

The findings uncovered an ‘ontological uncertainty’ that obscured windows for building relationships with students due to performative pressures. Whilst I have previously raised the nurse educators’ concerns about limited opportunity to teach the emotional aspects of compassion due to workload pressures, in this section the study draws attention to how increasing neoliberal demands are affecting their relationships with students. The study highlights that there are limited formal opportunities to build relationships with students that are consistent with Curtis’s (2013) and McCloughen *et al.’s* (2020) research that discovered whilst students valued tutors’ time and commitment for emotional support, opportunities for such formal support are limited in nurse education. My findings highlighted the challenges faced with supporting large tutor groups and agree with the concerns raised by Paley (2014) who suggests that oversight of situational issues such as workload pressures could lead to the dehumanisation of individuals and increase the likelihood of lack of compassion. I am not suggesting that there is a lack of humanistic concerns, but the study’s findings are revealing that structural and normative practices are restricting

opportunities for developing compassionate relationships with students in nurse education.

Curtis (2013) recommends that there should be more individual and organisational responsibility for the formal development of compassion in nurse education. Based on the study's findings, I assert that there are endeavours of compassion as nurse educators chose to take individual responsibility to opportunistically support students. This is evident through extending tutorial times or prioritising time to Be-with-students over other demands that are interpreted as compassion. The study's findings relate to the exploratory research by Ross *et al.* (2014) who found that compassionate relationships between personal tutors and students involved recognising students' vulnerability, investing time in them and building trust. Whilst the study compares with the work by Ross *et al.* (2014) that shows how personal tutors try to get to know the student as a person, this study identified that regardless of being a personal tutor, nurse educators went beyond their designated role to make time to get to know students outside of their personal tutor groups. The findings share commonalities with research in the clinical context as Dewar and Nolan (2013, p.1247) described that compassionate relationships with patients involved caring conversations by 'finding out who people are and what matters to them'. Based on the study's findings, I assert that nurse educators recognised the significance of getting to know the personal dimension of students' lives so that support is flexible and contextually determined. The current findings are unique as it is told from the nurse educators' perspective, clearly indicating how they chose to

take ownership for knowing and helping the person despite busy schedules or pastoral responsibilities that revealed their meaning of compassion.

Although supporting students was endeavoured by nurse educators, the stories indicated that evaluative judgements were made on the basis of the '*good*' student and could risk biases over who receives compassion and to what extent it is offered. The 'deservedness' of compassion (Nussbaum, 2001) seemed to be cultivated from their unreflective judgement (Lawn, 2006) about binaries such as good vs bad, achieving vs failing, engaged vs disengaged and stems from professional traditional values (Gadamer, 2004). The study's findings revealed that students were judged by their professional conduct and shares some similarities with the exploratory research by Wong and Chiu (2018) who found that university lecturers expected the 'ideal' student to display qualities that are discipline specific. In their study, the lecturers were from the social sciences across a UK university and there was an overall expectation that the ideal student will be prepared, engaged and committed to learning. Whilst Wong and Chui did not focus on compassion, their study is helpful to understand how HEI lecturers perceive the ideal student.

In this study, there were some nuances in the nurse educators' evaluations about the 'good/bad' student that at times included holistic reasoning about the students' personal circumstances and this influenced their judgements for compassion. There appears to be limited literature on how the construct of the '*good*' student experiences compassion in relation to those who are regarded as '*different*'. This

study is demonstrating new knowledge that whilst professional behaviours were expected from all students, some nurse educators were using reflection to develop their emotional intelligence to make holistic evaluative judgements necessary for compassion. Even though emotional intelligence in making holistic judgements may cause tensions, it is something to be fostered in nurse educators as the data is indicating it leads to compassionate judgement. Such judgement applies the professional expectations to the particularities of the students' circumstances and is argued as compassion.

5.2.3.3 Compassion in relations with patients

Whilst the study's focus is on nurse educators' lived experiences of compassion in the university, their stories revealed experiences of compassion through their recollections of being a nurse that they interpreted as compassion. I will focus on stories that contribute to the meaning making of compassion in nurse education. As already mentioned, the study's questions were not orientated to gender in nurse education, but an unexpected finding is that when the male nurse educators recalled working as nurses, they talked about their emotional experiences that they interpreted as compassion. The findings indicated how male nurse educators experience the emotional aspects of compassion, but it was expressed through practical ways of Being when they worked as nurses. My findings contrast with the historical literature that propound emotional work is associated with stereotyped views of women as 'natural nurturers' (Gray, 2009, p.171; Riley and Weiss, 2016). The nurse educators' experiences of emotionally caring for patients demonstrated how the traditional perceptions of femininity associated with the emotional work in

nursing is changing and may influence their pedagogical practices for facilitating compassion. I will briefly explain how the nurse educators' meaning of compassion in personal relationships was experienced and understood next.

5.2.3.4 Compassion in relations with family and significant others

In keeping with the study's focus, I discuss the key findings of the nurse educators' personal experiences that influenced their interpretation of compassion in their professional practice. Whilst it is agreed that compassion involves human relations, there seems to be minimal research on how compassion is experienced and understood in the particular relationships nurse educators assumed.

An action research study by Smith-MacDonald (2019) examined how compassion was understood by healthcare providers, families and patients from their varying perspectives. All the participants agreed that compassion is formed through meaningful relationships and involved virtuous responses such as kindness and love and tangible acts and behaviours such as giving a hug or holding someone's hands. What is noteworthy in this present study, is that touch was more likely to be used to express compassion between close friends and family and contrasted with the research by Smith-MacDonald (2019), where touch was used and understood as compassion in patient–provider relationships. The findings in this current study indicated that touch was openly used to express compassion in close personal relationships and correlated with the psychosocial studies by Maner and Galliott (2007) and Gilbert (2014) who explain empathetic concern is greater with close family and friends. My study is revealing that the emotional aspect of compassion is

experienced more intensely in close personal relationships that is expressed through tangible acts and behaviours.

There appears to be limited comparative studies on how the nature of compassion is experienced between nurse educators' professional and personal relationships. This study offers new insight into understanding that compassion is not constrained by rules in close personal relationships and therefore differs from work relations in the way it is expressed. In professional relations, compassion is interpreted through professional and organisational rules whilst in close personal relations it seems to be guided by personal, social and traditional values. This means for nurse education, that tensions can arise when professional and organisational rules conflict with their personal understanding of compassion. I now draw attention to the fluidity of the emotional, practical and spiritual dimensions of Being-with that nurse educators understand as compassion.

5.2.4 Compassion is holistic: Emotional, practical and spiritual

The findings illustrated that the whole meaning of compassion was fluid, uncontainable and likened to a river; its origins sprung from parts that were emotional, practical and spiritual and rippled through the corporeal presence of Being-with. The discourse analysis by Brown *et.al.* (2014) explored 20 healthcare practitioners' understanding of compassion through analysing the language they used to construct their interpretation of the phenomenon. They described compassion through a mixture of language indicating corporeal, emotional and

practical aspects. Additionally, research by Sinclair *et al.* (2017; 2018) reported that patients described compassion through the nurses' presence, demonstrating emotional connection, virtuous response and caring acts. From nurse lecturers' perspective, as previously mentioned, Peters (2006) explains that compassion was interpreted through human connectedness that involved a combination of caring acts, emotions and virtuous qualities. The study's findings elucidated the points raised by Peters (2006), Brown *et al.* (2014) and Sinclair *et al.* (2017;2018), highlighting that compassion involves the confluence between the emotional and practical parts revealed through the lived body and makes individuals feel cared about.

The study's findings advance understanding and assert that for some individuals, coping mechanisms such as religious spirituality were called upon for developing self-compassion. Duarte, Pinto-Gouveia and Cruz (2016, p.3) explain that self-compassion involves being kind to oneself and the desire to alleviate one's distress. In addition, self-compassion is regarded as 'inward facing' (Andrews, Tierney and Seers, 2020, p.2) and this study unearths how one nurse educator used her religious faith to gain an *'inner peace'* and alleviate self-distress. My findings are comparable with Andrews, Tierney and Seers (2020) and Duarte, Pinto-Gouveia and Cruz's (2016) explanation that self-compassion requires a desire to seek self-care strategies. Whilst self-compassion is not the focus of my study, it is important to highlight its significance as a requisite for compassionate practice (Wiklund-Gustin and Wagner, 2012). In an increasingly secular society like the UK, it may be that

individuals choose alternative ways of developing self-care for compassion and religious spirituality is just one method uncovered in this study.

5.2.5 Summary: Nurse educators make meaning of compassion through their care for Being-with

To summarise this section, there is a clear indication that nurse educators interpreted compassion through their careful concern of Being-with that were at times revealing tensions between authentic and inauthentic modes of existence. The emotional tributary flows into practical ways of Being and reveals the meaning of compassion is complex and ephemeral due to context, time and relations. In addition, organisational rules, customary practices, gendered norms, professional values and political expectations obscures the meaning of compassion. Consequently, these factors create uncertainty in our Being-with, that is interpreted as compassion or lack of compassion. This section is unconcealing the nexus between each part of the emergent meanings that are contributing to the central interpretive theme; revealing a constant thread that binds the nurse educators' understanding of compassion through their care for Being-with. In the hermeneutic circle, I remind readers of the reciprocal interdependence of the parts and the whole where understanding of phenomena is progressive (Motahari, 2008). The next section explores the distinctive horizons of understanding that nurse educators interpret as compassion to give a fuller meaning of the phenomenon.

5.3 A settling of the colliding worlds of nursing practice and nurse education in interpreting compassion in nurse educators' professional practice

In order to answer my research question on how nurse educators make meaning of compassion, I explored their varied horizons of understanding. As explained in Chapter 4, the metaphor, 'colliding worlds', is useful to illustrate the nurse educators' differing perspectives as sometimes there were opposing views in their understanding of the experience. I recognise that understanding of compassion is cultivated from their unique personal and professional experiences which means their 'unavoidable embeddedness' in particular worlds and, therefore, understanding is not presuppositionless (Crowther and Thompson, 2020, p.2). Whilst tensions emerged from the nurse educators particular standpoint on compassion, the next discussion reveals a settling of colliding worlds as their differences were navigated with an endeavour to integrate varying perspectives of compassion into their professional practice.

5.3.1 Colliding views in the dialectical play of the past, present and future

The findings reveal uncertainty on how compassion is interpreted in nurse education that is highly influenced by the nurse educators' past nursing practice and is causing disruptions in their teaching practices and ways of Being in the university. My assertions are justified through several examples; emotional avoidance for fear of burnout, supporting students as patients or as learners, conflicted behaviour due to gendered norms, tensions over maintaining professional boundaries and jostling between leaping in and leaping ahead activities. The study's findings compare with

the micro-ethnographic research by Williams (2010) who found that practice-bred values in nursing direct nurse educators' academic practices and can create conflict in the academic world. As my research is seeking answers on how nurse educators interpret compassion in the university, I am concerned that the practice-bred values of nursing may overshadow the meaning of compassion in the educational context.

The nurse educators all indicated a fervent desire to support students and are consistent with studies which have found that most nurse tutors assumed supportive, caring responsibilities for students that originated from their past nursing experiences (Rhodes and Jinks, 2005; Jack and Illingworth, 2017; Spadoni and Manankil-Rankin, 2020). The grounded theory study by Duffy (2013) described that owing to the centrality of nursing professional values associated with nurturing and caring, nurse educators found it difficult to reframe themselves as academics. Similarly, in this current study, the findings were revealing that the traditions of nursing were strongly directing the nature and extent of support the nurse educators gave students and signalled mixed understanding of compassion. The findings were identifying that the professional identity of Being a nurse is colliding with the academic identity of Being a nurse educator and was affecting how nurse educators interpreted compassion in the university. These findings compare with Findlow's (2012, p.127) research which reported on the challenges faced by competing academic and professional identity, resulting in ill-defined boundaries when supporting students and some feeling like they were 'doing two jobs'.

The phenomenological study by Dobinson-Harrington (2006) found that students worry that whilst many nurse tutors have extensive knowledge about nursing, they questioned if they understood the challenges learners experience and therefore this could influence the nature of the support given to students. Research has shown that student nurses experience higher levels of stress compared to learners in other formal programmes of study and the main tensions relate to clinical pressures, assignment deadlines, financial strains and difficult relationships with clinical staff and educators (Labrague *et al.,* 2017; McCarthy *et al.,* 2018). Although there is extensive literature that proposes how students' stress can be managed, such as mindfulness, problem-solving and reflexivity (McCarthy *et al.,* 2018), this study revealed differences of opinions from the nurse educators on how they were responding to students' difficulties. The study is highlighting that the particular challenges students face as learners may go unrecognised if they are supported from a nursing practice perspective. Furthermore, the tensions that emerged from the colliding worlds of nursing and education could result in inconsistencies and inequalities on how students are compassionately supported. The study is demonstrating that even though the nurse educators have been working in the university for at least two years, there was a clear indication that they were struggling to clarify their role and responsibility as educators when expressing compassion with students. Therefore, I am raising questions about the nature of support given to nurses transitioning into new roles as educators in the university and highlighting the need for training in compassionate practice for supporting students.

In addition, whilst the study's findings uncovered that gendered norms were changing as some male nurse educators openly shared their emotions to facilitate compassion, there were still some traditional views of masculinity that permeated nurse education. This was exemplified in a male nurse educator's story that denoted students should *'man up and grow a pair'* and indicated that the meaning of compassion for some men in nursing was understood as Being emotionally 'tough' and getting on with the practicalities of nursing. The findings are comparable with the literature that reviewed notions on historical gendered stereotypes in nursing that associate women with emotional labour and men as strong practical problem solvers (Evans, 2004; Whiteside and Butcher, 2015). In this current study, the findings are limited to showing how gendered stereotypes can disrupt attempts on emotion management necessary for compassion. The next sub-section draws on the differing acts of leaping ahead and leaping in that conflict and are influenced by personal and organisational factors.

5.3.2 Being-with involves Leaping in and Leaping ahead interpreted as compassion in nurse education

Research in nurse education provides evidence that nurse educators take responsibility for facilitating compassion through the array of teaching strategies they propose; e.g. formalised reflection, role modelling and use of aesthetics (Adam and Taylor, 2014; Adamson and Dewar, 2015; Newham *et.al.,* 2019). The study by Adam and Taylor (2014) used a module to empower students to develop their compassionate practice through reflection of difficult experiences they encountered in the clinical arena. In their study, the students were encouraged to take

responsibility for their self-care and develop strategies such as re-framing stressful situations that surfaced negative emotions (Adam and Taylor, 2014, p.1243). In the current study, the use of reflection to develop compassion and support students' well-being was apparent through formal and informal methods. For example, reflective methods were used in summative assignments and students were encouraged to *'seek out'* informal opportunities to reflect with their peers, friends and family. The findings in this study demonstrated that the nurse educators were 'leaping ahead' and empowering students to take control of their learning and well-being that aligns with Adam and Taylor's (2014) reflective strategy for developing compassionate practice.

Paradoxically, the study indicated underlying organisational pressures for students' achievement influenced acts of leaping in and taking control and was interpreted by nurse educators as compassion. There was a hidden mood of anxiety experienced by some nurse educators for students who might fail that could lead to them feeling pressured to take control for students to pass assignments. Similarities can be drawn from the study by Glover and Philbin (2017) who found that owing to the deep responsibility experienced in supervisory roles, anxiety is inescapable and therefore can lead to supervisors leaping in and offering solutions. There are increasing arguments that critical thinking is being supressed in nurse education due to neoliberal demands (Morrall and Goodman, 2013; Holmes and Lindsay, 2018). DiCenso (1988) suggests that individuals are more likely to prioritise what they think counts and could relate to *Dasein's* fallenness in being immersed in a particular

group's norms and expectations. The marketisation of higher education was directing nurse educators' acts of leaping in due to worry over attrition rates and the cost to the university. Whilst such acts might be interpreted as compassion, it does not empower students for life-long learning and problem-solving skills necessary for practice. Perhaps nurse educators are more likely to 'jump in' and 'fix' problems that stem from eudaimonistic judgement about things we place value on (Nussbaum, 2001, p.49) or feel pressured into. I assert that commercialised pressures might have implications for facilitating compassion in nurse education and concur with Giroux's concern about a marketised culture in education that places critical pedagogy under threat:

> '*Compassion is a weakness, and moral responsibility is scorned because it places human needs over market considerations'* (Giroux, 2010, p.185).

The findings uncovered that compassionate ways of Being can fluctuate between unrefined pedagogical acts of 'leaping in' and taking control of the situation or 'leaping ahead' and empowering individuals to resolve issues for themselves. Particularly, there is a clear message that informal acts of leaping ahead to encourage students' self-responsibility is helpful and leaping in that takes autonomy away from the students can be problematic. This study is expanding knowledge orientated to nurse education and is highlighting that pedagogical strategies for developing compassion need to go beyond formalised methods such as summative assessments and incorporate informal acts of leaping ahead. Additionally, it is drawing attention to consequences of corporate pressures that risk acts of leaping in

and limits opportunities for developing students' internal locus of control necessary for compassionate practice. The next sub-section draws on the differing views of 'caring for' and 'caring about' involved in the meaning making of compassion.

5.3.3 Compassion: Caring for and Caring about

The jarring between the practical (caring for) and emotional (caring about) aspects of compassion have already been uncovered through some of the pedagogical approaches that nurse educators adopted to safeguard the emotional well-being of students. What this section draws attention to, is how the views for teaching the *techne* aspects of 'caring for' conflicted with opinions for facilitating the *'phronesis'* in 'caring about' and related to the nurse educators' interpretation of compassion. Reference to the *techne* in my discussion relates to clinical tasks used in caring for patients whilst *phronesis* refers to the 'practical wisdom used to guide action' in caring deeply about the flourishing of patients (Sellman, 2009, p.86).

Whilst the NMC (2018c) encourages HEIs to develop innovative pedagogical strategies, the study revealed contrasted opinions over teaching and assessing the technical skills from humanistic aspects of care. The findings revealed that nurse educators could readily describe the clinical tasks taught in the curriculum but there was limited and conflicted talk about how the moral relational aspects of care were articulated in their pedagogical practices. The study's findings resonate with current research that confirms that scientific, technical knowledge is prioritised over humanistic values in modern nursing (Jakimowicz, Perry and Lewis, 2018;

Straughair, Clarke and Machin, 2019). Concerns that more value is placed on technical rationality in nursing have been raised by several authors who claim that moral values are pushed further into the background and therefore compassion in educational programmes may not be given equal precedence (Sellman, 2011; Barker, Cornwell and Gishen, 2016). Emphasis on the *techne* can lead to a restrictive view of how compassion is facilitated and relates to Paley's (2014, p.278) opinion that the failings raised in the Francis Report (2013) were a consequence of 'selective looking'. The current study provides a clear understanding that dichotomising and prioritising the technical skills in 'caring for' over the practical wisdom in 'caring about' in the curriculum will not prepare students in a timely way for holistic, compassionate care.

In addition, as highlighted in Chapters 1 and 2, the ambiguous nature of how compassion features in the NMC (2010) educational standards and persists in the renewed standards (NMC, 2018a, c, d) can lead to multiple interpretations. In this study, the nebulous descriptions of 'professional relationships' in the professional standards were causing tensions on what this means in nurse educators' relationships with students. The ambiguities I have raised over the NMC's (2010) skills for compassion was apparent in this present study over the conflicted views about the PADs described as a '*tick box'* exercise by one nurse educator and another colleague who argued that it evaluates *'patient-centred care'*. These findings indicate that the way students are assessed for compassionate practice is open to individual interpretation and is leading to inconsistencies. The study is indicating the

need for a collaborative approach to interpreting the NMC's (2010) knowledge and skills for compassion by nurses, nurse educators and students.

There was evidence in the nurse educators' stories that they understood compassion as a phenomenon that is more than a physical task that is not necessarily visible. Furthermore, the findings showed that they understood compassion goes beyond technical skills and is of great importance to nursing care, described as something *'deeper', like a golden vibrant... dimension'*. Based on my findings, I assert that the technical skills listed in the NMC's standards (2010) can readily be articulated in the curriculum but teaching the humanistic values for compassion may not be easily discernible. The findings identified that nurse educators interpreted compassion as something intangible and open to multiple interpretations and resonates with several authors who report that the meaning of compassion is subjective in nature and phenomenologically complex (Armstrong, Parsons and Barker, 2000; Dewar, Pullin and Tocheris, 2011; Taylor *et al.,* 2017). Based on these findings, I assert that compassion is difficult to teach because of its intangibility and complexity but worthy of great attention. In addition, my study furthers thinking and is illustrating that ambiguity for facilitating compassion in regulatory standards can risk fragmentation to how it is interpreted, prioritised, taught and assessed in the pre-registration nursing curriculum.

5.3.4 Compassion: 'It's the little things…you can't be a hero every day …'

It was apparent in the nurse educators' stories that the organisational norms and values were creating tensions about what counts as compassion as some of the nurse educators regarded the *'little things'* as important and others thought it is going beyond professional duty. The study surfaced that for some nurse educators, everyday acts of Being-with-others were taken for granted and might not be interpreted as compassion whereas others accepted that *'you can't be a hero every day'*. Research by Sinclair *et al*. (2017; 2018) found that patients valued the everyday acts and going the extra mile equally as compassion. For example, one of the participants in Sinclair *et al.'s* (2017, p.445) study valued all caring acts 'be it big or little' as compassion. Based on this present study's findings, I suggest that the *'little'* things described by nurse educators might go unnoticed due to their natural absorption in everyday work and hence it is not understood as compassion. My argument concurs with the analysis by Smith (2012, p.2), who explained because the *'little things'* are difficult to capture they slip by unnoticed in the busyness of everyday work. The study's findings identified that both small and extra acts of care for others were valued and interpreted as compassion but varied in relation to context and time. The next section conveys the colliding views that are worked out as altruistic or reciprocated.

5.3.5 Compassion that is reciprocated and altruistic

The nurse educators' enculturation in the world of the university surfaced conflicting understanding and expectations of altruism and reciprocity that the literature and professional guidance indicate are necessary for compassion (Straughair, 2016;

NMC, 2018; van der Wath and van Wyk, 2019). The findings revealed that the nurse educators made a conscious decision to support students and their peers through practical acts such as giving extra support with assessments and cancelling their own commitments to prioritise others' needs. Although there were no explicit rewards sought in exchange for such altruistic acts, there appeared to be a hidden gift of satisfaction for helping others. They felt rewarded upon seeing those whom they have helped flourish, confirming that positive reciprocity is important for compassion. Slettmyr, Schandl and Arman (2019) suggest that positive responses derived from altruistic acts become less altruistic as positive feedback is valued by the carer. The present study advances thinking and adds to the debate on compassion argued as reciprocal or altruistic as I assert they are unknowingly intertwined and are either expressed overtly or covertly. Additionally, the study compares with the findings by Straughair (2016) and Slettmyr, Schandl and Arman (2019) who highlight the implicit rewards for compassionate acts and propose that positive reciprocity is fundamental for compassionate, professional relationships. In particular to nurse education, the findings in this study affirms that positive reciprocity is necessary for nurse educators' flourishing and therefore their compassion to others is based on 'eudaimonistic judgement' (Nussbaum, 2001). The study furthers knowledge and revealed that who the nurse educators chose to be compassionate to mattered to their overall scheme of goals and would be based on their evaluative judgements of those deserving of compassion.

The notion of negative reciprocity described by Straughair (2016) is supported in this study's findings as negative experiences described as '*unfriendliness*' or '*feeling ignored*' created negative responses such as an unwillingness to help and feeling *'disappointed'*. Buunk, Zurriaga and Gonzalez (2012) examined reciprocal altruism in personal relations and discovered a sense of deprivation was felt by carers when there was little return on their investment. Yet feelings of indebtedness were experienced by the recipients of altruistic acts (Buunk, Zurriaga and Gonzalez, 2012). Whilst the research by Buunk, Zurriaga and Gonzalez (2012) explores reciprocal altruism in personal relations, parallels can be drawn to this present study that identified negative emotions can occur in professional relationships when individuals felt undervalued or unrecognised. In addition, the finding of indebtedness noted by Buunk, Zurriaga and Gonzalez (2012) is echoed in this study that uncovered the urge to repay the compassionate acts received. The findings revealed that negative reciprocity in nurse education could potentiate uncompassionate behaviour and could be detrimental to the emotional well-being of individuals. It is highly relevant that nurse educators' altruistic and reciprocal expectations of compassion are made transparent as several studies affirm that student nurses develop such values through socialisation processes that occur in practice and education (Haigh and Johnson, 2007; Carter, 2014; Straughair, 2016). I will next present the conflicted views of whether compassion is innate or learnt and guided by professional responsibility.

5.3.6 Compassion: It's natural, learnt and taught out of professional duty

For some of the nurse educators, tensions were revealed in their stories that indicated compassion involved instinctive qualities with differing views on how it could be developed through educational and professional practice. As their contrasting views were influencing their pedagogical strategies for facilitating compassion, I was attentive to what particular qualities were interpreted as instinctive, learnt or can be developed professionally.

Whilst historically, nursing is associated with innate caring qualities (Helmstadter *et.al.,* 2011; Brooks and Hallett, 2015), the literature on contemporary nursing has argued that compassion is guided by moral and ethical responsibilities and can be learnt (Adam and Taylor, 2014; Timmins *et al.,* 2018; Slettmyr, Schandl and Arman, 2019). The general consensus gleaned from the literature is that compassion consists of intrinsic qualities such as love, kindness and honesty that can be developed extrinsically through education and socialisation processes (Adam and Taylor, 2014; Lown, 2015; Straughair, Clarke and Machin, 2019). The findings in the current study align with the contemporary literature as whilst uncertainties were noted over the innateness of compassion and its development, the nurse educators were managing these tensions by facilitating compassion through their professional and educational practice. In particular, the nurse educators who interpreted compassion as instinctive seemed to affiliate this idea that it involved emotions which were a natural component of our *psyche*. This is exampled in the nurse educator's talk about people who are drawn to nursing, *'have got it, feel it'*. Based on my findings, I suggest that it is the emotional aspect of compassion that is interpreted as

instinctive. My assertion can be related to the evolutionary theory for human survival where emotions play a significant part in influencing thoughts, behaviours and motives for compassion (Goetz, Keltner and Simon-Thomas, 2010; Gilbert, 2014). The study is indicating that the emotional dimension of compassion is interpreted as instinctive but is causing disruptions on if or how it can be developed in nurse education.

The theoretical analysis of compassion by Nussbaum (2001) postulates that emotions in compassion requires deep cognitive reasoning, therefore implying it can be developed through critical reasoning. The wider literature projects that emotions can be developed through specialised therapy and training such as compassion-focused therapy or developing emotional intelligence (Salovey and Mayer, 1990; Gilbert, 2014). My earlier discussion demonstrated that the nurse educators attempted to teach the emotional aspects of compassion but it was not consistently applied. Nevertheless, the stories uncovered a shared professional responsibility by the nurse educators for facilitating compassion (NMC, 2010; DH, 2012). Whilst they accepted that they needed to teach compassion as part of their professional duty, tensions existed between their deontological obligation for teaching compassion and uncertainty about how the emotional dimension should be developed. The study's findings are contributing to the extant literature and pointing out that the instinctive emotional aspect of compassion is complex and not clearly articulated in professional guidance that leads to pedagogical irregularities.

5.3.7 A settling of the colliding worlds of nursing practice and nurse education summarised

This section advances knowledge on how nurse educators' fore-structures and situatedness gave their distinct perspectives on compassion. The study demonstrated that all the nurse educators shared a strong desire to facilitate compassion through their ways of Being and their teaching practices. Paradoxically, the findings identified that they often had conflicting opinions over how they should engage with others and facilitate compassion. Uncovered in the study are contrasting ideas over the nature and extent of student support due to conflicted personal and organisational pressures. There was uncertainty over teaching methods and defining the professional boundaries for compassion. Based on my findings, I postulate that these opposing horizons of understanding emerged out of the nurse educators' unsettled traditions, professional identities and organisational culture that influenced their meaning making of compassion.

Nevertheless, whilst the findings illustrated the nurse educators' conflicting interpretation of compassion, their differences were juxtaposed to the commonality shared about the significance of compassion. Therefore, based on these findings, I assert that nurse educators assume a moral and professional responsibility for facilitating compassion and their authentic concern for others. The study pinpoints how nurse educators tried to work through contrasting opinions exemplified through their questioning of self, adapting the rules and empathetically engaging with others. The findings demonstrated that nurse educators conveyed an openness to their colleagues, students and the professional and socio-political perspectives that fused

and re-interpreted their meaning of compassion. I will next explain how the phenomenological theme ‘Opportune moments’ were either grasped, missed or balanced through negotiated times for Being compassionate.

5.4 Grasping opportune moments are balanced with negotiated time for compassion in nurse education

The stories revealed the situational, interpretive, ‘*Kairos*’ moments (Cocker, 2015) that arose when moods of melancholy or angst were experienced by nurse educators and those who were distressed. Sometimes, such felt moments triggered an opening for nurse educators to respond and relieve others’ distress. When these moments were grasped, the nurse educators interpreted this as compassion but in instances when their suffering was ignored or missed by others, they appeared as uncompassionate. I assert that *Kairos* moments open a door for compassionate acts or behaviours, described as ‘*noticing, responding, coaching’* but can be closed off when ‘*no one comes’* or *‘gives off clues of not wanting to listen’*. As described in the previous chapter, the ‘veiled dance of Salome’ (Ziolowski, 2008) helped to interpret how compassion was unconcealed by nurse educators during decisive moments of *‘stopping in the here and now’* to Be-with-others. Parallels can be drawn from the hermeneutic phenomenology study by Hemberg and Wiklund Gustin (2020, p.663) who described ‘Being-in-the-moment’ as an essential component for mediating compassion. Although Hemberg and Wiklund Gustin’s (2020) study referred to nurses ‘being available’ in the clinical context, my study aligns with their findings that describe sharing moments of vulnerability and giving one’s time and presence ‘in the moment’ as necessary for compassion in nurse education. Similarly, the patients in

the study by Sinclair *et al.* (2018, pp.7–8) understood compassion as recipients of 'timely' care. Whilst this study's findings resonates with the research by Hemberg and Wiklund Gustin (2020, p.663) and Sinclair *et al.* (2018) who described compassion as involving one's 'presence' and 'prompt' care, the study extends knowledge by demonstrating how seizing opportune moments for care in the educational context illuminates compassion. My findings indicated that grasping such moments required sensing, evaluating and understanding others' suffering that was needed for compassion. These findings correlate with the literature that explain compassion involves recognising and understanding the nature of the person's suffering that invokes a compassionate response (Dewar, Pullin and Tocheris, 2011; Ross *et al.,* 2014; McCaffrey and McConnell, 2015).

The study is pointing out that the ability to grasp such poignant times implicates the necessity for emotional intelligence that is required for compassion. Therefore, based on the findings, I emphasise that self-awareness and awareness of others' feelings are necessary for compassion. My argument compares with several studies that assert recognising and understanding others' distress require emotional intelligence that is needed for the emotional labour in compassion (Curtis, 2012; McCaffrey and McConnell, 2015; Strauss *et al.,* 2016). In particular, the findings attest with the correlational study by Gimenez-Espert and Prado-Gasco (2018) who explain that emotional intelligence involves empathetic perspective-taking that is synergised with emotional clarity to guide cognitive aspects of attitudes, acts and behaviour. The findings revealed that despite being immersed in busy schedules,

some nurse educators were able to process the felt experience of others from their perspective, and used this information to critically think, prioritise and make immediate decisions on how and when to respond. Therefore, I assert that during these times there was an evaluation of the situation that regulated the nurse educators' emotions and directed their acts and behaviours. The findings can be paralleled with the antecedent-focused response described by Gross (1998) or deep acting suggested by Hoschchild (1983), as during *Kairos* time the nurse educators reappraised the situation and regulated their emotion to care for others. Such rapid decision-making seems to require an adeptness to reflect-in-action which Schon (1983) explains is the ability to use tacit knowledge to adapt and respond to others in the now. This current study offers new knowledge about the meaning making of compassion particular to nurse education. It purports that despite busy schedules, at times emotional intelligence is intertwined in compassion and used to Be-in-the-moment, fully engaged, to evaluate and respond to the needs of others. Unveiling the truth, furthers understanding and suggests that during opportune times, nurse educators applied their tacit knowledge to interpret the felt experience of the suffering of others and this prompted them to grasp such opportunities for compassionate endeavour.

Occasionally, there was a stumble in the dance that occurred in the state of the nurse educators' fallenness into busy schedules and the fleeting opportunity to relieve others' distress were missed and might be interpreted as a lack of compassion. Freshwater and Stickley (2004) assert that during the busyness of our

lives, the significance of emotions is infrequently thought about and, as such, the emotions remain hidden. Furthermore, nurse educators feeling their distress was ignored or unrecognised relates to Paley's (2014, p.278) argument about 'inattentional blindness'. In this study, sometimes distress was unseen in stressful situations or when individuals were preoccupied with daily activities and this may be interpreted as uncompassionate. In busy schedules, nurse educators might prioritise practical tasks over addressing humanistic issues in Being-with-others as researchers (Firth-Cozens and Cornwell, 2009; Jakimowicz, Perry and Lewis, 2018) have noted about perceptions of lack of compassion in the clinical context. Furthermore, as there was evidence that nurse educators suppressed emotions, I assert that their suffering might go unrecognised. Therefore, based on these findings, there is a risk of emotional fatigue amongst nurse educators and missed opportunities to strengthen collegial relationships.

Conversely, it can be contested that an immediate response to addressing others' distress may be avoided in order to prevent an exacerbation of their emotional suffering or may not be practical due to pressing commitments. This study is revealing that seizing opportunities for compassion will vary depending on the context, be interpreted from differing perspectives and are balanced with moments for compassion that are negotiated.

5.4.1 Negotiated time for compassion

The study is illustrating a tension in the dance that involved a jostling of the nurse educator's thrownness into the bustling world of education and grasping opportune moments for compassion. Nevertheless, the findings showed how they took responsibility for their care of students through negotiating times to problem solve, support and Be-with-students that were interpreted as compassion. Parallels can be drawn from my findings to the qualitative study by Bramley and Matiti (2014, p.2795) who purport that amidst the busy ward environment, the giving of time was seen as 'a precious commodity in care and compassion'. It is noteworthy, that whilst my study shared opportunities for supportive relationships with each other within teams, the nurse educators did not talk about how specific times were planned or negotiated in their concern for their peers outside their teams. Unlike the studies by Clegg's (2008) illustration of imaginary spaces and Smith *et al.'s* (2014) description of restorative spaces used for developing personhood and collegiality, this study revealed limited talk from nurse educators about specific times negotiated for care about self and peers.

Whilst Clegg (2008) and Smith *et al.* (2014) explain how creating opportunities for reflection and dialogic engagement with peers support their well-being, the nurse educators in this present study did not share stories on how particular times were planned for Being-with colleagues. However, hidden in the nurse educators' experiences, there were glimpses of hopes and expectations that meeting with peers, sitting and having a cup of tea or reflecting over troubling issues would be offered. This study is reiterating the evidence that overlooking opportunities for

collegial support could be interpreted as uncompassionate and risk compassion fatigue. The findings are comparable with research by Sarmiento, Spence Laschinger and Iwasiw (2004) that show limited opportunities to network, collaborate and support peers can disempower nurse educators and increase their risk of burnout. It may be argued that the formal structuring of teams affords planned times for meeting and supporting colleagues, but the stories shared hierarchical and power dynamics that may not offer a safe space for sharing sensitive issues. The study uncovered that nurse educators balanced negotiated times with busy schedules for supporting students that they understood as compassion but planned time for supporting peers were limited.

On summarising this section, I have revealed that the meaning and opportunities for compassion is temporal and at times are grasped, missed or negotiated. Such *Kairos* opportunities are controlled by personal and organisational agendas, which requires one's attentiveness to the felt moment and unveils the transitory nature of compassion.

5.5 Chapter summary

In concluding this chapter, I bring into the clearing the tensions between personal, professional and organisational factors that were contributing to nurse educators' interpretation of compassion. These factors influenced their way of Being-with others in the university that were experienced through acts, behaviours, attitudes and feelings and were interpreted as compassion or lack of compassion. A key message that surfaced from the nurse educators' stories was how their and others' way of

Being-with was of deep concern to them and necessary for establishing meaningful relationships for compassion.

The study identified that nurse educators have a fervent desire to engage authentically through their teaching practices and interactions in the university. In particular, they recognised that the emotional dimension of compassion is important but complex and can be unsettling. Consequently, because of this emotional complexity, the study provides distinct understanding that nurse educators avoided or delayed exploring emotions for developing compassion. By supressing emotions, there was an underlying intention to safeguard the emotional well-being of students, their peers and protect themselves from vulnerability; interpreted as compassion. Furthermore, whilst nurse educators recognised emotions were an essential part of compassion, it was not addressed in their teaching practices due to lack of preparedness and performative pressures.

They make meaning of compassion in the university through negotiating organisational expectations, professional boundaries and normative culture with their proclivity to protect self and others from vulnerability. Performative pressures were often competing with the nurse educators' moral values and at times constrained opportunities for meaningful relationships necessary for compassion. The findings provided in-depth understanding that when nurse educators were given opportunities to reflect, question and consider various possibilities for facilitating compassion, it

developed their emotional intelligence necessary for facilitating compassion and compassionately Being-with.

The colliding worlds of nursing and education problematised views over how compassion should be experienced and developed in nurse educators' professional and pedagogical practice. The findings revealed conflicted views over what constituted compassion, how and when it should be taught in the curriculum. Whilst the nurse educators all shared a professional responsibility for developing compassion, tensions were revealed in how they interpreted the meaning of compassion from professional educational standards. Consequently, the study highlighted that contrasting opinions of how compassion was interpreted in nurse education was leading to pedagogical inconsistencies. Nevertheless, the findings uncovered that because the nurse educators all agreed that compassion is significant for nursing practice, there was an openness to others' viewpoints and a settling of colliding worlds as they accepted professional responsibility for its development in nurse education.

In addition, the findings pointed out that compassion was situational and experienced during 'felt' (Kairos) time that were fleeting, sometimes grasped, other times missed, and in some instances required a mutually planned time to fit with the practicalities of university work. Being able to grasp such opportune moments meant Being available, attentive and responsive to the individuals' distress and revealed the meaning of compassion. The study adds to knowledge particular to nurse education

and asserts that being perceptive to others' emotions and their unique circumstances calls for emotional intelligence necessary for seizing moments for compassion. The times when such opportune moments were missed can be interpreted as uncompassionate by those who were distressed but may be unintentional by those who were preoccupied with the daily work in the university. There was evidence of negotiated time of Being-with students gleaned from the stories that were interpreted as compassion. These negotiated times required a balancing of commitments with making time for others. Whilst the stories gave examples of planned times for students, there was limited talk about collegial relationships developed through negotiated time.

Chapter 6: Implications, Conclusions and Recommendations

6.1 Introduction

In this chapter, by applying the hermeneutic phenomenological attitude (Crowther and Thomson, 2020), I reveal the rich contribution to knowledge from an ontological position that are uncovered from the nurse educators' everyday experiences that might otherwise go unnoticed. I remind the reader that the understandings are based on 'my' interpretation that is time-specific and contextual to my area of practice in nurse education. The study is unique as whilst the literature understands compassion within a clinical context, the hidden meanings of compassion through nurse educators' ways of Being were previously unexplored in a UK HEI. The new knowledge is related to the wider nurse education arena where implications and recommendations are proposed. The limitations of the study are acknowledged and future research pertinent to this phenomenon is considered.

6.2 Contribution to new knowledge

In this study, my interpretation is that nurse educators place great importance in forming meaningful relationships through Being-with their students, peers, managers and the university, as it matters to their own flourishing. They make meaning of compassion through their and others' modes of existence that are interpreted as authentic and inauthentic and communicated through acts, feelings, attitudes and behaviours. The study reveals that owing to the complexity of the emotions in compassion, nurse educators use emotional distancing as a safeguarding measure during their interactions and teaching practices that is interpreted as compassion. In addition, the stories unconceal that nurse educators do not feel knowledgably

prepared for facilitating the emotional aspects of compassion and this exposes their vulnerability.

Consequently, their colliding worlds of nursing practice and education lead to irregularities in pedagogical practices for facilitating compassion as emotional aspects are delayed or developed through theoretical and abstract knowledge and technical skills are prioritised over human relational issues. However, they all understand compassion is significant to nursing practice and accept professional responsibility for developing it through education. Therefore, attempts to settle their colliding worlds are evident in their openness to each other's interpretation of compassion. However, ambiguity in the NMC's (2010) educational standards lead to colliding opinions on how the humanistic values are interpreted and is evident in how the PAD is viewed. Whilst the study relates to the educational standards by the NMC in 2010, I have highlighted how the NMC's standards for education in 2018 still promulgate compassion as integral to nursing and therefore the findings are relevant to contemporary research. In this study, the curriculum projects the ideals of compassion espoused by the NMC's (2010) educational standards but the students are socialised into managing their emotions through surface acting role modelled by nurse educators. The study reveals a mismatch between teaching the professional ideals for compassion with socialisation processes that role model negative behaviours such as surface acting in the university that constrains compassionate practice.

Paradoxically, there was a tacit knowing gleaned from the nurse educators' concern for Being-with others as they understood emotions management is necessary for compassion. It urged them to think about their own and others' feelings and at times they chose to grasp opportune moments, step out from and adapt pedagogical rules, take time to Be-with and 'know the person' necessary for compassionate practice. The study illuminates that emotional intelligence is necessary for positive role modelling in the pursuit of fostering compassionate relationships. Although my study did not set out to focus on gender related to compassion, the findings indicate that positive role modelling was used by some male nurse educators who resisted traditional masculine gendered norms and facilitated the emotional aspect of compassion. This might suggest nurse education's potential to change stereotypical gendered norms in nursing.

In addition, the study highlights that due to increasing performative pressures, there are limited formal and informal opportunities for nurse educators to develop their skills for teaching compassion or strengthen relationships in the university. Furthermore, there is an indication that inconsistencies in evaluative judgements are made on the deservedness and extent of compassion that factors in the closeness of relationships, hierarchical status and a tacit understanding of reciprocity. The deservedness of compassion and the extent to which it is offered is done pre-reflectively and risks inequality. Nevertheless, when nurse educators are able to reflect, it develops their emotional intelligence for authentic evaluative judgements necessary for compassionate practice. Their authentic concern for how they interact

with others is juxtaposed with their angst caused by the marketised values of the university. Consequently, there is a jostling of acts and behaviours that involve leaping ahead and empowering others that is interpreted as compassion at one end, to leaping in and taking control, interpreted as uncompassionate at the other side. There is an underlying assumption that the university expects the professional behaviour of Being-an-academic to be adhered to, which includes the containment of distressing emotions. Although the nurse educators echoed the need to maintain professional boundaries for compassion, there were conflicted opinions on the demarcations of these boundaries that were complicated by confusion over their professional identity as nurse or educator. The felt time for compassion is ephemeral, sometimes grasped at opportune moments, missed or planned and is balanced by personal and organisational conduits. The study reveals that emotional intelligence enables reflecting in the now and grasping opportune moments for compassion or negotiating a mutually agreed time. This study uncovers that nurse educators are making meaning of compassion through navigating the contours of their personal, professional and organisational geographies based on the flourishing of self and others. Importantly, the study highlights how systems, processes and power structures in the university are influencing how nurse educators make meaning of compassion and is influencing their pedagogical practices.

In summary, whilst there is extant literature that describes the significance of establishing effective relationships for compassion, it is mainly told from patients', carers' and student nurses' perspectives (Dewar, Pullin and Tocheris, 2011; Curtis, 2014; Straughair, Clarke and Machin, 2019). This study offers a unique contribution

to knowledge demonstrating that nurse educators equally value the importance of developing meaningful relationships and extends understanding that compassion is revealed through their careful concern for Being-with-others. In addition, this study highlights that nurse educators do not feel knowledgeably prepared and use emotional avoidance as a protective mechanism for dealing with the emotional aspect of compassion and safeguarding themselves and their students from feelings of vulnerability. Whilst the nurse educators have different perspectives about compassion, this study demonstrates because they take responsibility for developing it, they settle their differences in interpreting compassion that is pursued through their pedagogical practices. Furthermore, this study provides distinct knowledge particular to nurse education, reporting that emotional intelligence is required for seizing opportune moments and balancing negotiated times for compassion alongside meeting organisational demands.

6.3 Implications and recommendations

The study uncovers a pre-reflective uncertainty experienced by nurse educators in how they make meaning of compassion and develop it in their professional practice. There is clear justification that nurse educators need to seek out and be given opportunities to develop their knowledge and skills for facilitating the emotional management of compassion in a timely way. Based on my findings, I emphasise the point that it is the 'joint responsibility' of the individual and the university to create opportunities for enabling compassion in our relationships and ensure a shared understanding of its meaning is integrated in our pedagogical practices. As such, in the following sections I set out the implications and recommendations for myself as a

nurse educator, the university's context in which the study took place and the wider socio-political context influencing nurse education.

6.3.1 Implications and recommendations for my role as a nurse educator

It is my responsibility to share my findings with managers, leaders and colleagues in the university to create a transparent dialogue so that the well-being and relationships of nurse educators are strengthened and positive changes are made to the curriculum. As a senior lecturer, I do not have direct responsibility for making changes to the curriculum or creating formal opportunities for building professional relationships. However, I am willing to work with the programme team and year leads to explore consistent pedagogical means for facilitating compassion. Informing the head of school and team leaders about the study's findings could enable thinking about how safe, reflective spaces can be afforded for strengthening compassionate relationships. This study elucidates that nurse educators significantly value when there are opportunities to reflect together that develops their emotional intelligence. However, the study uncovers that due to increasing work demands and spatiality barriers, such opportunities are limited for building relationships and there is a potential for working in silos where one has a restricted understanding of compassion. Exploring personal projects and negotiating organisational values could be done creatively as whilst writing up my thesis amidst the Covid-19 pandemic, opportunities for direct human contact has been limited. Papastavrou *et al.* (2016) described how blog writing can be a useful means to help nurse educators collaboratively share knowledge and consider their feelings, experiences and expectations through a safe space in their virtual learning environment. I will seek

permission from the head of school for an internal blog writing site through the university's intranet for nurse educators to engage in conversations on compassion that they often find difficult to talk about. In the busy landscape of university life, such creative spaces can be invaluable for connecting with others and developing collaborative compassionate relationships between individuals and the university.

Importantly, the study clearly indicates that Being-in-the-university reveals nurse educators care for Being-with-others and therefore there needs to be a planned time for the online bloggers for compassion to have face-to-face caring conversations. Whilst grasping opportune times are not always possible, the study shows if left unacknowledged, nurse educators interpret this as a lack of compassion and so can cause a breakdown in relationships. Therefore, there is a strong case for me to negotiate a time with managers for educators to come together in a physical space and Be-with. Based on the study's findings, it is integral that opportunities for dialogic engagement become a reality to settle colliding viewpoints, enable pedagogical consistencies, promote self-care, staff retention, future workforce planning and fulfil students' experience. A regular informal meet that goes beyond structural teams and groups in the university and invites 'compassionate conversations' is proposed to strengthen collegiality and reduce the risks of tribalism.

As a nurse educator, I am attempting to keep the dialogue open even though opportunities for face-to-face discussions during the pandemic has been restricted. I have been emailing and talking with my peers during online meetings about how

compassion is taught in the ‘new’ pre-registration nursing curriculum. Whilst there is a module positioned in each year of the curriculum to address the professional values, there is an indication that it is mainly addressed by practice assessors through the PAD. To reduce the continued risks of emotional distancing by nurse educators for facilitating compassion that my study identifies, opportunities for us to reflect and take responsibility for developing compassion in the curriculum is imperative. I propose a compassionate curriculum nexus that brings together educators from all disciplines in the university to share their challenges, feelings and ideas on how compassion is featuring in their pedagogical activities. I am suggesting a compassionate curriculum interest group for sharing ideas, supporting peers and developing pedagogical practices that influence and sustain compassionate practice.

The study provides detailed examples of the contrasting understanding of compassion held by nurse educators. Similarly, Dewar, Pullin and Tocheris (2011, p.32) explain that compassion ‘means different things to different people, and so needs to be negotiated’. I will be promoting the idea for a community of practice through the compassionate curriculum interest group so that intangible experiences of compassion are explored, enabling its meaning to come into visibility as it transmits into teaching practices. As previously highlighted, Wenger (2011) acknowledges that in traditional hierarchical organisations, CoP may be a challenge in its attempts to secure autonomy, informality and crossing of boundaries. I therefore suggest that the interest group will be chaired by varying members of the group at alternate times and will not be the sole responsibility by those in managerial

positions. This interest group can be promoted through the university's intranet blog website, staff 'away days' and team meetings that invites openness to others' ideas and cultivates inclusivity that values each others' perspectives of compassion to enrich the curriculum. I will be pressing the need for nurse educators to come together, reflect and share ideas for a compassionate curriculum and a chance to Be-with that is necessary for compassionate relationships.

6.3.2 Implications and recommendations for the school of nursing

There is an organisational responsibility to provide the resources for nurse educators to be empowered and develop the knowledge they require to facilitate compassion. The study makes a strong case for the need to strengthen professional relationships and opportunities to engage in authentic dialogue. This means that compassionate leadership needs to be cultivated that promotes a culture of inclusivity, justice and equality integral for compassion at all levels of the university. The King's Fund (2020) conducted a review titled 'Courage for Compassion' that examined how to transform the workplaces for nurses and midwives due to concerns over rising stress, burnout and intentions to leave the profession. The findings indicated that nurses wanted the autonomy to act consistently with their values, feel connected with others and valued for their contributions (The King's Fund, 2020). These findings can be related to this current study that identifies nurse educators' concern over balancing increasing workloads with the need for human connection, equality on the deservedness of compassion, authentic endeavour and the valuing of positive reciprocity. The recommendation from the King's Fund Report (2020) resonates with my suggestion that through 'compassionate leadership', I recommend an open forum is created to

foster autonomy as ‘rules’ are questioned and challenging conversations are welcomed on how humanistic endeavours are met alongside performative pressures. I propose that the school of nursing conducts an independent audit on compassion in the workplace. A mutually agreed action plan can then be developed between educators and managers for how compassion is nurtured and sustained in nurse educators’ professional practice.

The celebration of small achievements could be made more visible through both an online and physical declarative noticeboard where nurse educators can nominate their peers, leaders and managers for recognition of their work on a three-monthly basis. I am not stating that compassion is invisible in the school, but based on my findings I am pointing out the inconsistencies and the importance of compassion to take centre stage in nurse education that is integral to nursing’s identity. The study informs nurse education and identifies how nurse educators still hold on to their values in nursing that is shaping their understanding of compassion. Therefore, a distributed leadership style that integrates partnership in decision-making, positive reciprocity and positive role-modelling can help nurse educators transition and interpret compassion in their pedagogical and professional practices. Whilst there is a plethora of literature on nurse educators’ responsibility to act as role models for students (Freshwater and Stickley, 2004; Straughair, Clarke and Machin, 2019), there seems to be limited studies on how they and their leaders can serve as positive role models for developing compassion through Being-with each other. This current study is demonstrating that leaders and nurse educators in the school have a

shared responsibility to role model positive ways of Being-with-others such as openness to ideas, active listening, shared power in decision-making and peer supervision. Currently, supervision seems limited to the teaching observations of peers and whilst this is important for developing our teaching practices, it is not enough to address the critical issues such as emotions and negotiate workload pressures that nurse educators are experiencing. Opportunities for nurse educators to share leadership and managerial responsibilities through critical companionship with managers will help them to understand the performative pressures faced from a strategic perspective and will promote a culture of transparency and trust.

The study provides a clear understanding that nurse educators avoid teaching the emotional aspects of compassion as they do not feel they have the knowledge and skills to do so, thus increasing their sense of vulnerability. As highlighted in Chapter 1, the NMC's (2018a) standards for student supervision and assessment expect that nurse educators will receive support and training to reflect and develop their role. Compassionate leadership requires that leaders and managers respond to the implication of nurse educators' vulnerability and provide adequate training and access to well-being self-compassion resources. A learning needs analysis could be undertaken to find out what particular training and support is required to deliver a compassionate curriculum. Finding out what is already available and building on current facilities can maximise the use of resources. For example, the current personal tutor preparation in the school is limited to a PowerPoint presentation that addresses their role and responsibilities for supporting students. I am willing to work

closely with the personal tutor lead in nursing to develop training and support through personal tutor forums. An induction programme for personal tutors that includes discussion seminars to address the emotional labour required to support students will be proposed. In addition, strategies on how nurse educators can emotionally take care of themselves and their peers should be made available. Well-being courses delivered by expert professionals such as psychologists and coaches could prepare nurse educators for dealing with the emotional challenges in their professional practice that they currently avoid. The school of nursing can implement reflective workshops open to all staff involved in nurse education that empowers them to have a collective voice in negotiating the challenges of balancing the technical tasks with emotional and ethical values in curricula activities. These workshops can invite practice colleagues to explore jointly with nurse educators ways for supporting and assessing compassion through consistency in interpretation of the NMC's (2018d) proficiencies articulated in the PADs. Furthermore, these collective spaces will endorse the NMC's (2018a) standards for student supervision and assessment that expects a collaborative approach from practice supervisors, assessors and nurse educators to work together in supporting and assessing students for compassionate work.

The new pre-registration nurse education programme that came into effect in the university in September 2020 will need to be evaluated. I will work with the programme team to evaluate the curriculum at the completion of each year as it will provide a prime opportunity to critically analyse how the professional values such as

compassion are being captured and interpreted in nurse educators' pedagogical activities. Lessons can be learnt from the evaluation of the Compassion in Practice Report (NHS England, 2016) that recognised whilst positive changes have occurred in healthcare practice there is still more that can be done. The evaluative report can be related to nurse education and I draw attention to a particular example on what inhibits opportunities for compassion and what can be helpful:

> *Barriers; 'Heads down/narrowed horizons'.*
>
> *Enabling; 'Time to cycle between reflection/planning/doing to find what works with others'* (NHS England, 2016, p.11).

This cycle of reflecting at the end of each year on the delivery of the nurse education programme could help to develop good practice and plan ahead to enrich pedagogical practices for compassion in the curriculum in successive years. In summary, I am proposing compassionate leadership that role models positive ways of Being, a culture that preserves the well-being of each other, positive reciprocity and opportunities for training and shared decision-making in curricula activities. In the next section, based on the study's findings, I present my assertions on the implications and recommendations of the wider socio-political issues influencing nurse education.

6.3.3 Implications and recommendations on the socio-political factors concerning nurse education

The study's findings indicate a clear need for joined-up thinking between policies such as the 6Cs promulgated in 'Compassion in Practice' (DH, 2012) and the NMC's

(2018) pre-registration standards for nursing programmes. In this current study, there is evidence of inconsistencies over how the humanistic values in the NMC's (2010) standards are interpreted by the nurse educators. Whilst it is appreciated that the NMC offers a flexible approach for how the nurse education standards are applied by HEIs so as to enable creativity, based on my findings, I propose greater collaboration between policy makers and professional organisations in articulating their meanings of compassion. Arguably, there have been strong local networks formed amongst HEIs for integrating policy standards into assessment documents that are recognised and are invaluable to quality assurance. However, there is an indication that further collaboration, consistency and continuity is needed so that policy becomes clearer and less detached from educational practice. Additionally, whilst the Willis Report (2012) has highlighted the responsibility of nurse educators to develop and sustain compassion, I argue that there needs to be financial investment in nurse education. This means addressing resourcing for nurse educators in their training and development and I am willing to be involved in this dialogue.

6.4 The study's limitations

Through conducting this study, my beliefs about the significance of compassion merged with the nurse educators' stories and were re-interpreted and the impressions I offer are from my perspective, in a particular HEI in the UK. The challenges of being an insider researcher were highlighted and I acknowledge the limitations of the study due to my embeddedness and position within the university that contributed to my biases and could have influenced the data collection and interpretation process. Although the findings are my interpretations, my on-going

reflexivity reminds me of my prejudices and my endeavour for human openness that Heidegger postulates is ‘the realm of intelligibility’ (Sheehan, 2015, pp.134–135). I am not claiming an absolute truth but rather that the interpretations are contextual and existential and therefore temporal. Although the findings of this research are not intended to be generalisable, Smythe (2011, p.36) asserts that ‘within the uniqueness of the human experience there is understanding that resonates with others’ and, therefore, it may be transferable to other settings. However, the findings are orientated to the professional and pedagogical practices in nurse education and therefore is limited to how compassion is understood and developed in clinical practice. The literature review highlighted that there are already extant knowledge about conceptualising compassion in the clinical arena but limited understanding on its meaning in nurse education. However the iterative, unstructured approach taken to the literature review has the potential to have missed some key studies, that could have been avoided with a systematic (and iterative) approach. A hermeneutic approach to the literature review process accepts that ultimate understanding cannot be achieved (Boell and Cecez-Kecmanovic, 2014) and this study’s literature review was focused on addressing the research question.

There were particular challenges researching my own colleagues as the nature of the relationships ranged from friendship to collegiality. I did not hold any managerial responsibility and therefore there did not appear to be any power imbalances. Arguably, Kvale (2007) asserts that interviewers in qualitative research are in a position of power as they are ones who ask the questions, set the agenda and interpret the answers. In addition to being reflexive, I was truthful at the outset and

full details were given to the nurse educators about the study's focus prior to the interview so they already knew about the nature of the questions. I am aware that as I am known to all of them, there might have been an underlying concern of disclosure or risks of feeling 'judged' as some of them appeared initially cautious in their talk, gave standardised definitions of compassion or readily talked about their students', peers' and managers' experiences rather than themselves. Kvale (2007) explains that researching participants who are friends may result in them telling the researcher what they think they might want to hear or revealing more information than they had intended and might later regret. As I was known to all the nurse educators, rapport was already established, and this enabled an easy flow of the phenomenological conversation. As I am part of the nurse educators' world, I felt there was a sense of mutual connectedness and trust and through assuring their confidentiality and anonymity, they were enabled to tell their story without coercion or a fear of domination. I kept focused on seeking answers to the study's questions rather than concentrating on the nature of our relationships and this invited talk about their experiences of compassion in the university.

The study did not consider notions of culture, ethnicity and religion separately, but they merged together and showed how the nurse educators' background experiences and traditions are re-interpreted in the present and influence their meaning making of compassion. Ethnographic research captures the participants' views that are shaped by their particular culture (Maggs-Rapport, 2008) and findings related to religion and ethnicity could have been revealed specifically using this

methodological approach and is an area for future research opportunities. However, as the purpose of this current study is to unconceal meanings from nurse educators' everyday experiences, hermeneutic phenomenology shows how their meanings are infused with the way in which they encounter the world (Annells,1996) and that includes religion and culture.

6.5 Recommendations for future research

I have raised an unexpected finding that was beyond the scope of this current study to suggest that traditional gendered norms in nursing might be changing in nurse education. The finding signals messages that some male nurse educators are resisting historical gendered stereotypes and attempting to address the emotional aspect of compassion in their professional and teaching practices. Further research is recommended to explore how masculine gendered norms in nurse education is influencing nursing practice as such investigations are highly important in their potential to undo gender (McDonald, 2013), and reduce the gender divide in nursing highlighted by the RCN (2017). In particular, it will be useful to explore how nurse educators' pedagogical practices might be influencing student nurses' gendered ways of Being in the clinical context.

In this study, there is a clear indication that emotional intelligence is necessary for nurse educators to recognise and Be compassionate in their professional practice. However, I have highlighted the challenges nurse educators experience whilst balancing the humanistic relationships necessary for compassion with performative

measures. Several studies conducted in the clinical setting demonstrate a correlation with emotional intelligence and self-compassion that builds resilience and fosters compassionate practice (Heffernan *et al.,* 2010; Senyuva *et al.,* 2014; Hurley *et al.,* 2020). I propose that further research can extend this knowledge in nurse education by researching what are nurse educators' experiences of self-compassion that relate to emotional intelligence necessary for compassionate resilience. This study could be helpful in understanding how emotional intelligence and self-compassion can be utilised to navigate the structural processes that govern nurse education.

Whilst this study is focused on exploring compassion within a pre-registration programme nursing context, it is recognised that compassion is a professional responsibility and an expectation of all healthcare disciplines. Therefore, further research is required to explore how compassion is interpreted and developed in other health educational programmes that includes pre- and post-registration courses such as physiotherapy, radiography, midwifery and advanced clinical practice. The emerging roles within healthcare settings mean that many healthcare professionals are working collaboratively across professional boundaries such as advanced clinical practitioners (ACPs) (Health Education England, 2021). For example, ACPs come from a wide range of healthcare disciplines and it is essential to understand how compassion is interpreted within their expanded role. There is an opportunity for collaborative research that furthers understanding on how educational programmes that teach multi-professionals are interpreting compassion in their pedagogical practices.

6.6 Reference to the pandemic Covid-19 and the study's relevance

As mentioned earlier, the Covid-19 pandemic occurred at the time of the write up of this study, and the Secretary for Health and Social Care called for a compassionate culture in the NHS and urged nurses to draw on 'those deep reserves of compassion' (Gilroy, 2020). The NMC also reiterate their expectation for nurses to deliver compassionate care but they acknowledge the difficulties in practice and call for a supportive culture (NMC, 2020). The King's Fund Report (2020) explained that the pandemic has exacerbated longstanding problems faced by nurses such as workload pressures and mounting stress and calls for compassionate leadership. Nevertheless, these political and professional statements do not go beyond to clarify what compassion means or how this supportive culture can be addressed. Although my study's data collection occurred before the pandemic, it is still highly relevant as it may unearth how nurse educators are interpreting compassion in their professional and pedagogical practices that prepare nurses for the unpredictability and difficulties in practice.

6.7 Chapter summary and concluding the thesis

This study's quest has uncovered how nurse educators make meaning of compassion through their everyday experiences in a UK HEI. The findings have addressed the study's questions and offer a unique contribution to knowledge particular to nurse education. It surfaces that nurse educators' underlying care for Being-with, is featuring prominently in their meaning making of compassion. There is a showing of how the interpretation of compassion is contextual and temporal as

opportunities for compassion are sometimes grasped, missed or planned. In addition, interpretation of the phenomenon fluctuates from compassionate to uncompassionate as personal, professional and organisational topographies are negotiated. Whilst the nurse educators interpret compassion from varying perspectives, there is settling of colliding worlds as they all share a common consensus for developing it through their pedagogical and professional practices. The implications and recommendations emphasise the joint responsibility for developing compassion in nurse education between self, the university in which the study took place and the wider professional and political arena. The limitations of the study are pointed out and there are several areas for future research identified that can extend knowledge of compassion in healthcare education.

Thinking of the river of forgetfulness *'Lethe'*, I have attempted to unconceal what is hidden in everyday experiences and to reveal the 'primordial truth' that flows into a clearing (Dreyfus, 1991, p.270). It is not my intention to argue for *fait accompli* of my findings but in the spirit of hermeneutic phenomenology, I invite the reader to think about how the meaning of compassion in the context of pre-registration nurse education in this HEI relates to the particularities of their own situation. My concluding reflections of compassion is interpreted through the poem I have created from the voices of the nurse educators and is presented in Figure 6.1: Nurse Educators Meaning Making of Compassion.

It's in the little things, because you can't be a hero everyday
The nature of listening, stopping, noticing…helping me make sense of something
Because you 'know' me, know why I am reacting in an unusually upset way
Just sitting in silence with me, you didn't have to say anything
Or the envelope on my desk when I returned after dad died
It was lovely, I just cried…

But there are unspoken rules, we don't openly cry, we hide our emotions
Like when mum died, no one said come…have a cup of tea or I'm sorry
Perhaps they'd send me a card or an email, like going through the motions
Being pushed and pulled, be answerable, be productive… always in a hurry
But I desire meaningful relationships, with my managers, students and peers
Thus Being there for me and with me is compassion; Being-with is Care

Normative rules permeate our teaching, synthetic scenarios suppress our feelings
Worlds collide from compassion's ambiguity… surfacing pedagogical inconsistency
Conflicted horizons of personal stories, tick box exercises or aesthetics appealing
Emotional side buried, boasting competencies as we accept professional responsibility
For I understand these rules, to protect, to safeguard us and others' ills
But I am left questioning, recognising facilitating compassion beseeches necessary skills

Like a running stitch, those themes of compassion should run through our teaching
That thread becomes golden, vibrant...more of a dimension than a boring brown
Colliding worlds settle, because compassion in nursing is significant, far-reaching
And nursing is about life… a lot of things going right, a lot of things going wrong
They might get upset, So what if they cry?
We need to maintain professional boundaries, But where do these lie?

So I drop everything to be in the moment as these boundaries we cannot define
And I enter uncharted territories… saying we'll take it steady we'll take it slow
Making them feel we have all the time in the world, grasping this *Kairos* time
Amidst busy schedules, noticing, listening, coaching, helping that person to grow
At times there are clues of not wanting to listen, unknowingly, *Dasein's* fallenness
And in such evanescent moments others yearning for compassion are seemingly missed

And though fleeting moments for compassion at times escape me
For I'm thrown in the everydayness of Being, in the university's hustle
I'm called to conscience, my awareness, my concern, my self-responsibility
Opportune moments seized, balanced with negotiated times, though they jostle
Brought into the clearing, nurse educators meaning making of compassion are told
Through Care for Being-with, balanced opportune and negotiated time and settled collided worlds.

Figure 6.1: Nurse Educators' Meaning Making of Compassion

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Appendices

Appendix one:

APPLICATION FORM FOR ETHICAL REVIEW RE4

FOR RESEARCH INVOLVING HUMAN PARTICIPANTS:

SECTION A

Is this an application for a 'block release agreement':			No	×

If *yes*, please specify the name of the group/cohort and note who will be responsible for ethical oversight of projects in this area (the block release holder); this will usually be the module leader, supervisor or head of subject. This RE4 form should present a project *typical* to this group/cohort.

Project title:

An exploration of nurse educators' meaning of compassion in pre-registration nursing education within a Higher Education Institution (HEI) in the United Kingdom (UK).

Name of the lead applicant:

Name (Title / first name / surname):	Gemma Hurley
Position held:	Senior Lecturer
Department/School/Faculty:	Faculty of Health and Social Care and Education (FHSCE)
Work Telephone:	
Email address:	

Name of co-applicants:

Name (Title / first name / surname):	
Position held:	
Department/School/Faculty:	
Telephone:	
Email address:	

Name (Title / first name / surname):	
Position held:	
Department/School/Faculty:	
Telephone:	
Email address:	

Is the project:	Student research	Yes			
	KU Staff research	Yes			
	Research on KU premises	Yes			

If it is STUDENT research:

Course title	**DOCTOR OF EDUCATION**
Supervisor/DoS	Dr Ann Ooms and Dr John Hammond

<u>SECTION B</u> ***(Complete this section if another ethics committee has already granted approval for the project. Otherwise, proceed to Section C)***

Committee that granted approval	
Date of approval	

Please attach evidence that the project has been fully approved (usually an approval letter). The original application should be retained on file in the Faculty for inspection where necessary. The Faculty Research Ethics Committee (FREC) may require further information or clarification from you and you should not embark on the project until you receive notification from the FREC that recognition of the approval has been granted. You should proceed directly to Section D of this form and submit this as a fast-track application.

SECTION C

Provide a brief project description (max. 150 words). This should be written for a lay audience

The study seeks to understand how nurse educators' make meaning of compassion within one university in the United Kingdom, through exploring their lived experiences using semi-structured interviews. Compassion has been regarded as a central feature of nursing and a necessary component of quality care delivery. However, recent public health reports have highlighted a seemingly demise of compassion within nursing. Consequently, there is a socio-political and professional expectation that nurse education will recapture compassion within students. Whilst nurse educators have suggested a plethora of ideas on how compassion could be developed in education, there seems to be ambiguity over what compassion means. The meanings of compassion within nurse education are predominantly based on opinions rather than original research. This study could contribute to the literature by offering rich insights into how the meanings of compassion could influence its role in nurse educators' professional practice.

Estimate duration of the project (months)	Approximately 36 months
State the source of funding	

Is it collaborative research?		No	×

Briefly describe the procedures to be used which involve human participants

The study requires a qualitative design that best addresses the research question. Semi-structured interviews with nurse educators within the faculty will be useful as it runs a large pre-registration nurse education programme. Invitation to participate (Invite letter: version 2 dated 04/07/18) will be sought through email using the school of nursing published staff directories of basic contact details. The participation information sheet (PIS: Version 2 dated 04/07/18) and informed consent form (ICF: version 2 dated 04/07/18) will be sent with the invitation so that individuals are fully informed about the study to make autonomous and informed decisions about their involvement. Individuals will be informed that the recruitment dates will be one week following the study's invite so that they can fully consider their participation. A small sample of up to twelve participants are required for this study and individuals will be informed that selection will be on a first-come-first-served basis. An acceptance letter (Acceptance letter: version 1 dated 07/06/18) will be sent to confirm those who have been recruited for the study. Those who have not been selected will be informed of the reason via a non -acceptance letter (Non- acceptance letter: version 1 dated 07/06/18). They will be informed that they will be placed on a waiting list for up to eight weeks from invitation and will be included in the study should a place become available. After this time they will be informed that the study is closed. Prior to commencing the interview, I will go through the PIS and informed consent form with the participants. They will be reminded about how confidentiality and anonymity will be maintained and my obligation to disclose to the appropriate personnel any information that may be detrimental to themselves or others. They will then be required to sign the ICF that confirms their willingness to take part in the study.

Semi-structured interviews are proposed because it could allow deep exploration of meanings and experiences of compassion to be revealed. An interview guide (Interview guide: version 1) will be used so that the topics can fully explore the research question. The PIS will outline some examples of the topics that may be explored in the interview. The interview will be piloted in two stages so that I could practise and consider how the questions are framed and develop my skills in interviewing. The first interview will be practised with one of my supervisors so that feedback can be sought and raise my pre-understandings of compassion. A second pilot interview with a participant will be conducted to refine my interviewing techniques. The interviews will be digitally audio recorded with the use of two recording devices so as to ensure data is not lost should one of the devices fail. As the recording devices will not capture the non-verbal communication, I will make brief notes during the interviews. It is envisaged that each interview might last approximately 45 minutes to 1.5 hours and there will be opportunities for breaks or to continue for longer if required. The setting for the interview will be in a private office within the university or in any space that is mutually convenient, safe, avoids interruptions and ensures privacy. Since the study is seeking the meaning of compassion from the nurse educators' perspective within nursing pre-registration education, purposive sampling is required. Therefore, the following inclusion criteria will be applied:

- Nurse Educators who are currently registered with the Nursing and Midwifery Council (NMC).
- Nurse Educators involved in teaching and assessing in all fields of pre-registration nurse education.
- Nurse Educators who have been at the University for two years or more.

No socio-demographic information will be collected from the participants. As I am also a nurse educator within the HEI, I am aware that some individuals are close colleagues and they may feel compelled to participate in the study. I will emphasise that they will not be disadvantaged if they do not participate as participation is entirely voluntary and that they

could withdraw from the study when it is practical or anytime up until the point of analysis and once the data has been anonymised. I do not foresee any power imbalances as I hold equal positioning within the HEI as the participants. However, the relationship I have with the participants may range from close friendships to collegial associations and this could influence how they talk about their meanings and experiences of compassion. An open, non-judgmental approach will be endeavored through being reflexive of my own positioning, assumptions and biases. There is a potential that the interview might unearth uncomfortable feelings as the participants may recall sensitive moments when compassion was experienced. Opportunities to stop for breaks or to end the interview if required will be emphasized. A debriefing session to answer any questions or air any concerns after the interview will be provided where the following support mechanism in place (staff counselling access) will be highlighted to them;
online Access is available at: https://portal.sgul.ac.uk/services/counsellors.

By phone 020 8725 3628 (internal 3628)

By email: counselling@sgul.ac.uk

There is a drop in session at 12.00 noon on Tuesdays, Wednesdays and Thursdays for which no booking is required.

Details of what the debriefing session will entail will be outlined in the PIS. In concluding the interview, the participants will be reminded that if they wish, they could receive a written summary of the key findings. My contact details will be provided if they have follow up questions. This study will be conducted in compliance with the approved protocol. No deviation from the protocol will be implemented without prior review from the appropriate personnel and bodies.

Summarise the data sources to be used in the project

Interview recordings and transcripts.
My notes from the interview.
My pre-understandings from my reflexive diary.

Storage, access and disposal of data

Describe what research data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data.

The research data management policy outlined by Kingston University (2016-2018) will be adhered to where a data management plan (DMP) will be kept and continuously updated during the research process. My data management plan will outline the type of dataset the study will produce, its relevance, storage and conditions for access to ensure the confidentiality and privacy of the participants are preserved (Kingston University, 2016-2018). The digital audio recordings generated from the interviews will be stored in a password-protected folder on my H drive within 24hrs after the interview has taken place. The use of pseudonyms will be used to anonymise the recordings, transcribed verbatim and notes taken from the interviews and will be transferred onto the University's centrally secured network location S drive and kept on a password-protected folder to which my supervisors will have access. The audio recordings will be deleted from the digital recorder within 24 hours after recording the interview once transferred to the University's network drive. The non-digitised data, including the consent forms will be stored in a restricted access room in a locked cupboard within the University. My research supervisors will have shared access to the anonymised data. At the end of the project, the data will be archived and stored with the final DMP version within the University's research data repository. All information will be kept for ten years and then destroyed in accordance with the University's guidelines. The participants will be informed via the consent form and supporting information on how the data will be used and stored, up to what period it will be kept and how their privacy will be maintained (Data Protection Act, 2018). Any publications and presentations arising from the study will ensure the confidentiality and anonymity of the participants are maintained. Explanation on the terms and conditions on how the supporting data may be accessed will be referred to via the University's Data Protection Officer.

Risk Assessment Questionnaire: Does the proposed research involve any of the following?

		YES	NO
0.	The use of human biological material?		×
1.	Children or young people under 18 years of age?		×
1.a	If YES, have you complied with the requirements of the DBS?		×
2.	People with an intellectual or mental **impairment**, temporary or permanent?		×
3.	People highly dependent on medical care, e.g., emergency care, intensive care, neonatal intensive care, terminally ill, or unconscious?		×
4.	Prisoners, illegal immigrants or financially destitute?		×
5.	Women who are known to be pregnant?		×

6.	Will people from a specific ethnic, cultural or indigenous group be targeted in the proposed research, or is there potential that they may be targeted?		×
7.	Assisted reproductive technology?		×
8.	Human genetic research?		×
9.	Epidemiology research?		×
10.	Stem cell research?		×
11.	Use of environmentally toxic chemicals?		×
12.	Use of ionizing radiation?		×
13.	Ingestion of potentially harmful or harmful dose of foods, fluids or drugs?		×
14.	Contravention of social/cultural boundaries?		×
15.	Involves use of data without prior consent?		×
16.	Involves bodily contact?		×
17.	Compromising professional boundaries between participants and researchers?		×
18.	Deception of participants, concealment or covert observation?		×
19.	Will this research significantly affect the health* outcomes or health services of subjects or communities?		×
20.	Is there a significant risk of enduring physical and/or psychological harm/distress to participants?		×

21.	Does your research raise any issues of personal safety for you or other researchers involved? (especially if taking place outside working hours or off KU premises)		×
22.	Will the research be conducted without written informed consent being obtained from the participants except where tacit consent is given by completing a questionnaire?		×
23.	Will financial/in kind payments (other than reasonable expenses and compensation for time) be offered to participants? (Indicate in the proposal how much and on what basis)		×
24.	Is there a potential danger to participants in case of accidental unauthorised access to data?		×

[**Note** *health is defined as not just the physical well-being of the individual but also the social, emotional and cultural well-being of the whole community].

SECTION D ***(To be signed by all applicants)***
Declaration to be signed by the applicant(s) and the supervisor (in the case of a student):

- I confirm that the research will be undertaken in accordance with the Kingston University *Guidance and procedures for undertaking research involving human participants*.

- I will undertake to report formally to the relevant Faculty Research Ethics Committee for continuing review approval where required.

- I shall ensure that any changes in approved research protocols or membership of the research team are reported promptly for approval by the relevant Faculty Research Ethics Committee.

- I shall ensure that the research study complies with the law and University policy on Health and Safety.

- I confirm that the research study is compliant with the requirements of the Disclosure and Barring Service where applicable.

- I am satisfied that the research study is compliant with the Data Protection Act 2018, and that necessary arrangements have been, or will be made with regard to the storage and processing of participants' personal information and generally, to ensure confidentiality of such data supplied and generated in the course of the research.

(Further advice may be sought from the Data Protection Officer, University Secretary's Office)

- I shall ensure that the research is undertaken in accordance with the University's Single Equality Scheme.

- I will ensure that all adverse or unforeseen problems arising from the research project are reported immediately to the Chair of the relevant Faculty Research Ethics Committee.

- I will undertake to provide notification when the study is complete and if it fails to start or is abandoned;

- (For supervisors, *if the applicant is a student)* I have met and advised the student on the ethical aspects of the study design, and am satisfied that it complies with the current professional (*where relevant),* departmental and University guidelines. I accept responsibility for the conduct of this research and the maintenance of any consent documents as required by this Committee.

- I understand that failure to provide accurate information can invalidate ethical approval.

Is this an application for fast-track ethical approval? (Fast track is **only** available for projects either pre-approved by another ethics committee, or where you have accurately indicated 'No' to every question on the Risk Assessment Questionnaire – Pg4)			**No**	×

Please sign and date	*Signature*	*Date*
Lead applicant	*G. Hurley*	09/07/18
Supervisor (Ann Ooms)		04/07/2018
Supervisor (John Hammond)		

NOTE

If this is a block release application and/or you have answered YES to any of the questions in the Risk Assessment, you must complete a full application for ethical approval and provide the information outlined in the checklist below. Your project proposal should show that there are adequate controls in place to address the issues raised in your Risk Assessment.

If you have answered NO to all of the questions in the Risk Assessment you may submit the form to your Faculty Ethics Administrator as a fast-track application. You must append your participant information sheet. The Faculty Research Ethics Committee (FREC) may require further information or clarification from you and you should not embark on the project until you receive notification from your Faculty that recognition of the approval has been granted.

CHECKLIST ***(Where a full application for ethical approval is required)***

Please complete the checklist and attach it to your full application for ethical approval:

Before submitting this application, please check that you have done the following: *(N/A = not applicable)*	**Applicant**	*Committee use only*				
	Yes	**No**	**N/A**	**Yes**	**No**	**N/A**
All questions have been answered	×					
All applicants have signed the application form	×					
The research proposal is attached	×					
Informed Consent Form is attached	×					
Participant Information Sheets are attached	×					
All letters, advertisements, posters or other recruitment material to be used are attached	×					

All surveys, questionnaires, interview/focus group schedules, data sheets, etc, to be used in collecting data are attached	×					
Reference list attached, where applicable	×					

References

Data Protection Act (2018) Available at:

http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted (Accessed on 30/06/18).

Kingston University Research (2016-2018) *Kingston University Research Data Management – Pilot Policy.* Available at: https://staffspace.kingston.ac.uk/dep/researchsupport/rso/Documents/Research%20Data%20Management%20Policy%202017.pdf (Accessed on 10/04/18).

Kingston and St George's
Faculty of Health, Social Care and Education

Appendix two: Letter confirming ethical approval to conduct the study from the Faculty Research Ethics Committee (FREC)

Dr Xenya Kantaris
Kingston and St George's Joint Faculty
Health, Social Care and Education
6th Floor Hunter Wing

Cranmer Terrace
London SW17 0RE

Gemma Hurley

EdD student

Kingston and St George's Joint Faculty

Health, Social Care and Education

6th Floor Hunter Wing
Cranmer Terrace

London SW17 0RE

6th August 2018

Dear Gemma,

Ethics Application: 'An exploration of nurse educators' meaning of compassion in preregistration nursing education within a Higher Education Institution (HEI) in the United Kingdom (UK).' FREC2018-06-003

I am writing to confirm that the Faculty Research Ethics Committee (FREC) considered your proposed study as above at the meeting on 21st June 2018. The Committee requested some minor amendments which have been satisfactorily addressed in the following documents:

- Application form for ethical review (RE4), V.2 dated 04/07/2018
- Research proposal, V.2 dated 04/07/2018
- Participant information sheet, V.2 dated 04/07/2018
- Invitation letter, dated 04/07/2018
- Non-acceptance letter, V.1 dated 26/05/2018
- Acceptance letter, V.1 dated 26/05/2018
- Interview guide, V.1 dated 26/05/2018
- Consent form, V.2 dated 04/07/2018

I am now pleased to confirm that this proposal has received a favourable ethical opinion.

I wish you every success with your work on this project.

Yours sincerely,

Dr Xenya Kantaris

Interim Chair, Faculty Research Ethics Committee

Tel: 0208 725 2283 *Email: researchsupport@sgul.kingston.ac.uk*

Faculty of Health, Social Care and Education
St George's Campus
Cranmer Terrace, London, SW17 0RE
Telephone: (0)20 8725 2247
www.healthcare.ac.uk

Appendix three: Letter of invite to participate in the study

Gemma Hurley

EdD Student

Kingston University and St Georges, University of London
Faculty of Health, Social Care and Education

6th Floor, Hunter Wing, Cranmer Terrace,

London, SW17

Telephone:

Email:

Invitation to Participate in the Research Project

Title: An exploration of nurse educators' meaning of compassion in pre-registration nursing education within a Higher Education Institution (HEI) in the United Kingdom (UK).

Dear Colleagues,

I am a Senior Lecturer in the School of Nursing at Kingston University and am currently undertaking a research project as part of my Doctor of Education (EdD) studies on exploring nurse educators' meanings of compassion. As you are a nurse educator directly involved in

teaching and assessing in pre-registration nurse education, I would like to invite you to take part in a semi-structured interview to share your experiences of compassion.

I am only seeking to interview nurse educators who are currently registered with the Nursing and Midwifery Council (NMC) and who are employed at the University for two years or more. I will only be able to accept the first twelve participants who express their interest to take part in the study. I attach a participant information sheet (version 2 dated 04/07/18) that explains the purpose of my study, its process and your invaluable contribution to it. The consent form (version 2 dated 04/07/18) is also attached for you to fully consider your participation.

If there is any further information you may require, please do not hesitate to contact me. Thank you for your kind consideration. Please can you contact me via my work email
or phone if you would like to take part in the study.

Yours sincerely

Gemma Hurley.

Kingston University London
St George's University of London

GREATER TOGETHER
Kingston and St George's

Faculty of Health, Social Care and Education
St George's Campus
Cranmer Terrace, London, SW17 0RE

Telephone: (0)20 8725 2247

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Appendix four: Participant Information Sheet

Participation Information Sheet

Title of study: An exploration of nurse educators' meaning of compassion in pre-registration nursing education within a Higher Education Institution (HEI) in the United Kingdom (UK).

Information for participants

You are being invited to take part in this study to share your experiences of compassion that may reveal its meaning. Please take time to read the following information and discuss with others if you wish. Also, please ask me any questions: see my contact details below. I (Gemma Hurley) am one of your colleagues where I work as a nurse educator within the School of Nursing. This research is being undertaken as part of the Doctor of Education (EdD) studies combined with my keen interest in the topic. In particular, I want to understand nurse educators' meanings of compassion through exploring their experiences and how they perceive it influence their professional practice and their teaching. Therefore

as you are a nurse educator involved in teaching and assessing in pre-registration nurse education your contribution is essential for this study.

What is the purpose of the study?

Compassion is considered a central feature of the nursing profession but lately there has been increasing concerns over its perceived decline that has been linked to sub-standard care. Nurse educators have been charged with the responsibility of facilitating and sustaining compassion within pre-registration nursing students through education. This study aims to provide an in-depth understanding of what compassion means that stems from original inquiry that might contribute to developing professional practice.

Exploring the meaning of compassion could allow nurse educators to think about how it is positioned and taught within the curricula that is timely with the new Nursing and Midwifery Council's (NMC) pre-registration education standards. Furthermore, as nurse educators are expected to re-capture compassion through education, it is integral that the focus of this study seeks their meanings that might be revealed through sharing their experiences of the subject.

Why have I been invited?

You have been invited to take part because you are a nurse educator involved in teaching and assessing in pre-registration nurse education at Kingston University (KU) and St Georges University London (SGUL). In addition, you are eligible to participate as you are a registered nurse who is on the active Nursing and Midwifery Council's (NMC) register and have worked at the University for two years or more. Your contact details have been obtained via the School of Nursing published directory email distribution list. I am looking to recruit up to twelve participants who will be selected in a 'first- come first- serve' basis. The dates for recruitment will be advertised one week from invitation via the School of Nursing email. Unfortunately due to limited resources, I can only accept the first twelve individuals who express their interest to participate. Any individuals who express an interest after recruitment will be kept on a waiting list for eight weeks from the date of invite. You will be informed by email to whether you have been accepted in the study or if you have been placed on the waiting list. If you are not included in the study after eight weeks of the invitation, you will not be expected to participate and an email will be sent informing you that you are no longer on the waiting list as twelve participants have been recruited.

Do I have to take part?

It is entirely up to you to decide whether or not to take part. Once you have read this letter, I am happy to clarify any questions you may have. If you decide not to take part, this will not affect the relationship you have with me or the university. If you do take part you are free to withdraw anytime it is practical and /or up to the point of analysis, without giving any reason and without any detriment to you. It will not be possible to withdraw the data once it has been anonymized.

What will happen if I do take part?

Following your expression of interest via email or phone, I will send a letter to confirm your acceptance to participate and answer any questions you may have and check your eligibility. A mutually agreed date, time and venue to take part in a semi-structured interview will then be arranged. A private office within the university will be offered in the first instance, however flexibility to an alternative venue that is safe, private and accessible is possible if preferred. You will be given a copy of this information sheet to keep and you will also be asked to read and sign a consent form at the beginning of the interview. The interview will be digitally audio recorded and will last approximately forty-five minutes to one and a half hours or longer if needed. Opportunities for breaks will be made available. A conversational approach to the interview is intended whereby open-ended questions will explore your experiences of compassion. The interview will explore topics around your personal and professional experiences of compassion and could raise issues about your unique emotional and socio-political perspectives of compassion. You will be offered a written summary of the key findings of the study following completion.

What are the possible benefits of taking part?

There are no immediate benefits. However, it is hoped that information gained from this study will help to develop a deeper understanding on the meaning of compassion and consider how it might influence professional practice, the curriculum and pedagogical approaches to teaching . It might provoke innovative ideas on how compassion could be nurtured and sustained within students that prepare them to deliver patient -centered care within the dynamic healthcare landscape.

What are the risks of taking part?

There are no anticipated risks in taking part in this study. However, I do recognise that some people might find talking about their experiences of compassion difficult as it may raise sensitive issues. If this happens, you can stop the interview or take a break at any time. If you wish you can be referred to the University's Counselling Service or given opportunities to raise questions or concerns at a debriefing session at the end of the interview. The debriefing session will give me the opportunity to thank you for your participation and reiterate the reasons why I have particularly chosen to explore nurse educators' meanings of compassion. During this time, I will remind you of how anonymity and confidentiality will be maintained and that you can withdraw from the study anytime up to the point of analysis. I will explain how the study's findings will be shared and offer you a written summary of the key findings following completion. If talking about your experiences cause any upset, I will explain how the counselling service can be accessed through any of the following ways:

- Telephone: 020 8725 3628 (internal 3628)
- Email: counselling@sgul.ac.uk
- Drop in session at 12.00 noon on Tuesdays, Wednesdays and Thursdays for which no booking is required.

I will provide you with my work contact details if you have any follow up questions. This study will be conducted in compliance with the approved protocol. No deviation from the protocol will be implemented without prior review from the appropriate personnel and bodies.

Will my taking part in the study be kept confidential?

Yes, all information will be handled in confidence. You will be given the opportunity to choose a pseudonym and I will remove any information that might identify you. I will be the only person who will have access to the original interviews and transcribed data. Any data shared with my supervisors will be anonymized. Any electronic information gathered will be securely stored on a password protected computer, and no names or contact details will be attached to the data files. The security of your personal information is important to us but remember that no method of transmission over the Internet, or method of electronic storage, is 100% secure. While we strive to use commercially acceptable means to protect your personal information, we cannot guarantee its absolute security. The audio recordings will be deleted from the digital recorder within 24hrs of the interview once transferred to the university's network drive. All hard copies of information will be stored in a locked cupboard within the university. All information will be archived securely by the University for 10 years and then destroyed according to the university's policy.

The only instance where confidentially will be breached is if the information you share may put you or others at risk of significant harm and therefore I will have a duty to disclose this information to the appropriate persons. You will be informed of the procedures for information disclosure before it is shared.

What will happen to the results of the study?

I will write up my findings in a dissertation in part fulfilment of my EdD course of studies. Most likely, l will submit the findings to a suitable journal and present at public/professional events such as symposiums and conferences. In publishing and presenting this study, you will not be identifiable in any way.

Who has reviewed this study?

The study has been looked at by an independent group of people called the Faculty of Health, Social Care and Education Research Ethics Committee to protect your safety, rights, and dignity. They have given a favourable and ethical opinion.

What if I have a complaint?

If you wish to complain about any aspect of the research, please contact my supervisors, using the details given below.

Contact Details of Supervisors:

Dr John Hammond

Associate Professor

Head of Department of Rehabilitation Sciences

Faculty of Health, Social Care and Education
Kingston University and St George's, University of London
6th Floor, Hunter Wing, Cranmer Terrace, London, SW17 0RE
Tel:

Professor Katherine Curtis

Associate Dean External Engagement
Faculty of Health, Social Care and Education
Kingston University and St Georges University of London
Kingston Hill Campus, FL1013 Kingston Hill
KT2 2LB

Researcher's Contact Details:

Gemma Hurley

Senior Lecturer

Faculty of Health, Social Care and Education

Kingston University and St Georges, University of London

6th Floor, Hunter Wing, Cranmer Terrace, London, SW17 0RE

Cranmer Terrace
London

Kingston University London
St George's University of London

GREATER TOGETHER
Kingston and St George's

Faculty of Health, Social Care and Education
St George's Campus
Cranmer Terrace, London, SW17 0RE

Telephone: (0)20 8725 2247

www.healthcare.ac.uk

Appendix five: Informed Consent form

INFORMED CONSENT FORM for SEMI-STRUCTURED INTERVIEW

Participant Identification Number for this research study:

Title of Project: An exploration of nurse educators' meaning of compassion in pre-registration nursing education within a Higher Education Institution (HEI) in the United Kingdom (UK).

Name of Researcher: Gemma Hurley

Please initial box

1. I confirm that I have read the participant information sheet (version 2: dated 04/07/18) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw from the study when it is practical or up to the point of analysis without giving any reason and without any prejudice. ☐

3. I am aware and give permission for the interview to be digitally recorded and for brief notes to be taken during the interview. ☐

4. I am aware that a debriefing session will occur after the interview that allows me to raise any concerns or questions I may have and provide me with information on who I can talk to if I become upset. ☐

5. I understand that the recorded interview will be transcribed and anonymised. However, once the interview has been anonymised, I understand that the data cannot be withdrawn from the study . ☐

6.I understand that all the information collected, reported and printed about me will be anonymised. This includes anonymised direct quotes that may be published. ☐

7. I understand that confidentiality will be maintained by storing the anonymised, transcribed data on the University's secure network drive and keeping the non-digitised data in a locked cupboard at the University. ☐

8. I understand that the researcher has a duty to disclose to the appropriate personnel, any issues revealed in the interviews that may cause harm to yourself or others. ☐

9. I understand that the audio recordings will be deleted from the digital recorders within 24hrs of the interview once transferred to the University's network drive. ☐

10. I understand that all data will be stored securely within the University and destroyed after ten years ☐

11. I am aware that responsible individuals will be given access to the anonymised data. ☐

12. I agree to take part in the above study. ☐

13. I wish to receive a full written summary of the key findings of the study by email. ☐

Name of Participant	Date	Signature
Gemma Hurley		
Name of Person taking consent	Date	Signature

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St George's University of London

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Faculty of Health, Social Care and Education
St George's Campus
Cranmer Terrace, London, SW17 0RE
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Appendix six: Interview Guide

Interview Guide

Introduction and Thanks

Consent

The interview aims to be conversational in nature that follows the participant's cues in allowing them to share their experiences of compassion. The following table shows the suggested domains that will be explored but it is not intended to be restrictive and the questions will be tailored to the uniqueness of each conversation. The participants will be informed of the domains that may be explored.

Topics	Questions/Prompts
Personal experiences of compassion	• Can you tell me about an experience of compassion? • What was memorable about it? • Tell me about a time when you feel compassion was not experienced • How did that make you feel?

Contextual: Compassion in Nursing	• Can you tell me about your experience of compassion as a nurse? • What did that mean for you? • Tell me about a time when compassion was not experienced? • How did that make you feel?
Contextual: Being in the world of the Higher Education Institution	• Can you tell me about an experience of compassion as a nurse educator? • What did that mean for you? • Tell me about a time when compassion was not experienced? • Tell me about your experience of teaching or assessing compassion • How do you think it could it be facilitated? • How do you think compassion could be sustained?
Conceptual	• In the best of all possible worlds, what would compassion look like to you? • How do you think we can become compassionate? • How do you think compassion could be developed? • Is there any other aspects of compassion you feel we have not talked about that you feel is important to share?

Final question: Is there anything else you would like to tell me about compassion?

Appendix seven:

APPLICATION FORM FOR CHANGE IN Data Transcription

Date of Original Ethical Approval: 6th August 2019

Project Title:

An exploration of nurse educators' meaning of compassion in pre-registration nursing education within a Higher Education Institution (HEI) in the United Kingdom (UK).

Name of lead applicant (Title / first name / surname):	Mrs Gemma Hurley
Position held:	Student (EdD)
Department/School/Faculty:	Kingston University
Telephone:	
Email address:	

If it is STUDENT research: Course: EdD

Supervisor/DoS: Dr John Hammond and Professor Kathy Curtis

On a separate page, describe and provide justification for the changes being proposed. Be concise and specific in describing changes in methodology that affect the experience of participants and/or relate to the risks/benefits of participation. Explain why these changes are necessary.

The proposed changes in protocol will necessitate changes in documents such as recruitment flyers, consent forms, debriefing forms, or other project-related documents.			No	

If YES, attach a copy of the revised documents with changes highlighted.

CERTIFICATION OF LEAD APPLICANT

I certify that information contained in this request is complete and accurate.

G.Hurley *16/08/19*

Signature of Lead Applicant Date of Signature

CERTIFICATION OF SUPERVISOR/DoS (If Lead Investigator is a Student)

I certify that information contained in this request is complete and accurate.

Dr John Hammond 16/08/19

Signature of Project Supervisor/DoS Date of Signature

Request for Minor Amendment please:

Initially, I had proposed that the study's recorded interviews will be transcribed verbatim by myself.

I have now transcribed three of the interviews and for practical reasons, I would like to request permission to use a professional service for transcription of the remaining interviews please. I will ensure that the professional service I use upholds GDPR guidelines through their declarative statements.

Kingston and St George's
Faculty of Health, Social Care and Education

Appendix 8: permission to use professional transcriber approved

Kingston and St George's Joint Faculty
Health, Social Care and Education
6th Floor Hunter Wing

Cranmer Terrace
London SW17 0RE

Gemma Hurley

EdD Student

Kingston and St George's Joint Faculty

Health, Social Care and Education

6th Floor Hunter Wing

Cranmer Terrace

London SW17 0RE

16 August 2019

Dear Gemma,

Minor amendments: 'An exploration of nurse educators' meaning of compassion in preregistration nursing education within a Higher Education Institution (HEI) in the United Kingdom (UK).' FREC2018-06-003

This is to confirm approval by Chair's Action of your proposed changes in data transcription for the above study as shown in the following documents received on 16 August 2019.

I wish you every success with your work on this project.

Yours sincerely,

Dr Gill Mein

Chair, Faculty Research Ethics Committee

Appendix 9 : Transcriber's Confidentiality agreement

An exploration of nurse educators' meaning of compassion in pre-registration nursing education within a Higher Education Institution (HEI) in the United Kingdom (UK).

Transcriber Confidentiality Agreement

Gemma Hurley is conducting this research as part of the Doctor of Education (EdD) studies at Kingston University. The purpose of the study is to understand nurse educators' meanings of compassion through exploring their experiences and how they perceive it influence their professional practice.

As a transcriber of this research, I understand that I will be hearing recordings of confidential interviews. The information on these recordings has been revealed by interviewees who agreed to participate in this research on the condition that their interviews would remain strictly confidential. I understand that I have a responsibility to honour this confidentially agreement. I agree not to share any information on these recordings, about any party, with anyone except the Researcher of this project. Any violation of this and the terms detailed below would constitute a serious breach of ethical standards and I confirm that I will adhere to the agreement in full.

I Doreen Kingston, agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the content of the interviews in any form or format (e.g. WAV files, CDs, transcripts) with anyone other than the Researcher.

2. Keep all research information in any form or format (e.g. WAV files, CDs, transcripts) secure while it is in my possession.

3. Return all research information in any form or format (e.g. WAV files, CDs, transcripts) to the Researcher when I have completed the transcription tasks.

4. After consulting with the Researcher, erase or destroy all research information in any form or format regarding this research project that is not returnable to the Researcher (e.g. CDs, information stored on my computer hard drive).

Transcriber:

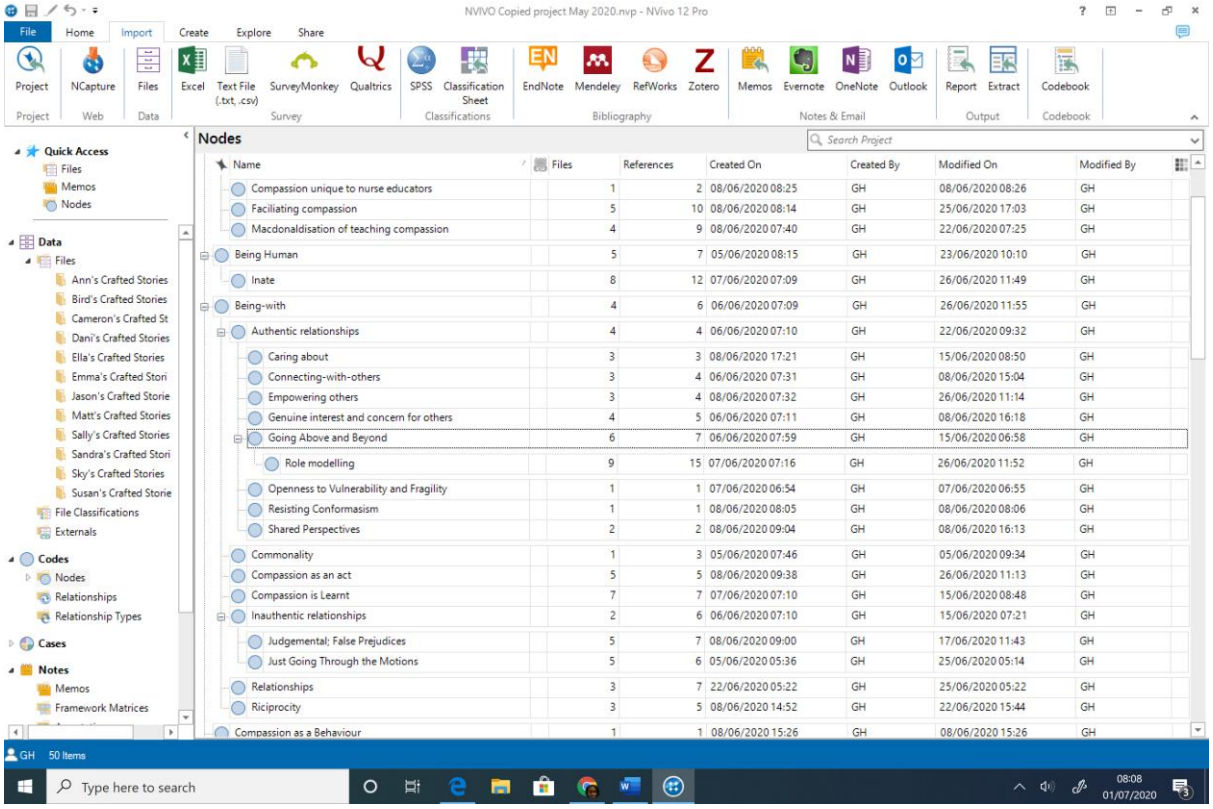
12th October 2019

October 2019

(print name) (signature) (date)

(print name) (signature) (date)

Appendix 10: NVivo used to manage Emergent Meanings of Compassion (June 2020)



Appendix 11: Interpreting Emma's story

Resonance: Highlighting things that leap out from Emma's talk recalling her experience of teaching compassion

Ontic phase:

I don't think we do it terribly well. I mean we do nursing care and … but how do you teach compassion? I think that we largely probably depend on students coming in with a degree of compassion as a person and largely people that come in to nursing are coming because they have a sort of a sensitive compassionate nature, but I think …so nature versus nurture, and I think a lot of it is part of the way you have been brought up as well. I think if you have been brought up in a caring family that show their emotions, you know, then I think it's much easier for people to express their emotions, whether they go into nursing or not, you know

I think certainly in my teaching I try to give opportunities to express themselves, and that's maybe easier for us in children's because we are smaller groups. I mean compassion should be threaded through the curriculum but I suppose largely from my perspective it really needs to be homed in and it's best to do it in smaller groups. The adult people don't have that luxury that we do.

I guess… I think a lot of it too is by role modelling. Some topics are difficult to teach but I think if we show you're human, then that's a good example to the students, so to say 'Right, we are going to discuss these topics today, they are difficult, difficult for me, and we'll take it steady and we will take a break if we need to' – you know, give opportunities to students to leave if they get upset but not leave completely, we are the somebody that supports them and I would always make sure that I had… so there is always someone in the office, not necessarily sitting there, but I know there's somebody working in the office and I say to the students at the start of those classes, 'if you get upset and you need to leave, then you go and find whoever in the office to support you.'

So I think that role model that shows that we have a sense of compassion, that we know some of these things are difficult, that we are compassionate towards them as human beings and I don't think we can … I don't think we can expect them to be compassionate if we don't show compassion. So I think role modelling is a really important way of teaching students. And students very often ask… and I suppose maybe this is not right what you need but I suppose because my background is xxxx (anonymised), I sort of lend compassion very much with that, but I think students find it difficult because they say 'You know, what do we say and how do we behave and what if we upset someone and can we…?' you know, 'What if we cry?' and, you know, it's all that sort of thing.

Before I would start teaching I always sent out a questionnaire to the students asking them of their experiences to date of death, dying and bereavement and caring and compassionate end-of-life, and because when you are sat in front of a classroom you don't know who you have got largely, you don't know what is going on in their lives, if their granny died 3 weeks ago or they are still a bit sensitive or, you know, a lot of our students may come in to nursing because they have had someone who has died in and you don't know that necessarily.

So the questionnaire basically lets them share with me beforehand what their anxieties are, what will they want to learn, what their experience is and very often they say about how to talk, how to behave, how to show such a care and compassion so I think that's quite useful because that gives me a starting block, and it also gives me some indication of what their experiences are, and if there is someone is particularly upset about … and has lost a baby or whatever, so I think it's important to show students that you have some compassion for them and to share your experiences, but it's hard to measure how much they take onboard.

I suppose we largely depend on the practice people to assess, as part of their overall placement, so in their PAD in terms of professionalism and compassion will come in under that. I mean we do some case scenarios and things but I don't know if they really

explore how they feel. Certainly they … it's part of the questionnaire, they would be asked to consider their own self-awareness and that sort of thing, but we haven't done that in the classroom.

Even though I am quite experienced I would be frightened to do that I think because you don't know what you are going to unearth and how you are going to support them. So I think I always have the disclaimer that if they get upset they can leave; if it's a lecture you don't want somebody sitting in the hall feeling distraught, but there is support there. Certainly at the end of the class, if anybody wants to talk then I would be available.

I think the issue of crying does come up time and time again and I suppose it's about … I would use examples about non-verbal communication that you don't have to say anything necessarily, 'What do we say?' and that's in the questionnaire – we want to know what we say if a child is dying or if we are dealing with a bereaved parent what do you say?'

And I say 'Well actually you don't need to say anything, sometimes it's best to say nothing' and, you know, put a hand on their shoulder, put an arm around their back, just sit with them, obviously taking onboard cultural … being aware of their cultural perspectives if touch is not acceptable then, but to be comfortable within themselves, to not say… to be able to not say anything because I think that is probably the biggest skill in terms of compassion and we all think it's become… I suppose with experience in xxxx (anonymised) nursing, I think that's where I probably learnt most of my compassion, is about the ability to be able to say nothing and to be skilful enough to know that actually there's no words in a situation and students… so we talk about those sorts of issues in that class.

We also bring a parent in, I have brought parents in to lots of my classes and I think that's a really good way of… it's not solely about teaching them compassion, but it helps them see perspectives which then enables them to think about how they would

respond. So the parents in the classroom is always a very popular session and the mum that came last year and is coming again this year, ….she talks about what nurses said that helped and what nurses said that didn't help, so I think those are really powerful learnings for students.

What sort of things were unhelpful in relation to compassion?

I suppose it was maybe … I think the things that they say that were very useful … a sort of flipside of it, was the importance of knowing when to stand back so to give them time as a family. So there was one particular nurse who was quite, you know, 'We need to do this now and this now and this now' and was quite task-orientated and that looked as if she lacked compassion.

Whereas they talked about the nurse who was able to give hands-on care but also hands-off, so she could step back, and it was in the home setting that she went out of the… the child was in the dining room, so she into the living room (the dining room was made into a bed and like a hospital area), she was able to go out and sit in the living room and do her paperwork and they felt that that was really compassionate because she knew they needed space, but she knew they needed her there to be invisible.

So it was being there but sort of being invisible which was what they talked about. So I think those sort of things are important to students as well and at the end of those sort of classes I would take quotes from xxxx (anonymised) and other sort of quotes and put them on PowerPoints and then put music behind them to sum up the session and that's a lot about what parents want in terms of being there but being … standing back.

Why do you use music?

It makes them all cry! (LAUGHS). I don't mean to make them cry, but I think … Well I think it's sort of sets the scene and it summarises the session…of songs that conjure up feelings but also have powerful messages for students within the slides.

So do you think then, because of course you are very careful in what music you are playing to those slides, you said 'conjure up feelings'…

Oh yeah, yeah. It's about how they feel and how they respond to other people particularly in very sensitive situations and I remember when I moved into education and I had been working in xxxx (anonymised) ward for many years and we had this patient who was xxxx (anonymised) who had been practically living on the ward for 18 months for her treatment, she had poor social circumstances and she had special needs, but everybody loved her and she was just part of everybody, and she died very suddenly and I was working in the university at this stage and I was trying to get a day … I was trying to go to the funeral basically and somebody said to me, a fellow educator said 'Oh you have moved on from all that', you know, 'you are here now, don't you be worrying about going to a funeral.' And I felt that was very… it lacked compassion terribly and I thought the day that someone's death doesn't mean anything is the day I shouldn't be a nurse, because if you haven't got that sense of compassion then really …? And I say that to the students, 'The day that you don't get upset about someone dying, is the day that you shouldn't be a nurse.'

Do you think compassion only happens in those moments or could it happen…? Is it always with dying…?

Oh no. no no I mean as I said, I think I said at one stage, that that's my experience and I think compassion is so important at that stage, but I am not undermining it throughout the curriculum, I think it should be taught throughout. I mean yes, to me and to a parent who is losing a child that's the worst thing in the world but for a woman undergoing a mastectomy and losing her breast, and the fear of cancer, that's the worst thing in the world. And, you know, I know that I work with xxxx (anonymised)

and I say to the students as well, you know, 'Whilst the diagnosis of cancer is huge, the diagnosis of diabetes to a family is huge too in a different way.

So I think you have to show compassion in every situation and realise that whilst in my world a dying child is the worst thing, and a child having diabetes is much less, do you know, to me? But I don't lose… I think it's important that we don't lose sight that to that individual something is huge, and so I think compassion is essential throughout and I think that that's certainly really, really important from day one really.

It's difficult because I have come across a... there was a situation with... I am sure everybody knows about the xxxx (anonymised) module that the Year 3s do but maybe it hasn't reached xxxx (anonymised), but they panic, they hate it, they don't understand it, they… you know, and it's terrible. The students contact me all the time, that's why I was over here earlier and, you know, Their submission is on Monday and they are still panicking and emails all hours of the day or night and I answer them all. I got told off because I was spending too much time with the students.

Now I, I don't have a lot of time, but the students are what I am here for, and… so there were to have drop-in sessions, like drop-in sessions, 2 hours you were to be free and you were to have a drop-in session and the students could come and see you. Now I don't like drop-in sessions because I have 45 students and in two hours what does…? I mean I was given two days, but what if they all came on the one day? I would see a student for one and a half minutes or whatever each. I think that … I don't think that shows care or compassion, in fact it shows that they're just like a number or like a conveyor belt, so I didn't want to do that. So I got 3 hour sessions and I got the students to book a 15 minute slot which I felt ….

So I said to the students 'Right, you have got 15-20 minutes with me, what would be the most useful for you to go over at this time?' But I got in trouble because the adult students, there's no way everybody could do that, and it's not fair that the child

students got different from the adult students, and I thought that was really harsh because … I wanted to show, you know…

So this week there was another drop-in session, and it was a child one and I thought right, well I will do a drop-in if that's what they want, I will do a drop-in for an hour and a half, so it went to [Canvas] [40:50], she invites … 'Oh [Emma] will be available for an hour and a half on such-and-such a day, just drop in.' Well Gemma there were 20 who dropped in and I had an hour and a half and I had to be in xxxx (anonymised) for a meeting so I had to leave at 2.30pm and the students arrived and I thought… and they were crying and they were… And I thought what am I going to do? I have to be at (anonymised) for 4.30pm on public transport, I have to leave here at 2.30pm so I started trying to see them but I was rushing them and I knew I was rushing them and they knew I was rushing them and I felt this is terrible, this isn't the way I wanted to do it, but I am doing it because that's the way I was told it had to be done, and they were like a conveyor belt and then at 2.30 pm I thought right, this isn't good, there are still 5 waiting there and I need to be away to get the train, so in the end I ordered a taxi because it would get me there quicker and I had another hour with them (at my expense) but hey, sure, what… because I felt I was not showing them attention and I think sometimes the frameworks or the organisational ethos takes us away from showing that compassion because the students were upset. I mean I couldn't have said 'Dry your eyes, listen I have to go to xxxx (anonymised) and there's ten others waiting and I think that's really… it's not a good … it doesn't give…

If we say… and I have talked about the different ways we can teach compassion but if role modelling (and I think that's the most effective way) is then we shouldn't be put into a situation where they're outside our office crying and they are coming in and you're saying 'Right, out!' and 'Next!' You know, because you wouldn't do that with a patient.

I had a GP …(and I use this as an example with students when I am talking about compassion and things) and he, he used to... he had 10 minute slots, I am sure he

had 10 minutes but they always ran over, but as soon as you came in to see him, he said to me 'Take your coat off.' I don't want to take my coat off, but he made me take my coat off and he hung it up on his coat rail; now... and taking that coat off was huge for me because it was non-verbal communication but it said 'I have time for you, that place out there is going crazy, but your coat is up there and you are sitting comfortably and I have got time.' I mean maybe it was only for 10 minutes, but by taking the coat off…

It was very powerful.

Yes, yes, so it's the small things and I think that I am repeating myself now but I think it's those small things that give … and I tell the students that, you know, it's those little things, for me that was huge.

Knitting together words that resonate from Emma's Story

I think that we largely probably depend on students coming into nursing with a degree of compassion. But how do you teach students compassion ? I don't think we do it terribly well, we do nursing care and we use case scenarios but I don't know if they really explore how they feel. Even though I am quite experienced I would be frightened because you don't know what you are going to unearth and how you are going to support them. We largely depend on the practice people to assess, as part of their overall placement, in their PAD in terms of professionalism and compassion will come in under that. However, it worries me about our PADS because sometimes students are saying *"I haven't got these skills… I have another 25 to do"* and I say "*It's not about ticking boxes"…* but we have made it like that because they won't pass if they don't get their boxes ticked.

We depend on people that come into nursing are coming because they have a sensitive compassionate nature, so nature versus nurture. But I think a lot of it is the way you have been brought up because if you're brought up in a caring family that show their emotions, then I think it's much easier for people to express their emotions.

Its easier for us in children's field because we are smaller groups. I mean compassion should be threaded through the curriculum but I suppose largely from my perspective it really needs to be homed in and it's best to do it in smaller groups. The adult people don't have that luxury that we do.

I think a lot of it too is by role modelling how to show compassion. Some topics are difficult to teach but I think if we show you're human, then that's a good example to the students, so I say "*Right, we are going to discuss these topics today, they are difficult, difficult for me, and let's just take it steady and we will take a break if we need to"* I give opportunities to students to leave if they get upset but not leave completely, I make sure there is always someone in the office, and I say to the students at the start of those classes, *"if you get upset and you need to leave, then you go and find whoever in the office to support you".* I always have the disclaimer that if they get upset they can leave; if it's a lecture you don't want somebody sitting in the hall feeling distraught, but there is support there. Certainly at the end of the class, if anybody wants to talk then I would be available. So I think role modelling is a really important way of teaching students.

Before I start teaching about death and dying, I always send out a questionnaire to the students asking them of their experiences of death, dying and bereavement and caring and compassionate end-of-life. Part of the questionnaire, would ask them to consider their own self-awareness but we haven't done that in the classroom. The questionnaire lets them share with me beforehand what their anxieties are, what will they want to learn, what their experience is and very often they talk about how to behave, how to show care and compassion. If you get people to block out their emotions, then I think that's not good. So if students say to me "*What if we cry?" – I say "Well that's OK as long as the patients and their families aren't supporting you".*

I have brought parents into lots of my classes and I think that's a really good way of teaching them compassion, from the parents' perspectives. One parent talks about what nurses said that helped and what nurses said that didn't help. One nurse was described as task-orientated and that looked as if she lacked compassion whilst another nurse knew when to step back, she is able to give hands-on care but also hands-off. To summarise my teaching session, I often play music along with the slides that share parents' quotes as songs conjure up feelings but also have powerful messages for students. I think compassion should be threaded throughout the curriculum. Whilst to me a parent losing a child is the worst thing in the world, a woman undergoing a mastectomy and losing her breast, and the fear of cancer, that's the worst thing in their world.

There are different ways we can teach compassion but if we're role modelling (and I think that's the most effective way), then we shouldn't be put into a situation where students are outside our office crying and they are coming in and you're saying "*Right, out!' and 'Next!"*. We have these drop-in sessions, 2 hours where students drop-in and could come and see you. I don't like drop-in sessions because I have 45 students and in two hours given in two days, what if they all came on the one day? I would see a student for one and a half minutes... I don't think that shows care or compassion, in fact it shows that they're just like a number or like a conveyor belt, so I didn't want to do that. So I got 3 hour sessions and I got the students to book a 15 minute slot. But I got in trouble because the adult students, there's no way everybody could do that, and was told it's not fair that the child students got different times from the adult students: that I thought was really harsh. So this week there was another drop-in session for an hour and a half. There were 20 students who dropped in and I needed to leave at 2:30 to get public transport for a meeting. The students arrived and they were crying. Because I had to get to a meeting, I knew I was rushing them and they knew I was rushing them and I felt this is terrible, this isn't the way I wanted to do it, but I am doing it because that's the way I was told it had to be done, and they were like a conveyor belt. Then at 2.30 pm I thought right, there are still 5 waiting, so in the end I ordered a taxi because it would get me there quicker and I had another hour with them (at my expense). I think sometimes the frameworks or the organisational ethos takes us away from showing that compassion when the students were upset.

I had a GP and he used to... he had 10 minute slots but they always ran over, but as soon as you came in to see him, he'd say to me 'Take your coat off. Taking that coat off was huge for me because it was non-verbal communication, it said "*I have time for you, that place out there is going crazy, but your coat is up there and you are sitting comfortably and I have got time*".

Emma's Crafted Story

I don't think we teach compassion terribly well and even though we teach nursing care, I'm uncertain how we teach compassion. We depend on individuals who come into nursing to have a compassionate nature and if you are nurtured in a caring family that show their emotions, then I think it's easier to express emotions. We use case scenarios to teach compassion but I don't know if they really explore how they feel. Even though I am quite experienced I would be frightened because you don't know what you are going to unearth and how you are going to support them. Compassion is largely assessed by practice people through the PADs. However, it worries me about our PADS because sometimes students are saying "*I haven't got these skills… I have another 25 to do" and I say "It's not about ticking boxes"… but we have made it like that because they won't pass if they don't get their boxes ticked.*

Compassion should be taught in small groups and threaded through the curriculum. In the children's field we have smaller groups but the adult nursing don't have that luxury. I think a lot of compassion can be taught through role modelling, showing you're human and acknowledging that compassion is difficult to teach. For example, I tell the students *"Right, we are going to discuss these topics today, they are difficult, difficult for me, and let's just take it steady and we will take a break if we need to".* I send out a questionnaire before I teach topics like death and bereavement so I can find out their anxieties and expectations or if they have suffered any recent trauma. Part of the questionnaire, would ask them to consider their own self-awareness but we haven't done that in the classroom. I always have the disclaimer that if they get upset they can leave and find someone in the office who will support them. At the end of the class, if anybody wants to talk then I would be available. So I think role modelling is a really important way of teaching students. If students say to me "*What if we cry?" – I say "Well that's OK as long as the patients and their families aren't supporting you".* I bring parents into lots of my classes as I think that's a really good way of teaching them compassion, from the parents' perspectives. One parent talks about what nurses said that helped and what nurses said that didn't help. One nurse was described as task-orientated and that looked as if she lacked compassion whilst another nurse knew when to step back, she is able to give hands-on care but also hands-off. To summarise my teaching session, I often play songs along with the slides that share parents' quotes that conjure up feelings and have powerful messages for students. I understand that whilst to me a parent losing a child is the worst thing in the world, a woman undergoing a mastectomy and losing her breast, and the fear of cancer, that's the worst thing in their world.

Whilst there are different ways we can teach compassion, I think role modelling is the most effective way. I recall the 2 hour drop-in sessions we have over two days for students to come and see you, and I have 45 students. I don't like drop-in sessions because I am concerned about what if these 45 students all came on the one day? That would require that I would see a student for one and a half minutes... I don't think that shows care or compassion, in fact it shows that they're just like a number or like a conveyor belt, so I didn't want to do that. We shouldn't be put into a situation where students are outside our office crying and they are coming in and you're saying "Right, out!' and 'Next!". So I extended it to 3 hour sessions and I got the students to book a 15 minute slot. But I got in trouble because you are not able to do that with larger numbers in the adult field. I was told it's not fair that the students in the children's field got more time compared to the adult nursing field students- that I thought was really harsh. So this week there was another drop-in session for an hour and a half. There were 20 students who dropped in and I needed to leave at 2:30 to get public transport for a meeting. The students arrived and they were crying. Because I had to get to a meeting, I was rushing them and they knew I was rushing them and I felt this is terrible, this isn't the way I wanted to do it, but I am doing it because that's the way I was told it had to be done, and they were like a conveyor belt. Then at 2.30 pm there were still 5 waiting, so in the end I ordered a taxi because it would get me there quicker and I had another hour with them (at my expense). I think sometimes the frameworks or the organisational ethos takes us away from showing that compassion.

As I recall a GP whom I used to see... he had 10 minute slots but they always ran over. As soon as you came in to see him, he'd say to me 'Take your coat off. Taking that coat off was huge for me because it said *"I have time for you, that place out there is going crazy, but your coat is up there and you are sitting comfortably and I have got time".*

Reflexivity Being Human – feeling vulnerable, transparency with students, the little things…

Thinking about Emma's story on compassion as she relates it to 'Being Human' opens myself to thinking about how I choose to live my life. To be directed or to direct myself to a particular path I wish to follow. It provokes thinking about my own identity and responsibility to self as I engage with students and interpret my presence in the university, my physical presence with others. My senses are aroused to think about my interpretations of what I see, hear and feel as I construct my meaning of compassion.

"I was myself the compass of that sea:

I was the world in which I walked, and what I saw

Or heard or felt came not but from myself;

And there I found myself more truly and more strange."

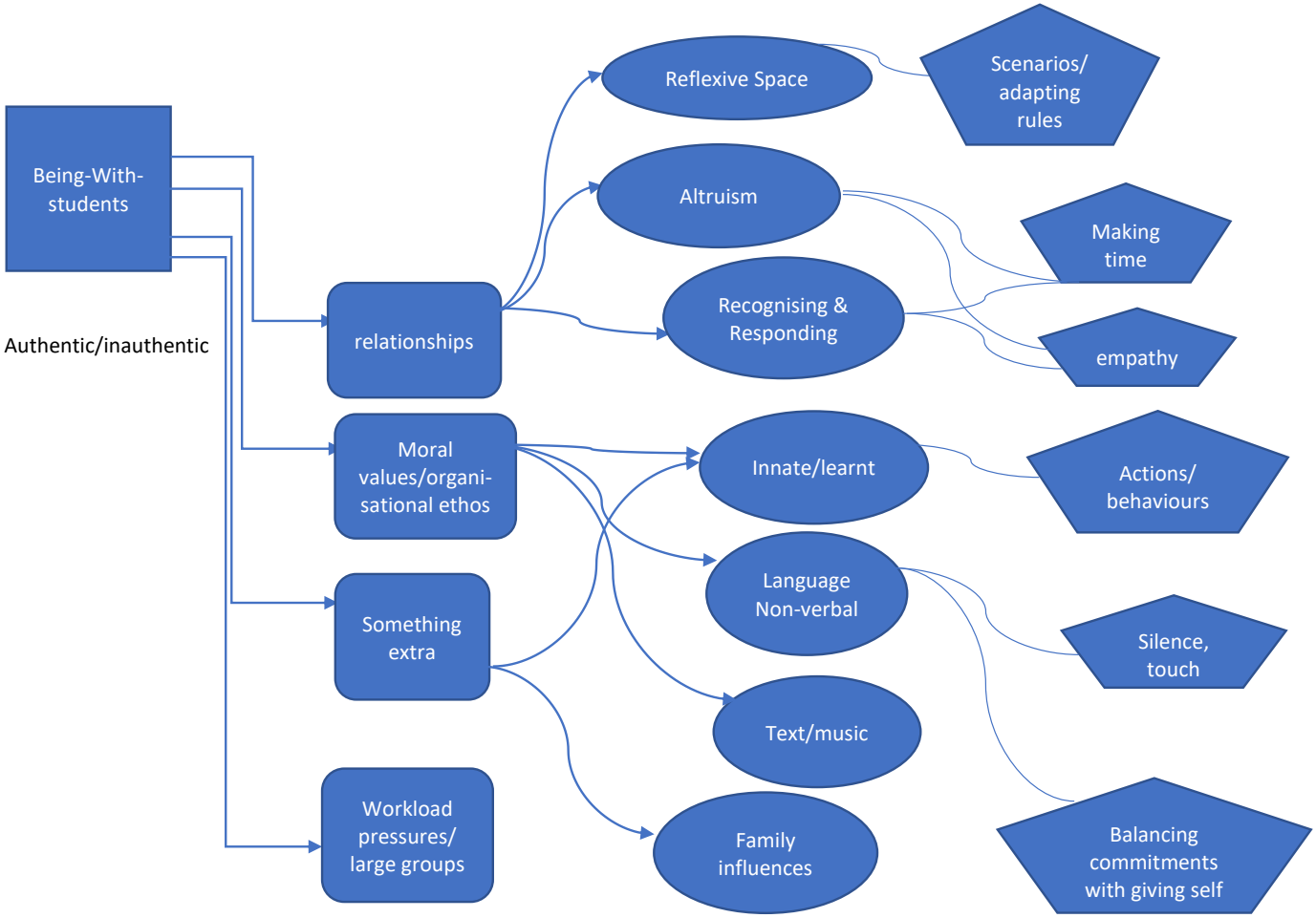
Wallace Stevens, 1921(Tea at the Palaz of Hoon).

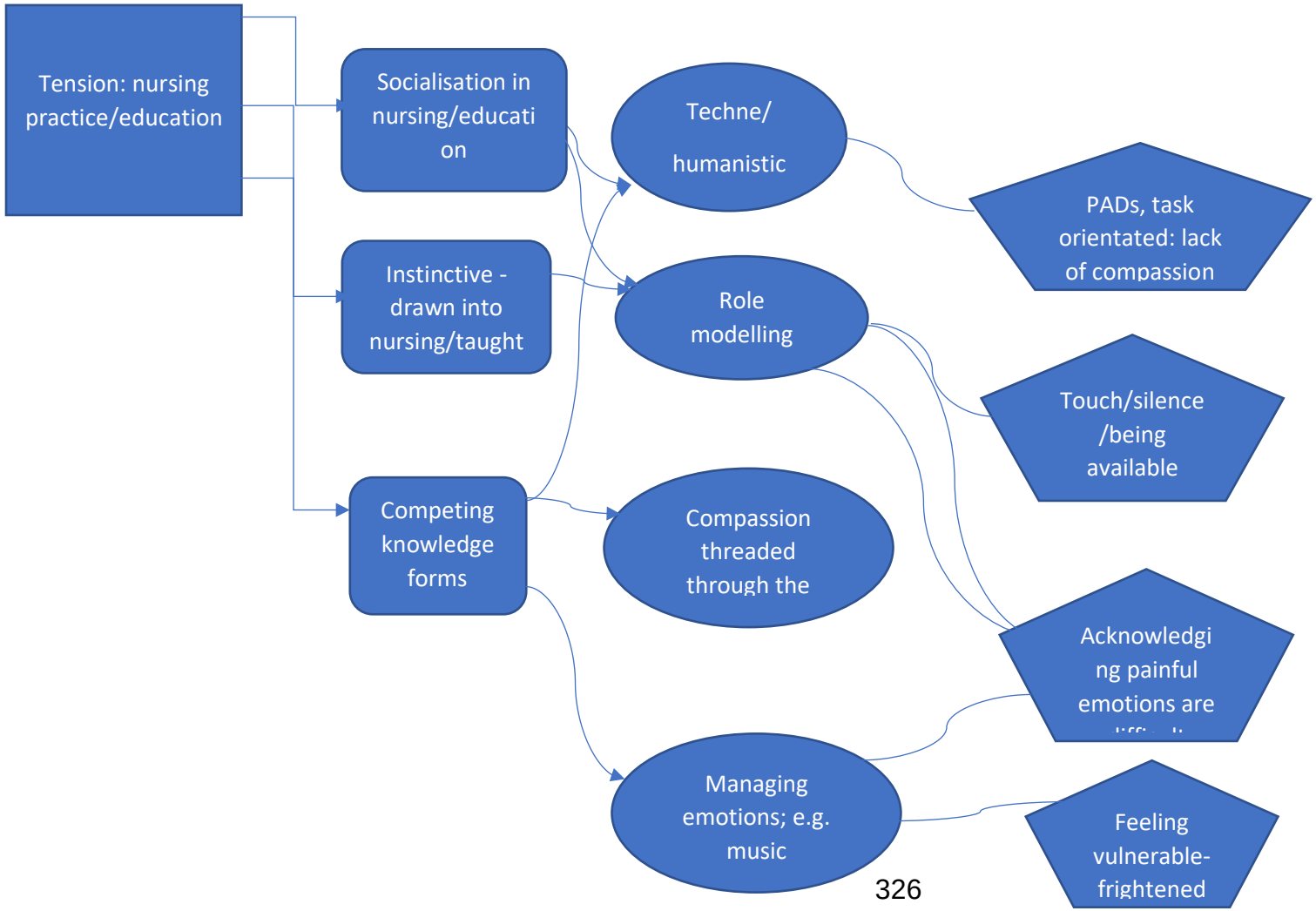
Vessel of life, the body is, as well, the ultimate vessel of meaning.

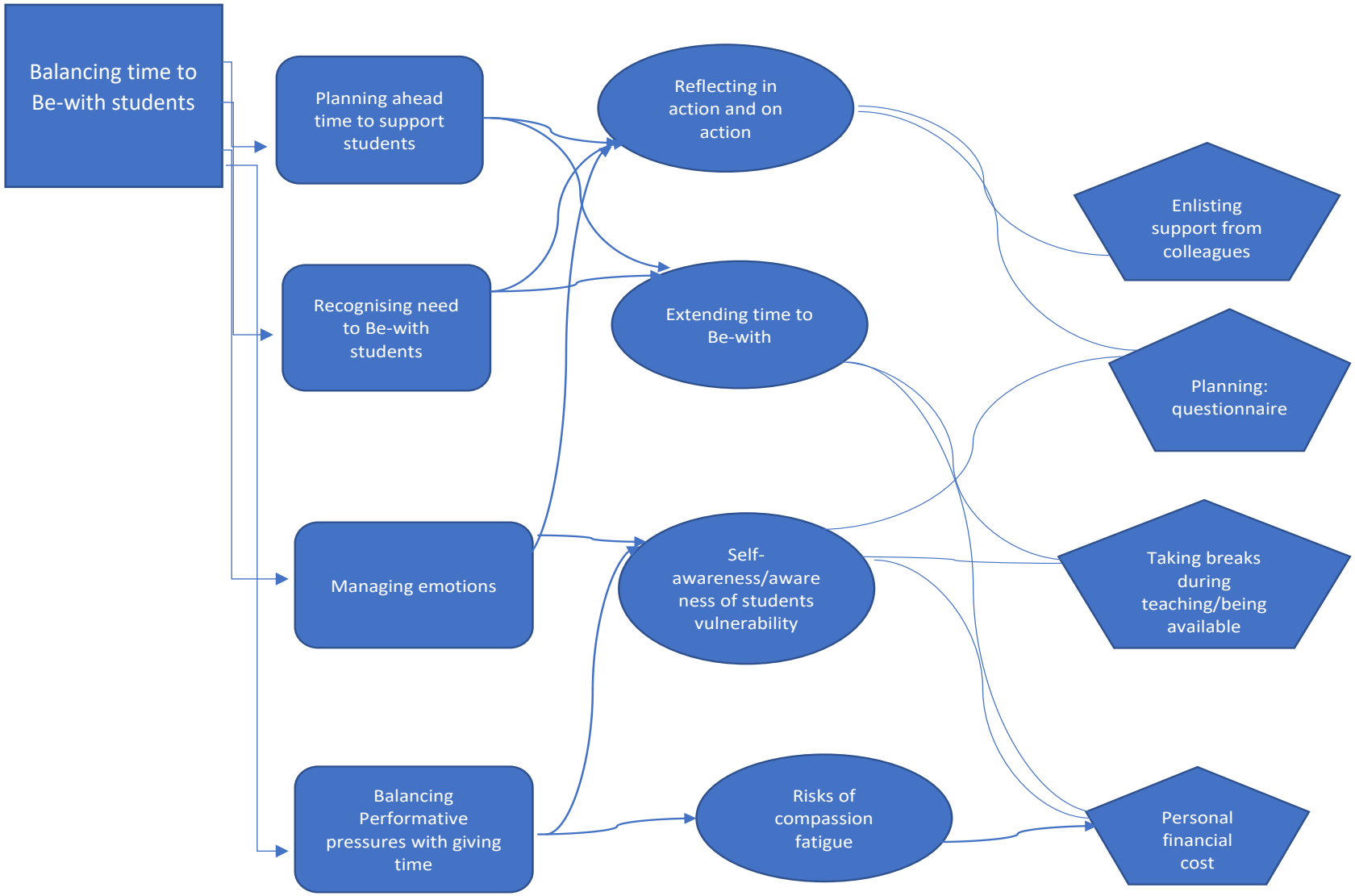
And meaning, after all, is the beginning and the end of being human. (Vlahos, 1979: 12)

My reflexivity, my conversation with my supervisors, peers and family and returning to Emma's story reveals compassion as Being-with. I described this to my sister, Florence, who sketched a picture of our childhood days; my pre-understanding of Being-with is illustrated next.

Re-reading Emma's story, the mind map reveals meanings that are emerging.




Tension: nursing practice/education
Socialisation in nursing/education
Instinctive - drawn into nursing/taught
Competing knowledge forms
Techne/ humanistic
Role modelling
Compassion threaded through the
Managing emotions; e.g. music
PADs, task orientated: lack of compassion
Touch/silence /being available
Acknowledging painful emotions are
Feeling vulnerable-frightened


Balancing time to Be-with students
Planning ahead time to support students
Recognising need to Be-with students
Managing emotions
Balancing Performative pressures with giving time
Reflecting in action and on action
Extending time to Be-with
Self-awareness/awareness of students vulnerability
Risks of compassion fatigue
Enlisting support from colleagues
Planning: questionnaire
Taking breaks during teaching/being available
Personal financial cost

Ontological Phase: Bringing in the voices and surfacing the meanings of compassion from Emma's stories			
Glimpses of Meanings	Other voices	Philosophical Notions	Crafted Stories
Emotions-background influences Willingness and Openness to confront one's own vulnerability – confronting sensitive /difficult issues Emotional Intelligence Genuine concern for the students well-being Positive role modelling	Nussbaum (2001) theorises that compassion involves emotions that stems from historical and cultural sources and develops in childhood and can be furthered through education. Nussbaum (1996) believes that emotions are an essential part of human rationality and serves as a moral compass in making reasoned judgements for offering compassion. The authentic mode in the hermeneutic circle of understanding (Stephani and Cruz, 2019). 'Stephani and Cruz (2019, p.128) assert that 'we only understand ourselves when we understand the other, and as we understand the other, we understand ourselves' and this understanding is circular.	Gadamer's notion on the 'principle of history effect' asserts that the person seeking understanding of phenomena already has preconceptions about the case that have stemmed from their background traditions and culture (Austgard, 2012, p.830). Dasein's social and individual history enter the interactive encounter and give meaning to the phenomena and the dialogical exchange of values, assumptions and beliefs enables a shared meaning that is not conclusive but temporal, situational, progressive and dynamic (Sammuel, 2005). Attunement – curiosity/ mood of deep interest in others Solicitude	if you are brought up in a family this is caring and that show their emotions then you are able to express your emotions 'opportunities to express emotions through dialogic engagement' Emma admits to the students that the session will explore difficult areas and tells them that she too finds it difficult and it may also be difficult for them. She tells them that 'we will take it steady, we will take a break if we need to'. A questionnaire is sent to the students before Emma meets them so she can find out about them – any recent loss/traumas, their anxieties and expectations

		Concern about our own way of Being. Dasein's Being is an issue for it	Emma shares a story about her visits to her GP and before beginning the consultation, he would say 'Take your coat off and he hung it up on his coat rail. Emma interprets the invitation to take her coat off as a non-verbal message; 'I have time for you, that place out there is going crazy, but your coat is up there and you are sitting comfortably and I have got time.' There is a sense of role-modelling by the GP that informs Emma's way of Being-with-students:
Being-with Feelings provoked through the arts	Van Manen (1997, p.103) asserts that the lived body is a culmination of physiological, emotional and psychological dimensions and in our presence 'we both reveal something about ourselves and we always conceal something at the same time, not necessarily consciously or deliberatively but rather in spite of ourselves'.		Emma talks about the nurse who knew when to 'step back' and be 'invisible' but still be present and give the parents some space with their child The Being-with does not necessarily mean having a physical presence but rather a felt presence. Choosing to extend drop-in session to Be-with students

Tensions between nursing roles substituted for nurse Educator's positions	According to Grondin (1995, p.7) When we are confronted with a work of art, (in this case the use of songs/quotes), 'something overcomes us, strikes us, makes us rethink, rediscover our experience, yet we cannot perfectly say what it is. Yet it was convincing, and much more so in fact than a mere truth statement that can be objectively verified and isolated'	Gadamer's project of the aesthetic experience was to enable a sense of autonomy in the individual that liberates truth/ meaning that are subjective and particular (Grondin, 1995). For the fact that words are absent, it cannot be concluded that interpretation is absent' (Heidegger, 1962).	Emma thinks 'the songs not only conjure up feelings but have powerful messages for students...' Emma thinks 'we shouldn't be put into a situation where they're outside our office crying and they are coming in and you're saying 'Right, out!' and 'Next!' You know, because you wouldn't do that with a patient'. She believes that the death of a child, a woman undergoing a mastectomy or the diagnosis of

Tension; Processes does not allow for the individuality of students' needs.		Thrownness/ Authenticity Heidegger explicates Dasein's 'thrownness' as finding itself 'already engaged and orientated in ways over which it had no say' (Cerbone, 2008, p.61). Nevertheless, whilst we may find ourselves in predetermined situations, Heidegger believed that there is freedom to choose and not blindly fall into an everyday mode of existence that he likens to inauthenticity (Sherman, 2009). Gadamer postulates that our attitudes and prejudices are acquired through a socialisation process of Being-in-the world that is bound in historical traditions and culture (Smythe and Spence, 2012)	long term condition are significant events for the individual, all equally deserving of compassion Emma says the time allocated for a drop-in session to support students is not enough as the students are often anxious or have issues to talk about that need more time. Consequently, on one occasion, Emma chose to extend the time but she says she got into 'trouble' for doing so. She was told that colleagues in other nursing fields give the students less time due to larger numbers. She was told that 'it's not fair that the students in your field get a different length of time from the adult students' Emma thought that was really harsh and says 'I don't think that shows care or compassion, in fact it shows that they're just like a number or like a conveyor belt, so I didn't want to do that'. She says 'we should not be put into a situation where they're outside our office crying and they are

			coming in and you're saying 'Right, out!' and 'Next!'. Emma says that 'sometimes the frameworks or the organisational ethos takes us away from showing that compassion'.
The little things			'It's those little things, for me that was huge'.
Technical tasks – not compassion /dehumanising		Machination; Beings became transparent objects capable of being mastered by calculation' (Cerbone, 2008, p.130). From a Heideggerian perspective, the nurses are used as resources to be controlled and manipulated as 'Human beings thereby find themselves in the midst of objectlessness, and so as nothing but the orderer of standing-reserve' (Cerbone, 2008, p.148). A risk of an 'abandonment of Being' due to mechanical or reductionist ways	Emma argues that compassion should go beyond a mechanical process; more than technical tasks; e.g. concerns about focus on the skills in the PADS Emma talks about how patients can forgive a lack of knowledge in a nurse, but they can't forgive a lack of a human approach. Emma says that parents recognise that you can't know everything and if you say 'I don't know, I will find out,' they have no problem with that but they do

Generalised rules in tension with how it is applied to individual situations: emotional intelligence	Judging the seriousness of the suffering; deservedness of compassion (Nussbaum, 2006)	of existing that Heidegger refers to as 'machination' (Gibbs, 2010, p.387; Puthussery, 2019). A call to conscience (Heidegger, 1962) Solicitude Leaping-ahead Temporality	have a problem if a nurse doesn't adopt a 'human approach' Adapting rules, playing music that conjures up painful emotions: 'we'll just take it steady…' She says 'If students say to me "What if we cry?", I say "Well that's OK as long as the parents aren't supporting you" Paradoxically, Emma admits earlier, that when she was trained 'you had to keep a stiff upper lip, don't cry, and don't show emotion'. However she emphasises that as the 6 C's is now promulgated as the heart of nursing then compassion means that we cannot encourage students to 'block out their emotions or feelings

Ontological Phase: Interpretive Leap- *Emma's Crafted Story Being-With-Students.*

Emma thinks that the majority of individuals who come into nursing have a degree of compassion but it can be developed through teaching and role modelling. She thinks that as nurse educators we rely on those who come into nursing to have a compassionate nature. She also believes that compassion develops through socialisation processes and stems from your family's background. For example, Emma thinks if you have been brought up in a caring family that show their emotions then it will be easier for you to express emotions that she associates with compassion. Nussbaum (2001) theorises that compassion involves emotions that stems from historical and cultural sources and develops in childhood and can be furthered through education.

Emma believes that it is easier to give the students in the children's nursing field opportunities to express themselves when she teaches sensitive topics because they are in smaller groups compared to the adult nursing field. She provides opportunities for the students to express themselves through a questionnaire before exploring sensitive topics in the classroom that delineates her cognizance of how their background history might contribute to new understandings of compassion. Gadamer's notion on the 'principle of history effect' asserts that the person seeking understanding of phenomena already has preconceptions about the case that have stemmed from their background traditions and culture (Austgard, 2012, p.830). *Dasein's* social and individual history enter the interactive encounter and give meaning to the phenomena and the dialogical exchange of values, assumptions and

beliefs enables a shared meaning that is not conclusive but temporal, situational , progressive and dynamic (Sammuel, 2005).

Before starting the teaching session, Emma admits to the students that the session will explore difficult areas and tells them that she too finds it difficult and it may also be difficult for them. She tells them that '*we will take it steady, we will take a break if we need to*'. Emma is choosing to be open with the students and admits to her own sense of vulnerability as she tells them she finds it difficult when exploring sensitive issues that reveals her transparency in facilitating compassion. Emma seems to be encouraging a reciprocal openness to exploring sensitive issues that may deepen understanding and relates to being in an authentic mode in the hermeneutic circle of understanding (Stephani and Cruz, 2019). 'Stephani and Cruz (2019, p.128) assert that 'we only understand ourselves when we understand the other, and as we understand the other, we understand ourselves' and this understanding is circular.

Emma says the students are told that they can leave the classroom if they get upset but they are directed to someone who is available in the team's office who can support them. Emma says that the questionnaire she sends to the students can elicit which students may have recently experienced a trauma or loss. The questionnaire is described by Emma as helpful as it reveals the students' anxieties, expectations and prepares her for the possibility of anyone who may be particularly upset if they have had a recent bereavement. In particular, the questionnaire provokes the students self-awareness and how they respond to the suffering of others that raises their emotional intelligence. Being prepared to support the students is interpreted by Emma as being compassionate and acting as a role model. The use of the questionnaire to find out the students previous experiences uncovers Emma's

ontological concern of illuminating hidden meanings in sensitive stories rather than providing ontical facts of the phenomena. Heidegger was of the opinion that *Dasein's* ontology provokes thinking about authentic and inauthentic existence, liberates our potential for living and our solicitude for Being-with-others (Magrini, 2012). There seems to be an endeavour by Emma to explore with students their Being-in-the-world and Being-with-others through their lived experiences of loss and suffering rather than providing a theoretical understanding of these issues.

Emma is unsure if case scenarios really help students to explore their own feelings in relation to practice but she is *'frighten'* about exploring personal feelings -unsure of what it might unearth. She thinks that compassion is mainly assessed through the PADs in practice but is concerned that the PADs risk being a '*tick box'* exercise. Nevertheless she recognises the significance of emotions in compassionate practice and invites parents into the class to share their experiences from their perspectives. One parent shared her experience of the nurse who was very task-orientated and appeared to lack compassion. Another nurse was described as able to provide *'hands-on but also hands-off care'*. The parent said the nurse knew when to 'step back' and be 'invisible' but still be present and give the parents some space with their child. Emma says '*it was being there but being invisible which was what the parents valued'*. Emma is indicating that the Being-with does not necessarily mean having a physical presence but rather a felt presence that is interpreted as compassion as the nurse was in the background and although appeared invisible, the parents still felt her presence that offered emotional support. van Manen (1997, p.103) asserts that the lived body is a culmination of physiological, emotional and psychological dimensions and in our presence 'we both reveal something about

ourselves and we always conceal something at the same time, not necessarily consciously or deliberatively but rather in spite of ourselves'. Emma seems to interpret that whilst the physical presence of the nurse is concealed, there is an emotional and psychosocial presence revealed to the parents that conveys compassion.

To summarise her teaching, Emma often plays music along with quotes from patients and their families as she thinks "*the songs not only conjure up feelings but have powerful messages for students...".* Emma's use of particular songs that are played along to certain quotes from parents could be considered as a rich literature source that invites the students to think about its relation and provoke deep reflexivity (Smythe and Spence, 2012). Gadamer's project of the aesthetic experience was to enable a sense of autonomy in the individual that liberates truth/ meaning that are subjective and particular (Grondin, 1995). According to Grondin (1995, p.7) when we are confronted with a work of art, (in this case the use of songs/quotes), 'something overcomes us, strikes us, makes us rethink, rediscover our experience, yet we cannot perfectly say what it is. Yet it was convincing, and much more so in fact than a mere truth statement that can be objectively verified and isolated'. The messages offered to the students through music/quotes may resonate with their own experiences and though they may not be able to fully describe or put into words, it serves as a powerful means of deepening their unique understanding of the phenomenon. 'For the fact that words are absent, it cannot be concluded that interpretation is absent' (Heidegger,1962).

Although Emma teaches compassion in particular sessions related to child's health, she thinks compassion should be threaded throughout the curriculum and in all fields

of nursing. She believes that the death of a child, a woman undergoing a mastectomy or the diagnosis of long term condition are significant events for the individual, all equally deserving of compassion. Regardless of the nature of the suffering, each of these events described by Emma, reveals a sense of loss or vulnerability that may trigger an emotional response in offering compassion. Nussbaum (1996) believes that emotions are an essential part of human rationality and serves as a moral compass in making reasoned judgements for offering compassion. Furthermore Nussbaum (1996, p.50) is of the opinion that 'public education at every level should cultivate the ability to imagine the sufferings of other people' that connects with empathy and compassion. Parallels can be made with Nussbaum's concept of developing compassion through education with Emma's belief that compassion should be threaded through the nursing curriculum and in all nursing fields.

However, Emma says that in particular modules and fields of nursing, it can be challenging facilitating compassion. Emma recalls a situation of being involved in a module in which she is part of the team responsible for offering support to 45 students in the child's health field. Emma says that she had to offer support through drop in sessions within 2 hours over 2 days and she found this challenging. Emma, increased the allocated time to 3 hours because she felt that the time given was not enough as the students were often anxious or had issues to talk about that needed more time. Emma's thrownness into the situation of doing a drop-in session over 2 hours does not appear to be a matter of choice but her solicitude for the students makes her question common practices. Emma takes responsibility for the way she chose to engage with the students and extended the time to 3 hours that reveals her

strive for authenticity in Being-with-students. Heidegger explicates *Dasein's* 'thrownness' as finding itself 'already engaged and orientated in ways over which it had no say' (Cerbone, 2008, p.61). Nevertheless, whilst we may find ourselves in predetermined situations, Heidegger believed that there is freedom to choose and not blindly fall into an everyday mode of existence that he likens to inauthenticity (Sherman, 2009). Emma gave each of her student 20 minutes but said that she got into trouble because other colleagues gave the adult field students less time due to larger numbers. She was told that '*it's not fair that the child students got different time from the adult students',* that Emma interpreted as uncompassionate.

Emma says this week there was another drop-in session created for 1.5 hours and she decided that she was going to stick to the rules. She recalls how 20 students dropped in and some were crying or had issues that required more time. Emma felt pressured as she had another meeting that she needed to get to at another site. She says '*I knew I was rushing them and they knew I was rushing them and I felt this is terrible, this isn't the way I wanted to do it, but I am doing it because that's the way I was told it had to be done, and they were like a conveyor belt'*. At the end of the allocated time, Emma says there was still 5 students waiting but she needed to leave to use public transport in order to get to her next meeting. Emma says "I couldn't have said '*Dry your eyes, listen I have to go…"* Emma goes above and beyond and ordered a taxi at her own expense as it gave her a little more time with the students that is interpreted as compassion. The call of conscience urges Emma to break away from a sense of fallenness and give the students more time even though she incurred a financial cost. The call of conscience is what Heidegger (1962, p.344:298)

means by ‘resoluteness’ as Dasein assumes self-responsibility and acts authentically in ‘Being-one’s self and ‘solicitous Being with Others’.

Emma says that ‘*sometimes the frameworks or the organisational ethos takes us away from showing that compassion’* and that ‘we should not be put into a situation where they’re outside our office crying and they are coming in and you’re saying *‘Right, out!’ and ‘Next!’.* There is an indication from Emma that the organisational culture can influence how of if compassion is facilitated. Gadamer (2004) postulates that our attitudes and prejudices are acquired through a socialisation process of Being-in-the world that is bound in historical traditions and culture (Smythe and Spence, 2012). Historical consciousness requires an awareness of our prejudices that informs our understanding and practices(Smythe and Spence, 2012). We may become socialised into routinised practices such as how and when students are supported in the university such as Emma’s description of the drop-in sessions and thus we may not consciously think about how we engage with them. Emma’s awareness of how she engages with students seems to be harvested from her past experiences. She tells of her GP who she is sure had 10 minutes slots but he always ran over. She says on her visits, he would say *‘Take your coat off’* and he hung it up on his coat rail. Emma describes the invitation to take her coat off as a non-verbal message; ‘I have time for you, that place out there is going crazy, but your coat is up there and you are sitting comfortably and I have got time.’ There is a sense of role-modelling by the GP that informs Emma’s authentic way of Being-with-students.

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