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Exploring compassion and compassionate behaviours in cancer care: A mixed methods study

Background

The necessity to develop and subsequently utilise caring and compassionate behaviour within the healthcare workforce is central to radiographers' professional practice [1] and is congruent with the core values of the NHS Constitution [2]. Compassion is a key recommendation of health legislation [3-6] following a number of high profile incidents in the UK where inadequate care and compassion reduced the quality of life of patients, with some instances resulting in death [7-9]. Patient experience is another important facet of UK Government policy [10-12] and compassionate behaviours may be regarded as synonymous with patient centred care [13, 14]. These legislations advocate both Higher Education Institutions (HEI) and the NHS should instil and develop core caring and compassionate skills in the health workforce. The policies themselves however fail to define compassion, how it should be displayed, nor do they testify how to develop compassionate skills or behaviours in health professionals [3-5, 10-13, 15, 16], providing little help or guidance for HEI's or clinical practice.

Dictionary definitions are in abundance [17-22], but these frequently include terms such as pity, empathy and sympathy, each of which have their own definitions creating confusion about its true meaning. To address this, the concept of compassion is commonly researched but the focus is upon identification of what health practitioners perceive compassion to be [23-25]. These however fail to validate if these are the behaviours which patients themselves perceive as compassionate or behaviours they wish to see in professionals that are caring for them. Resultantly no definition of compassion exists where its meaning has been considered and co-created, by both those who are delivering or receiving it. This leaves HEI's faced with the challenge of designing and delivering academic programmes with no underpinning framework on which to base their pedagogy.

Research Questions

From the perspectives of patients, students and clinical staff;

- 1. What do they understand compassion to be?
- 2. How do they believe compassionate behaviours are demonstrated?
- 3. How do they think compassion should be taught to pre-registration radiotherapy students?
- 4. How should the compassionate ability of students be assessed?

Outcomes

The study forms the research element of a PhD which will culminate in the publication of a thesis and a number of journal articles. The work will fill an essential gap in current knowledge by producing a co-created definition of compassion and a theoretical framework

which will enable the development of an evidenced based pedagogy aiding teaching of preregistration therapy radiographers, aiming to improve patient care and experience.

Method & Analysis

The research will follow an exploratory sequential mixed methods design (Figure 1)

Stage 1	Literature review
Stage 2	Pilot Focus Group: Qualitative Service users (n=5) Patients and carers of those diagnosed with cancer
Stage 3	Focus groups: Qualitative 3x FG with Therapy radiographers (n=24-36) 3x FG with student Therapy Radiograpgers (n=24-36) 3x FG with Patients and carers (24-36)
Stage 4	Questionnaire: Quantitative Based on stages 1-3.
Stage 5	Development of a theoretical model of compassion Based on stages 1-4
Stage 6	Address the pedagogical approach for Higher Education Institutions

Figure 1: Stages of research

Stage 1:

A concept analysis using Walker and Avant's [26] eight staged process will be utilised. The aim of which is to gain an understanding of the meaning of compassion within a healthcare context.

Stage 2:

A pilot focus group (FG) will explore service users* (SU) perspectives of the current definitions of compassion and will aim to understand what they perceive compassion to be and what behaviours are synonymous with compassion. The pilot will provide the opportunity to address the feasibility by providing a 'trial run' [27] and pre-testing of the FG method [28], allowing the researcher to identify possible problems and subsequent adaptations which may be required. These benefits are in addition to gaining preliminary data and also feedback from the SU about their experiences of being involved in this research method format.

* (patients and carers who have received a previous diagnosis of cancer)

Stage 3:

FG with therapy radiographers and patients and carers will be conducted at three UK NHS radiotherapy centres, one being undertaken at each centre with each group, whilst 3 FG with student therapy radiographers will be undertaken at Sheffield Hallam University (SHU). Arising findings around the concept of compassion will be built into a questionnaire (stage 4) and how participants perceive compassion should be taught in HEI's will contribute to stage 6.

Stage 4:

The findings of stages 1-3 will be collated to develop a questionnaire, aiming to survey a wider proportion of the population of cancer patients, families and carers, therapy radiographers and student therapy radiographers. Its primarily composition will be of Likert-scale quantitative questions, identifying how much participants agree or disagree with the statements related to each of the three research questions. Where appropriate, questions will be generated directly from statements made within the FG's allowing for the original findings to be represented and not diluted or amalgamated in the design process. The aim is to identify if the answers generated by the FG are generalizable to the wider population aiding the validation of findings from the FG. Open-ended questions will also be included, where participants can provide rationale/explanation for their choice of answer, thus providing qualitative data to enhance understanding and meaning of the motives/reasons behind their choice.

The questionnaire will provide further data which will support the author to answer the primary research questions.

Stage 5:

A theoretical model of compassion and compassionate behaviour will be constructed based on the findings of stages 1-4.

Stage 6:

Based on the findings of stages 3,4 & 5, stage 6 will begin to address in preparation for postdoctoral research the pedagogical approach to teaching compassion HEI'S should adopt to ensure they are producing graduates who meet workforce requirements.

Potential impact of the project:

A co-created definition and theoretical framework will provide 'real life' meaning to compassion, allowing NHS Trusts to interpret and implement health care legislation [3-6, 10-14] in to 'real world' practices.

A pedagogical approach will present Sheffield Hallam University with an opportunity to develop their curriculum to increase the likelihood of students exiting the Radiotherapy and Oncology programme with skills that will ensure good quality patient care; enhancing the care experienced by patients during their radiotherapy journey.

Furthermore, the pedagogy will be transferable to other Universities across the UK and AHPs thus contributing to a wider framework for curriculum delivery,

Increasing the compassion delivered by health professionals and subsequently that experienced by patients will aid the cultivation of patient centred care, reducing the

shortcomings experienced by patients undergoing care and treatment within the NHS. Subsequently the findings may also help to reduce the number of complaints about care and improve overall patient satisfaction scores.

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