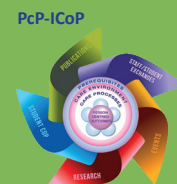


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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

A reflection of my experience of compassion and vulnerability in nursing

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Abstract

Background: There is acquiescence in the nursing profession that patient demand must be met and patient turnover accomplished within a minimal/rushed timeframe. The growing and complex healthcare needs of an ageing population mean moments of vulnerability and unhurried care provision are now often looked upon with disapproval and discomfort, when such moments should be celebrated for their altruism and humanness.

Aim and objective: The aim of this article is to share a critical reflection on compassion and vulnerability in nursing. An exploration of the influence and significance of vulnerability in the nursing profession will shed light on the experiences of a student nurse during clinical placements.

Conclusion: By allowing themselves to become vulnerable, contemporary nurses will be better able to establish a work ethic focused on delivering person-centred compassionate care and a high level of patient safety. This enables compassionate care to be offered despite the common emphasis on patient turnover, and suboptimal workplace cultures.

Implications for practice:

- Allowing vulnerability is important for nurses as it helps to ensure a true understanding of self, and facilitate personal courage in healthcare environments
- Vulnerability enables nurses to explore the essence of raw and undiluted nursing care that can be given to patients. It enhances our experiences with patients, families and colleagues, allowing a truly person-centred approach to practice
- When we look into ourselves first, we have a much greater sense of knowing what to give to others. By facing uncertainty, risk and emotional exposure, we can truly commit to our own reconstruction and consider how we are person-centred in the workplace

Keywords: Vulnerability, nursing profession, commitment, beliefs and values, responsibility, student nurse

Introduction

Understanding and delivering compassionate person-centred care is a priority for the healthcare profession and therefore an essential element of preparing student registered nurses for practice (Jack and Tetley, 2016). How compassionate care is actioned and identified in everyday practice can be unclear, as Dewar (2012) notes. Compassion has been identified as ‘more than seeing (sympathy) and acknowledging (empathy) suffering of others... it is an action to relieve suffering’ (Hofmeyer et al., 2018, p 308). It can therefore be distinguished from other concepts, such as technical skill, due to the active emotion that requires a meaningful response (van Lieshout et al., 2015; MacArthur et al., 2017). To develop compassion and engage compassionately is important for nurses so that understanding of others’ emotional wellbeing occurs during care delivery (Curtis, 2014). Capezuti et al. (2016) recognise that emotional impact is often associated with a sense of vulnerability, a feature of being fully human. This helps us to understand our need for others, to have relationships. Vulnerability, states Brown (2012), allows courage and meaning in our experiences; it is not a weakness, although individuals can perceive it as such. Capezuti et al. (2016, p 402) agrees, adding that vulnerability is a conduit to ‘greater empathy and compassion in our care’.

It is widely acknowledged in pre-registration nursing courses that understanding and applying compassionate care is fundamental to developing person-centred nurses (Adamson and Dewar, 2015; Hofmeyer et al., 2018). Indeed, it is a core element of nursing codes of practice and professional standards (National Health Service, 2016; Nursing and Midwifery Board of Australia, 2018). However, when student nurses enter the healthcare setting, they experience challenges that can obstruct their ability to provide compassionate care (Henderson and Jones, 2017), such as feeling vulnerable, being overwhelmed with processes and/or technology, or feeling inadequate (Kaldal et al., 2018). Adamson and Dewar (2015) discuss structured reflection and storytelling as a means of effectively enabling student nurses to appraise practice and challenges encountered. This allows them to make sense of their experiences, and to develop knowledge, confidence and strategies to provide person-centred compassionate care in their interactions and actions in practice.

This critical reflection is evidence of my student nurse learning in and from practice through the use of reflection and storytelling. This article will tell three brief stories of how I was challenged in the delivery of compassionate care and then evaluated the experience at a regional university in Australia during clinical placement. I chose to use Gibbs’ reflective model (1988) as the medium to share learning, with a description of the event and associated feelings, evaluation and analysis of the experience (underpinned by evidence), conclusions and personal learning.

Description

As part of my contemplation around the nature of compassionate care, I reflected on three instances in practice which, I believe, had an impact on my ability to perceive and provide care differently in the future. Although brief, they highlight learning around compassion and vulnerability in practice.

Story 1

The first instance was part of my experience of being a school nurse. In this part-time role outside of study, I quickly realised that the power of words and the kindness shown to children can be everlasting. One student that I had regularly provided care for recognised me in public outside of the school setting and addressed me. I was completely taken aback as I was unsure whether to respond to her approach. On reflection, I was amazed that her candid resolution to communicate to me with a simple ‘Hi, Miss’ was heartwarming to me.

Story 2

Recently, on an afternoon shift in my clinical placement on a neurosurgery ward, as I was helping a patient to get into bed, she asked me whether I was aware of a musical named *West Side Story*. I was impressed and told her that I did know it. After a brief conversation, we started singing together and she fell asleep.

Analysis

As nurses have developed new roles and assumed greater responsibilities over time, it is of importance to demonstrate the overall impact of a nurse's practice through its integral part in the healthcare system (Coster et al., 2018). Nursing is not entirely intrinsic, with person-centred care not entirely dependent on personal values (Sharp et al., 2018). The influence of workplace cultures and neoliberalist thinking must always be taken into consideration (Sharp et al., 2018) as these factors determine to a large extent how nurses engage in the practice environment. However, nurses (as individuals) have a responsibility to maintain and build on the credibility of the profession by challenging social constructs in the practice environment and highlighting ways to practice that are more congruent with their values (Sharp et al., 2018), and demonstrate authentic compassion (Su et al., 2019). Commitment to the profession calls for continuous improvement, with consistent effort to find ways of doing tasks differently (Price-Dowd, 2018). Nurses also need to be committed to themselves and to staying up to date with the most relevant and evidence-based practice (Price-Dowd, 2018). To me, such professional commitment is not about loving your job, it is about perseverance and continuing what you are passionate about even in the midst of adversity and pain. When this is present, compassion will be evident in all interactions with others – colleagues, patients and families.

In the subtext of this argument is a belief that we are witnessing a decline in nurses' commitment to their job (Atinga et al., 2014). Caricati et al. (2014) found in their research that commitment to the job in conjunction with work climate positively predicted nurses' level of job satisfaction. It is important that nurses have clarity about their own beliefs and values, and work in person-centred compassionate ways in order to build the resilience and the inner strength to dedicate themselves to the profession (Price-Dowd, 2018). In essence, nurses must uphold their own and colleagues' abilities and capacities instead of tearing each other down. To do this, we must be vulnerable.

Vulnerability enables an individual to maintain their humanity (Brown, 2012). In a healthcare environment characterised by high patient turnover and demand, it would seem that the vulnerability and compassion of nurses are being 'sucked out'. There is often a cultural perception within the clinical environment that any kind of vulnerability or openness is weak (Tomm-Bonde, 2012, p 2). However, I believe we need to allow more vulnerability. Tomm-Bonde (2012) argues that there is basic theoretical knowledge of the impact of vulnerability in nursing practice but that the necessary expansion and conceptualisation is lacking. It is known, the same author suggests, that becoming conscious of vulnerability in practice enables nursing to move beyond a role predominantly situated within hierarchical and institutionalised settings towards contributing to the wider arena of social, economic and political affairs. Nurses have political and economic influence through leadership, innovation and influence as professionals in caring (Burke, 2016; Thomas et al. 2016). Stories help to demonstrate these principles by enabling deeper understanding of issues and experiences, and linking theory to practice (Tevendale and Armstrong, 2015). I can see the value of this through my own shared stories. I see that, when approached from a position of vulnerability, the human side of care and interactions can be much more influential than is commonly perceived. The power of vulnerability in the provision of care is linked to the values of person-centred practice, impacting on the potential of nurses to influence patients' health, promoting gender equality and supporting economic growth (All-Party Parliamentary Group on Global Health, 2016). The impact of this experience has shown me that the care I provide in the future should be different – it should be person-centred and take into consideration perspectives that may have been forgotten, such as viewing patients as human rather than focusing on conditions to be treated.

When I consider each of the stories I have shared, they continually elicit a response that makes me aware of the fruitful outcomes of working in a compassionate way. Care does not only need to relate to a patient's condition, it can also just be humane and responsive to the person and their needs. My professional commitment as a nurse is about the constant reconditioning and reconstructing of myself. I want to be able to do better, be better and never settle for anything less. I want to evolve

continuously in order to be ‘that’ person – the person who is diligent in carrying out my job, who is authentic, who demonstrates vulnerability, who role models, who is the consummate professional. The moments from these circumstances convey instances where I was able to engage authentically; these encourage the development of interpersonal skills that I believe go beyond the necessary vocal exchanges we have as nurses.

Conclusion

From my reflections and learning through analysis, I now feel empowered to work through times of uncertainty and anxiety with the knowledge that one day I will be rewarded with beautiful moments such as those in my stories, although I recognise this cannot be taken for granted. These experiences will be of value to my future career as a registered nurse, as the importance of vulnerability enables healthcare workers to build essential therapeutic, compassionate relationships with patients. Exploring vulnerability and working on being vulnerable will, I believe, keep me grounded as I take risks, expose my true self and share feelings. I see how allowing vulnerability is important for nurses and nursing, helping to develop knowledge of self and facilitating personal courage to provide undiluted nursing care. Being vulnerable will enhance my experiences with patients, families and colleagues, thereby allowing a person-centred approach to my practice.

Action plan

Providing care with compassion is something that I will try to live by and achieve every day. While workplace cultures and high patient demand will bring their challenges, knowing that rewarding moments will surely come in the future will be a driving force through the hard days. Through the analysis of this experience, it has become evident to me that being open is a positive way of working. I am convinced that care is better provided when we wholeheartedly seek to assist and help another person in compassionate ways and I am inspired to continue to live my best for all those who need my help. Moving forward as a registered nurse, I will prioritise self-reflection so that I can have a greater sense of knowing what to give to others. By facing uncertainty, risk and emotional exposure, I intend to commit to my own reconstruction and thereby demonstrate person-centred practice.

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