

Research roundup: February 2018

In this section, a range of brief synopses of recently published articles that may be of interest to health visitors is presented. The aim of this roundup is to provide an overview, rather than a detailed summary, of the research papers selected. Should you wish to look at any of the papers in more detail, a full reference is provided.

Measuring compassion in health care

Despite compassionate care being seen as an essential feature of quality health care, there appears to be limited evidence in terms of how compassion or compassionate care is assessed, measured and improved. Set against a context where a lack of compassion is perceived as contributing to health care failures (Department of Health and Social Care, 2008; Francis, 2013; Willis, 2015), the importance of improving clinical practice, quality care and patient satisfaction remains high on the social care and political agenda. While research investigating how patients understand and experience compassion is emerging as a consortium of skills, there is nevertheless a recognition that much more research is required. Furthermore, the clinical measures of compassion that have been proposed lack any comprehensive reviews of their validity.

In recognition, the authors in this study offer a comprehensive and comparative review of current measurement instruments. Through a systematic review and synthesis of findings across multiple studies, 1300 articles were originally selected, of which 92 were considered potentially eligible. On reading the full text, nine studies that described seven instruments were eventually identified. Using Evaluating the Measurements of Patient Reported Outcomes (EMPRO) (Valderas et al, 2008), a validated standardised tool a comparative review was undertaken.

The findings highlight clearly that the availability of validated and

reliable instruments that measure compassion in health care is poor. A thorough analysis of each instrument is provided. Overall, instruments reviewed were often context specific and limited by the definition given to compassion, a complex relational construct that includes elements that are not easily measurable and vary according to both provider and recipient. The inherent challenge in compassion as a conceptual issue and of variable meaning across patient groups, health-care providers and practitioners was rarely addressed.

There was also no evidence of transferability across settings, with each instrument focusing on specific aspects deemed relevant to that area of practice. Including an item that related to alleviating suffering, a key element that delineates compassion

from the related construct—empathy—was also missing from all but one instrument.

What the paper does highlight is areas for future research and development, together with the conclusion that the current picture of instruments do not stand up to validity and rigour. Furthermore, current instruments are associated with significant limitations, and there remains an unmet need for a clinically relevant and psychometrically robust measure of compassion in health care. As a community practitioner, a particular drawback of the review was that any studies taking place in community settings or in healthy populations were excluded. The ability to nurture and develop innate capacity for compassion through education is vital in specialist community public



The ability to nurture and develop innate capacity for compassion through education is vital in specialist community public health nursing

ADOBE STOCK



A social justice approach to nursing is one that challenges inequalities, humanises health, is self-reflective and engages communities

health nursing. This is a further area that needs to be cultivated in terms of future research and innovation. **JHV**

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Sinclair S, Russell LB, Hack TF, Kondejewski J, Sawatzky R. Measuring compassion in healthcare: a comprehensive and critical review. *Patient* 2017;10(4):389-405

Effects of compassionate mind training

Compassionate mind therapy (CMT) uses mindfulness techniques to allow people to focus on the present experience rather than focusing on the past or future (Gilbert, 2013). CMT uses imagery techniques to bring compassion to the self to enable the person to cope with stressful life events and daily stressors. CMT has been shown in some studies to improve heart rate variability and oxytocin effectiveness in the body (Petrocchi, 2016).

This was the first randomised controlled trial to compare CMT techniques to a control group on

a waiting list. A total of 93 participants fulfilled the final sample as there was a 20.5% attrition rate from the initial sample. Around 90.3% of the sample were female and 78.5% were students, meaning the sample was not necessarily representative of a national demographic. There were also strict conditions for exclusion criteria of the sample, including major psychiatric conditions, menopause, use of oral contraceptives, pregnancy or childbirth in the last 6 months, cardiovascular disease and obesity. Participants were also rewarded with a £15 voucher for participating in the study.

Once randomised, participants were allocated the waiting list control group or the experimental group of CMT, which commenced with a 2-hour group introductory session. This involved explaining what CMT was, the value of compassion and emotional regulation. Participants then had audio files and a manual to undertake the various breathing, practice-focused facial expressions, compassionate imagery, mindfulness, practices to work with self-criticism and life difficulties over a 2-week period. Both groups were asked to complete a number of questionnaires

and had ECGs performed before and after the 2-week period.

CMT improved participants' relaxed mind affects, decreased self-criticism, improved self-kindness and increased the levels of compassion for themselves and for others. CMT also had a significant effect on time of depression and perceived stress in comparison to the control group and also improved heart rate variability when compared to the control group. The majority of participants in the experimental group found the CMT practices helpful.

There were many limitations of this study. First, this randomised controlled trial had a largely female and student sample and none of the participants had any significant psychiatric conditions. Second, the intervention time was short term and was only compared to a wait list control rather than any alternative intervention like mindfulness. However, CMT could provide a short-term cost-effective intervention in populations with high stress, high self-criticism or mild depression. Also, the findings in relation to heart rate variability suggest that CMT has a physiological effect along with a psychological effect on participants.

Future research is required to determine whether CMT is effective on more representative populations and if there are any benefits to providing CMT to people with psychiatric conditions. **JHV**

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LeBlanc RG. Digital storytelling in social justice nursing education. *Public Health Nursing* 2017;34:395-400

Digital storytelling in social justice nursing education

An understanding of social justice is important for specialist community public health nurses. Social justice

is defined as ‘justice in terms of the distribution of wealth, opportunities, and privileges within a society’ (Oxford English Dictionary, 2018).

A social justice approach to nursing is one that challenges inequalities, humanises health, is self-reflective and engages communities (Kagan et al, 2014: 23). This paper explores how the telling of digital stories can teach social justice concepts through listening, self-reflection, critical thinking and understanding.

Digital stories focusing on the theme of social justice were created by nurses; for example, one was about living and working conditions in a developing country.

Public health nursing students in the US were asked to write a reflection on the stories and participate in an online discussion. A retrospective qualitative analysis was carried out on the students’ reflections. Three main themes were identified, which highlighted the students’ emotional responses to the stories they had heard and included reflecting on their own position and questioning systems level influences on the social determinants of health.

The author concluded that digital stories offer an innovative medium to convey the importance of story and advance social justice narratives; however, further research is necessary to understand the processes and evaluate the educational impact.

There are several significant limitations to this study, notably that the data analysis was undertaken by a single researcher. Therefore, the identified themes were not validated externally. The researcher was also involved in teaching the course and students were the participants in the study, which has ethical implications and may have introduced bias.

However, the study has value as an exploration of this model of education and could be useful for those involved in the education of health visitors as it highlights an innovative way in which students can be encouraged to listen and reflect.

Practice teachers are skilled in supporting their students to learn from their experiences and this paper offers an opportunity to reflect on how concepts of social justice could be incorporated into these discussions. The opportunity for students to explore their emotional responses, make meaning and reflect on injustice and oppression in a

supported way could offer important learning opportunities. **JHV**

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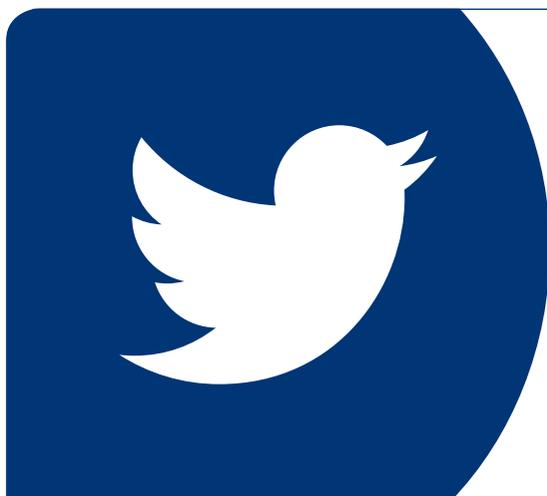
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