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Phil Strong Memorial Prize 2021 – Report

Discourses of Compassion from the Margins of Healthcare: The Perspectives and Experiences of Mental Health Nurses and Patients

Background

At the inception of this research, the concept of compassion in healthcare is situated amidst a complex background of political and healthcare reform. Healthcare policy in the United Kingdom (UK) has observed a decade of changes which have identified and focused on compassion as an indicator for 'quality' care experiences. Within the contemporary literature, compassion continues to be identified across various healthcare contexts, and while scholars have focussed on identifying compassion there is nothing to explain how compassion is understood by people with lived experience of mental health. Moreover, there is little empirical work that has attempted to explore the impact of policy reform on compassion in contemporary healthcare. This study sought to address these gaps by exploring how compassion is discursively constructed in relation to power, institutions, and social practices. Furthermore, the final stage of this research provides empirical evidence relating to how compassion is identified by mental health patients which has previously been limited to theoretical knowledge.

Aims & research objectives

The broad aim of this research is to explore the influence of the compassion discourses on the subjectification of nurses and the experiences of patients in the context of mental health.

Therefore, the research objectives are to investigate:

- The political influence on the development of compassion. Considering how compassion has been constructed in healthcare policy.
- The discursive construction of compassion as understood by nurses working in the practical setting of mental health. Explore how they configure themselves as compassionate practitioners, and how their perspectives of compassion might relate to the wider discourses.
- The construction of compassion from the perspective of mental health patients.

Methods

"Since all social practices entail meaning, and meanings shape and influence what we do - our conduct – all practices have a discursive element"

- Hall, 1992, p. 291

The aim of this study is to 'deconstruct how language and discourse shape how people think or feel, what they do, and the context within which these occur' (Willing, 2008). In this view, language is understood as a tool for generating meaning and representing the social world; an understanding that extends to include the construction of identity (Jørgensen & Phillips, 2002). Accordingly, a critical discourse method has been adopted to examine various dimensions of discourse at multiple social strata. Conducted over three stages, this research encompassed qualitative data arising from a document analysis (healthcare related political discourse on compassion); interviews with mental

health nurses (n=7); interviews with patients[1] (n=10) who have received/or were currently receiving mental health care. Willig's (2008) conceptual framework was used to undertake the analysis at stages two and three.

Progress

The research has previously undergone two rounds of internal examination at the University of Nottingham PhD annual review board with no correction. The final internal examination was conducted in May 2022. This was well received and again no corrections were requested from the internal examiner or the director for research. Having shared my research externally in Canada, I found I had the confidence to submit an entry to the Global 3MT® Competition through the faculty at the University of Nottingham. My thesis is almost complete, in terms of writing-up, and is due for submission on 30th September 2022.

Findings from preliminary analysis

The interviews with nurses and patients who have lived experience of mental health reveal a wealth of information relating to compassion in the context of mental health care and treatment. It was apparent that, when compassion was absent, this was felt to have damaging effects to patients' mental health and the wellbeing. The constructions presented here provide insight into the importance of providing compassion during interactions [HCP-patient], using a trauma-informed approach.

Patients reported inconsistencies in the enactment of compassion from individuals who work in mental health environments. This was reported by nurses, and perceived by patients, to be the result of various expectations, challenges, and demands on Healthcare Professionals. A variety of discourses were influential in relation to the positioning of people with lived experience of mental health conditions as mental health 'patients'. These were embedded within the system as a whole and felt to be perpetuated by individuals employed within that system. Patients reported systemic stigma, being discredited, and having their voices marginalised as a result of the way the current UK mental healthcare system is designed. For example, there were reports of being referred to as 'attention seeking' or 'nuisance' after requesting help from services that were difficult to access. Some reported being made to feel like faulty good and a 'problem to be fixed' as a result of a 'label' or particular 'diagnoses'. Participants felt that the medical model was still dominant in society but was not a useful lens to view them as people, and they wanted to be seen as more than a diagnosis. They wanted to be treated holistically, and in the context of their life. Participants' voices were felt to be discredited as a result of the way in which mental health professionals utilise assessment tools; at times if felt like healthcare professionals were attempting to understand the diagnostic tool rather than seek to understand the person.

Activities supported by the prize

Thanks to the prize fund I was able to offer participants, who were interviewed for the final stage of the study, a drink and something to eat during the interview. This meant that the interviews felt less formal which put people at ease. The interviews went well and generated a substantial amount of in-depth qualitative data. I am deeply grateful for the fund in facilitating this aspect of my research.

The funds also enabled me to travel to Calgary, in Canada, where I shared knowledge and understanding with leading researchers in the field who have been studying the concept of

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[1] The terms patient and service user are used interchangeably throughout the literature (Pugh, 1996). I have chosen to use patient in this document as this was how participants asked to be referred.

compassion for several years. I presented my research findings to the Compassion Lab, and to the Faculty of Nursing, at the University of Calgary. This experience was very affirming for me in that it helped me to appreciate the importance and significance of my work, which I had not fully realised beforehand. Being with members of the Compassion Lab in Calgary helped me to grow professionally and developed my confidence as I realised that although I was struggling to articulate some of my findings, so where those who I considered experts on the topic. This was extremely reassuring, and, in the process, I made some fantastic international connections which I do not doubt will bode well for my future career in academia.

References

Hall, S. (1992). The West and the Rest: Discourse and Power. p. 291.

Pugh, R. (1996). *Effective language in health and social work*. Singular.

Willig, C. (2008). Foucauldian discourse analysis. *Introducing qualitative research in psychology*, *2*, 112-131.