

RESEARCH CONNECTION

Exploring psychiatric nurses' experiences of self-compassion and compassion: A narrative inquiry

By Michelle Cleland, RPN, BScPN, MPN



Why this research is important

Compassion is an essential component of providing quality care; however, the concept of compassion and the influence of self-compassion on compassion are not clearly delineated in the field of psychiatric nursing. There has been considerable attention given to work-related stress and trauma and the subsequent effect on compassionate care. Still, this same attention has not yet been given to the experience of compassion. Compassion fatigue and burnout in nursing are issues that impact clients, nurses, and systems. Part of the social and practical justification for this research was the belief that by focusing on psychiatric nurses' experience of compassion and self-compassion within a challenging environment and role, there would be a possibility to develop a greater understanding of how

What you need to know

Psychiatric nursing is a relational process involving the therapeutic use of self and compassion. Self-compassion and compassion are concepts central to psychiatric nursing. The dominant narrative in relation to compassion in psychiatric nursing and nursing is that compassion is necessary, and at the same time, it is often discussed from a deficit perspective of compassion fatigue. This inquiry began with the belief that self-compassion and compassion are relational concepts that can only be known through one's experience.

compassion can be fostered and sustained and possibly influence the effects of work-related stress.

How the research was conducted

Narrative inquiry (in tradition of Clandinin and Connelly) was embraced to explore the research puzzle. The philosophical and practical alignment between narrative inquiry and psychiatric nursing was highlighted as an area for further exploration.

The three-dimensional inquiry space and directions of inquiry were utilized to unpack threads of experience and weave the threads to form a story in motion.

Purposive snowball sampling was used for recruitment, with an invitation letter sent out by email. Three participants promptly engaged. Informed consent was

obtained initially and continually revisited throughout the process. Collaborative and relational methods were used for the entirety of the project. The field portion of data collection and analysis took place over ten months. Each participant engaged in at least two research conversations (loosely structured, relational interviews) with me over Zoom, each lasting two hours. Contact was maintained via phone and email between the formal research conversations. Research conversations were transcribed and developed into narrative accounts for each conversation. All narrative accounts and summaries were provided to the participants, who then actively engaged in the development of the narrative of their experience. Threads between the participants' experiences were gathered and related to relevant literature.

What the researcher found

- Self-compassion and compassion are in a reciprocal relationship: (self-)compassion.
- (Self-)compassion can be learned, taught, practiced, unlearned, and relearned.
- Team dynamics have a strong influence on (self-)compassion.
- Boundaries are necessary for and inherent within (self-)compassion.
- (Self-)compassion can wax and wane: A continual process of trying and acceptance.
- Ongoing reflection through challenging experiences can support (self-)compassion.
- There is methodological and philosophical alignment between narrative inquiry and psychiatric nursing.

How this research can be used

This research can be part of shifting the theoretical narrative on compassion from a focus on *compassion fatigued* to *compassion sustained* nursing. With a better

understanding of the meaning, experience, and effects of self-compassion and compassion within psychiatric nursing, individuals and organizations can be informed of ways to support self-compassion for both the social and practical responsibilities of nursing.

About the researcher

Michelle Cleland is a registered psychiatric nurse and an assistant professor in the Department of Psychiatric Nursing at Brandon University. She is an alumna of Brandon University, having received both her undergrad and master's degree through Brandon University.

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Keywords

Self-compassion, compassion, experience, relationship, psychiatric nursing, reflection, boundaries, collaborative methods, vulnerability, team support, narrative inquiry

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