The concept of compassion within UK media-generated discourse: A corpus-informed analysis.

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THE CONCEPT OF COMPASSION WITHIN UK MEDIA GENERATED DISCOURSE: A CORPUS INFORMED ANALYSIS

ABSTRACT

Aim: To examine how the concept of compassion is socially constructed within UK discourse, in response to recommendations that aspiring nurses gain care experience prior to entering nurse education.

Background: Following a report of significant failings in care, the UK government proposed prior care experience for aspiring nurses as a strategy to enhance compassion amongst the profession. Media reporting of this proposal generated substantial online discussion, which formed the data for this research.

Methods: A corpus-informed discourse analysis of a combined 62626-word corpus of data. The data were composed of online responses that had been posted to comments threads, in response to media reporting of the UK government's proposal that nurses gain up to a year prior care experience before entering nursing. Data was analysed using Laurence Anthony software *'AntCon'*, a free corpus analysis toolkit.

Results: Findings identified that compassion was frequently described in various ways as a natural characteristic attribute. A pattern of language also referred to compassion as something that was not able to be taught, but could be developed through the repetition of behaviours observed in practice learning. In the context of compassion, the word-type 'nurse' was used positively.

Conclusion: This paper adds to important debates highlighting how compassion is constructed and defined in the context of nursing. Compassion is constructed as both an individual, personal trait and a professional behaviour to be learnt. Educational design could include effective interpersonal skills training, which may help enhance and develop compassion from within the nursing profession. Likewise, ways of thinking, behaving and communicating should also be addressed by established practitioners in order to maintain compassionate interactions between professionals as well as nurse-patient relationships. Future research should focus on how compassionate practice is defined by both health professionals and patients.

Keywords: Attitudes, Beliefs, Compassion, Care, Discourse, Experiences, Nursing, Nurse Education, Organisational Behaviour

INTRODUCTION

The past decade has observed reports of major failings in care which have been the focus of media attention particularly, the case of Mid Staffordshire NHS Foundation Trust in the United Kingdom (UK). A full public inquiry by Sir Robert Francis (2013), highlighted catastrophic failings in care, in which patients were humiliated, neglected and died. Published findings showed how major failings in the quality and safety of patient care went undetected and uncorrected (2013), leading to growing international concern surrounding levels of compassion in healthcare (Sinclair, Norris, McConnell, 2016).

Following the recommendations made by Francis' report, the UK government suggested that prior care experience be a requirement for those wishing to enter nursing, therefore, enabling the values and behaviours of care and compassion to be tested (HEE, 2013) prior to joining nursing. Although, Snowden, Stenhouse, Young, (2015) believe that there are more factors to consider to the provision of

compassionate care than prior care experience alone. The concept of a minimum requirement of up to one-year prior experience, for those wishing to join nursing, attracted media interest in the UK and prompted a debate on the topic. The discourse which was generated from this debate, articulated in readers' comments that were posted online, gave rise to the current research with a focus on how compassion in nursing is socially constructed through language. The theoretical framework that has been employed here justifies the value of exploring the concept of compassion through naturally occurring discursive practices. This study contributes to an ongoing debate regarding the individual, cognitive aspects of compassion and how our interactions within practice and education may shape the construction and knowledge of compassionate practice.

BACKGROUND

There is a need to define how compassion in healthcare is formulated and constructed through language since the relevance of compassion as being 'a core component' of 'quality' nursing care world-wide is well documented (Department of Health [DoH], 2012; Flynn and Mercer, 2013; NMC, 2015; Sinclair, Norris, McConnell, 2016). Healthcare definitions refer to compassion in terms of 'how' care is given, through relationships based on empathy, respect and dignity. It is also described as 'intelligent kindness' and 'central to how people perceive their care' (DoH, 2012, p.13). Nevertheless, Sinclair, Norris, McConnell (2016) argue that there remains a limited understanding of what compassion actually means in the context of healthcare, with a lack of coherency noted across the literature (Ledoux, 2015) in how compassion is defined. Despite compassion being so frequently referenced across a wide range of literature, many definitions are used interchangeably and there is a distinct lack of empirical research in this area (Sinclair et. al., 2016). This is important if any sort of meaningful evaluation of professional practice is to take place, in terms of the 'quality' of care provision and the ongoing assessment of student clinicians in placement.

Traynor (2013) noted that aspiring nurses are motivated to start training courses for purely altruistic reasons and that compassionate qualities are already existent prior to beginning nurse education courses. Contemporary research also suggests that compassion, as a concept, is believed to be aligned with qualities embodied within "the character of the health care provider" (Sinclair et. al., 2016, p.195) and displayed through their demeanour. Sinclair et. al., (2016) found specific behaviours associated with compassion were linked to interpersonal communication skills, such as, active listening skills and a dialogue consistent with this. Such relational aspects of compassion are thought to be instilled through interpersonal skills training and compassionate practices, cultivated via clinical mentors in practice (Dewar, 2013; Plante & Halman, 2016). Nurses themselves have stressed the importance of having a compassionate mentor as a role model of compassionate care (Murphy et al. 2009). On the other hand, nurses also feel that compassionate behaviour should be addressed within the nursing school curricula (Van der Cingel, 2014).

Tensions within the nursing workforce have been found to exist as a result of changes to the way in which nurses are now being educated to degree level. A resistance towards graduate nurses is evident across clinical practice (Cleary & Horsfall, 2010; Shanta, & Eliason, 2014), which has led to anti-intellectualist attitudes across nursing generally (Stacey et al, 2015). Although significant evidence has demonstrated the positive impact of graduate level nurses on patient outcomes (Aiken, Sloane, Bruyneel, 2014), news media commentaries have not accurately conveyed the range of knowledge, skills and accountability required of the graduate nurse in a contemporary healthcare services. Media reporting of the case of Mid Staffordshire led to an increasingly negative commentary about the nursing profession, which indicated that the academic development of nursing had 'removed compassion' from the role (Hayter, 2013; Willis, 2013). Thus, definitions of compassion in the context of nursing have been influenced by negative media portrayal, which, originates from, and is maintained within, socially constructed discourses. Furthermore, existing attitudes in practice could affect the way in which caring

practices are transmitted and carried through practice. Likewise, individuals are already entering higher education with established ways of thinking and behaving, which may or may not be conducive to compassionate practice.

Brand (2016) stressed the development of interpersonal relationships as an important factor in the development of positive working interactions. How knowledge and practice is evaluated by aspiring nurses is influenced by clinical assessors, yet, there is currently no selection criteria or recognition for clinical assessors (Brand, 2016). Given that all nurses in the UK are expected to teach student nurses, this has implications for ensuring that behaviours consistent with compassionate practice are demonstrated by those already in the profession, to those wishing to join it. This raises broad questions pertinent to nursing as a profession, in terms of education and regulation, for example, which hold resonance beyond the context of UK nursing (Hayter, 2013). Increasingly, nurses are being held accountable for delivering 'compassionate care' (Cummings & Bennett 2012; NMC, 2015). However, nurses and other care-giving professionals do not give care in isolation but within the context of the organisational environment, which has often been overlooked (Crawford, 2011; Cornwell, 2012) and blame for the lack of compassionate care associated directly with the individual (Smith, 2013).

With compassion considered as an internationally recognised component of nursing practice and an expected professional ideal, it is important to consider how aspirant and student nurses might be educated in practice (Bray, O'Brien, Kirton, 2014; Goodrich & Cornwell, 2008; Richardson, Percy, Hughes, 2015). A body of literature has also considered the socialisation influence and relationships with established practitioners in practice learning as an important factor in the professional development of student nurses (Cleary & Horsfall, 2010; Felblinger, 2008; Shanta, & Eliason, 2014; Stacey, Pollock, Crawford, 2015). Crawford, Brown, Kvangarsness (2014), emphasise the importance of addressing compassion through the education of nurses and emphasise the need to allow student nurses to consider the organisational design structures, which may facilitate compassionate environments in practice. Schein (2010) maintains that improvements to care relate more to the values and behaviours, or culture, in which members interact. The organisational design and practical constraints are cited in nursing literature as presenting a challenge to the delivery of compassionate care (Brown, Crawford, Gilbert, 2014). The conflicting demands on nurses to spend quality time with their patients and do more and more, with less time and resources, is making it increasingly difficult to deliver compassionate care (Brown, et. al, 2014). Although compassionate care is an ideal of many nurses on entering the profession (Traynor, 2013), many factors appear to prevent them from accomplishing these ideals. Nurses often find themselves disillusioned with the role and many choose to leave the professional as a result (Nolte, Downing, Temane, 2017).

It is thought that the existing ideologies of established practitioners has the potential to shape the ideologies of those new to the profession. Ideologies, or systems of ideas, and how they are organised in the minds of people can be exposed through their interactions with discourse and the social world. Therefore, how compassion in nursing is constructed through the use of language can be exposed through the analysis of discourse, as this study has done.

Theoretical basis for the study

This inquiry has drawn predominantly from Van Dijk (1995 & 2006) theories surrounding discursive practices, in which texts are important social practices that contribute to the composition of the social world. Through participation in, and exposure to discourse, ideologies can be influenced and exposed through the use of language in the social world (Van Dijk, 1997; Angermuller, Maingueneau, Wodak, 2014). Stubbs (1996) also states that words are chosen by the writer and constructed in the social world based on the writer's personal comprehension of the topic. Therefore, the choice of words used by each individual person is an expression of their underlying ideologies being exposed to and constructed within the social world. Ideologies are thought to be embedded within and can be disseminated through discourse, influencing the individual mental representations of a society's members, which in turn

influences their actions (Van Dijk, 2009). These mental representations are what Van Dijk (1997) refers to as "social cognition" (p. 27). Values, beliefs and norms are, at any given time, discursively constructed (in the social world) between the position of society and the cognitive representations and processes underlying the discourse (Angermuller, Maingueneau, Wodak, 2014). For Van Dijk, knowledge, attitudes and ideologies (values/belief systems) are represented through discourse. Hence, ideologies are organised in the minds of people and are embedded within and can be disseminated through interaction with discourse (Van Dijk, 1995; 2006). Therefore, by using naturally occurring language, as this study has done, ideologies can be exposed which would otherwise stay hidden.

STUDY AIM

The aim of this study was to explore how compassion is described and constructed within UK discourse, in response to the recommendation that aspiring nurses gain care experience as a prerequisite to entering nurse education.

METHODS

Design

A corpus-informed discourse analysis.

Sample

The current study used a convenience sample from a national non-tabloid newspaper online and two popular online nursing peer reviewed journals. These sources were selected because they provided a forum for discussion of the topic which yielded a large amount of commentary following publication of the government proposals. Data were extracted from the sites in the form of readers' comments, in response to media reporting of UK Government recommendations to make prior healthcare experience a compulsory prerequisite to study nursing. The demographic profile of the national non-tabloid newspaper readers is split between genders and age groups (Taylor, 2017). Readers are described as being progressive, affluent individuals who are well connected. 64% of readers are in employment and 19% are students (Elliott, 2017). The remaining online nursing peer reviewed journals are intended for informed healthcare professionals, however, are also accessible by the general public. It is likely that the combined sample does contain contribution from healthcare professionals. Although, those who work with corpus, generally agree that a corpus is a sample of language and is representative of the variety of language within a given population (Leech, 1991). Therefore, as Biber (2012) (Cited in Tognini-Bonelli, 2001) argues, statements from the analysis will be largely applicable to a wider sample.

The Data

The researchers analysed the content of a 62626-word combined corpus of online readers' responses to media reporting of the UK government's proposal that nurses gain up to a year prior care experience before entering nursing. Permission was granted from each separate source. The use of the data was confirmed to lie within the Open Licencing Terms and Conditions. Credit is given to Guardian News and Media Ltd as the copyright owner of one of the sources of data. This took place in April 2015.

Corpora as data

Corpus based studies are becoming increasingly popular, particularly in health research (Adolphs, Brown, Cater, 2004). They generally involve the interrogation of large sets of data or 'corpora' of language to be analysed. The technique itself applies both qualitative and quantitative approaches to the analysis of language. The use of a corpus-informed discourse analysis permits the drawbacks associated with pure qualitative/quantitative work to be overcome. For example, large amounts of qualitative data can be analysed quickly with corpora, whereas pure qualitative methods are often limited to small data

sets. As a consequence, the findings of a solely qualitative approach will not be representative of a wide field of language (Stubbs, 1997). Conversely, purely quantitative studies may be able to make generalisations based on much larger data sets, yet, are often devoid of context specific language use and so are insufficient for providing situational explanations for language use (Skelton and Hobbs, 1999; Baker, 2006).

An essential criterion for working with corpora is the use of authentic genuine discourse (Tognini-Bonelli, 2001). The use of corpora to interpret language in this study was used with the intention of detecting patterns within naturally occurring language amongst the interactions of people going about their everyday business, whilst commenting on a topical debate. Importantly, how the relationships between word-types manifest in natural language use can be identified using concordancing software programmes (McEnery and Wilson. Cited in Baker, 2010). The researchers followed an inductive analytical approach, similar to that described by Braun and Clarke (2006), without attempting to fit the data into "a pre-existing coding frame, or the researcher's analytic preconceptions" (p.13).

Keywords, frequency, collocation and concordance analyses

The study employed Laurence Anthony software 'AntCon' (Anthony, 2011), a free corpus analysis toolkit. This was used, first to retrieve frequent keywords that appeared across the data. A frequency list was created for all lexical word-types across the corpus, which enabled the researchers to gauge the nature of the text (Sinclair, 1992) and as a focal point for further analysis (Baker, 2001). Keywords can be described as words that occur in the context being studied, more frequently, in comparison to words used in general language. Therefore, the keywords being found frequently in this study reveal the 'aboutness' of the context of the text (Baker, 2006) and provide a picture of the salient themes within the text that justifies further exploration. Here, the researchers were concerned with topics which related to the context of the study. The second stage of the analysis used 'AntCon' to obtain shortened lists of linguistic data (concordance lines) for researcher analysis. Concordance lines were computed using 'AntCon' and to analyse the context in which frequent word-types were placed in the corpus. This allowed any word-types relevant to the context of the study to be viewed. Words which were collocated close to keywords, evident on concordance lines were also interpreted within the context of the study. Immersion with the data was used throughout the analysis to help the researchers construct interpretations of the general findings. This involved engaging with the data and reflecting on the use of language and the structure of the language, whilst drawing on and extending the 'ideological' theory being used - specific findings, in terms of the language used, were interpreted by the researchers. Specific categories of frequent word-types, as derived from the initial frequency list, as well as contextual word-types which were relevant to the study were scrutinised more closely during immersion. The use of a computer assisted software programme enabled patterns of language to be illuminated, which may not have been initially obvious, perhaps due to spelling errors or typos in data (Patton, 2001).

The corpus contained spelling errors, no corrections were made and the responses were analysed exactly as they were extracted from the sites.

Reliability and validity

Consideration is given to the author's stance and experience of the topic under examination, which is relevant to this research (Parker, 2016). The authors recognised themselves as insiders and as active participants with the phenomena under investigation as a result of their shared membership of the group under discussion and personal engagement with the data. This perspective is viewed as valuable to the interpretive process (Patton, 2001). The use of a large quantity of naturally occurring data and a frequency-based model limits bias and excludes the possibility of relying solely on human intuition (Bod, 1995). Obtaining an initial frequency of word-types within the data permitted a quantitative focal point for the researchers (Baker, 2006). Also, within the wider context of social science research, a

corpus-driven approach offers high external validity and reliability as the use of a computer analytical tool ensures that the same decision is being made on each occurrence that each linguistic feature is encountered (Biber, 2012). The use of naturally occurring data is a highly valid source since it represents the use of language in real life (Rolfe, 2006).

Ethical considerations

Advice was sought from the Faculty Medical Research Ethics Committee of the host University. A letter seeking permission to use the data, was sent to each individual source.

Editors of the sources confirmed that the use of the data fell within open license terms and conditions. Since it would have been impractical to attempt to contact each individual who posted on each website the responses were extracted without the readers' informed consent. However, the authors followed King's (2011) ethical guidelines for researching using the internet:

- All of the comments used were publicly accessible online
- All headers and signatures were removed
- All references within the citation to any person's name or pseudo name were removed
- No specific reference to the location of each comment (listed in the findings section of this study) has been made
- The original data was stored in a safe manner and made available should further validation be required

RESULTS & DISCUSSION

The findings and discussion, presented together, have been discussed in relation to the theories of Van Dijk (1997), in which he asserts that shared representations arise because members of a society share them through participation in, and exposure to, discourse.

The findings of this study are shown in the form of a frequency list and concordance lines. Findings shown are also the result of a collocation analysis and researcher immersion, as described previously. Findings are discussed relative to the theoretical framework used and according to the context of this study i.e. compassion, care, nurses.

Findings of a collocation analysis, or sequences of words/terms that co-occur alongside other words were extracted, in the context of the word-type nursing. The word-type 'nursing' to be collocated with 'care' a number of 30 times in total (f=30) across the corpus. The collocation analysis and additional researcher immersion highlighted patterns of language use within the corpus. All lines that were relevant to the context of the study and contained word-types related to the focus of the study can be seen in figures two-four. No corrections were made to any spelling errors, responses are exactly as they were extrapolated from the sites.

Frequency and keywords

The corpus contained 4025 different word-types in total. Grammatical or 'functional' words i.e. 'a', 'the', 'and', were of the highest frequency group of words found in the corpus. Lexical words made up the remainder of the total corpus. The first lexical word-type was ¨nurse¨ (shown in line 1, table 1). Lexical Variants of each lexical word-type, or lexical lemmas were extracted from the corpus and are listed in table 1.

'Nurse' ranked 11th in the total frequency table of lexical and non-lexical word types and was used 718 times across the corpus (f=718). The total frequency all lexical lemmas, or all word-types with the root-

word of 'nurse' were used a total of 1379 times across the corpus (f=1379). The word-type 'compassion' was used a total number of 127 times across the corpus (f=127)

Lexical Word	Lexical Lemmas	Total Frequency of all lexical words and their lemmas
Nurse	Nurses (370), Nursing (291)	1379
Care	Cared (5), Carer (2), Cares (1)	383
Patient	Patients (196)	358
Train	Trained (77), Training (211), Trainee (8), Trainees (2)	322
Study	Studying (6), Studied, (3), Studies (2), Student (122), Students (88)	240
Ward	Wards (84)	186
Hospital	Hospitals (49), Hospitalised (1)	162
Degree	Degrees (22)	135
Compassion	Compassionate (33), Compassionless (2)	127
Experience	Experienced (17), Experiences (5)	120
Profession	Professional (32), Professionals (11), Professionalised (1), Professionalism (1), Professionally (1)	109
Education	Educated (12), Educator (3), Educating (1), Educations (1), Educationally (1)	54
Academic	Academically (4), Academia (2), Academics (1)	41

Table 1. Lexical word-types and lexical lemmas (variants) within in the corpus (62626-word corpus)

Concordance and collocation

Compassion is described and constructed as being both an inherent attribute, and something which could be nurtured/developed through practice and experience.

In the context of compassion, 10 concordance lines contained words or terms relating to individual dispositional factors for example ¨innate", ¨comes naturally¨, separate from being skilled ¨or their skills¨, ¨blessed with¨ and ´type of person¨ (figure 1). This supports research by Sinclair et. al., (2016), which states that compassion is subjectively perceived as belonging to an individual's demeanour and an embodiment of their character. Compassion is already evident within individuals, prior to starting nurse education (Traynor, 2013).

A second pattern of language described compassion as something that cannot be taught through instruction. These lines contained explicit phrases in terms of not being able to teach compassion and two concordance lines revealed an opinion that compassion is not a level that can be measured.

A third pattern of language contained words or terms related to the ´development´ of compassion as something that can be gained through ´practice´ as a matter of ´habit´. Thus, indicating that by repeating behaviours, compassionate practice could be performed even if it is not an inherent quality existent in the person.

> "You **can't teach** compassion, you are either the **type of person** that can walk past a suffering person or not"
> "You **can't teach me to care,** after all if we could teach compassion"
> "The idea that you can teach compassion is nonsense. You can't teach people what is essentially an **innate** skill"
> "working lives then compassion **comes naturally**. It's no surprise that nurses at these failing hospitals"
> "It's unlikely that working for a year as a HCA will **instill** compassion that not **already there**"
> "they are not **blessed with** compassion"
> "A good dose of hands on experience and compassion **development**"
> "To enable them to **develop** compassion"
> "people are capable of compassion and empathy to some degree. Whether or not we do so is a matter of **habit** as much as ability."
> "**I don't think compassion can be taught either**, but it could be enough to get **someone who doesn't have** compassion out"
> "If trained nurses have lost the **culture** of compassion then perhaps this measure could be a good thing"
> "Compassion and academic ability are not mutually exclusive"
> "To a defined standard (with compassion) **and the skills** and competencies required"
> "Compassion is **not a level that can be measured**"
> "It's silly to say that nurses lack compassion **as if it is something that can be measured**"
> "The problem which is NOT nurses, their compassion levels **or their skills**"
> "How demoralisation, stress and overwork can be detrimental to a **compassionate spirit**"
> "The **practice of** compassion therefore affects the one engaging in the practising
> "the system are what knocks that **compassion** and enthusiasm out of professionals"
> "the move as essential to ensuring the nursing profession rediscovers the **values of compassionate**"
> "Compassion and academic ability are not mutually exclusive"
> ¨To imply that compassion is missing is a gross insult"

Figure 1. Concordance lines for "compassion" and "compassionate."

Nurses have been described as a compassionate group, challenging suggestions that compassion is diminishing from the role. Nursing in the 21st Century is recognised as a diverse role with a high level of academic knowledge required to cope with the demands of technological advances and advanced practice in healthcare. This is reflected through the social construction of language in which nurses have been positively evaluated, in the context of compassion.

> "The last few decades have seen the nursing profession **leap forward**"
> "Nursing is a **rapidly evolving** profession at the **forefront** of patient care"
> "Nursing has **evolved**, and unfortunately some people just aren't able to meet the new demands"
> "Far **more technical** job than the nursing of the past"
> "is a nurse in an ICU and has **a stunningly responsible job**¨
> "Nursing is often seen through romantic eyes but the **harsh reality of the job** is that it is **extremely difficult**"
> "nurses have to make **excruciating decisions** relating to care"
> "I **believe** that good nurses do an essential and very difficult job"

Figure 2. Concordance lines for "nursing" and "nurse."

Patterns of language were highlighted relating to the quantification of positive qualities, in the context of compassion which challenge anti-intellectualist views that infer compassion has been removed from the role e.g. 'nurses were all compassionate', 'few' nurses lack compassion, 'bad nursing care is a minority'. Nurses were being described as compassionate, hardworking and dedicated. Concordance

lines show terms salient to the nursing profession as being a difficult and advancing role (figure 2.) i.e. 'Rapidly evolving', 'evolving' and 'more technical' and line four "Far more technical job than the nursing of the past".

> "A **minority** of nurses are found to lack compassion"
> "Deal with the **individual** nurses who lack compassion"
> "**99%** of nurses are compassionate and want to help people"
> "There are always a **few** bad apples but on the whole nurses are not all happy with what is going on"
> "the vast **majority** of nurses work very hard and are very well intended"
> "Nurses were **all** compassionate"
> "The **vast majority** of nurses and student nurses are exceptionally compassionate"
> "There are bad nurses, bad students, bad any professionals, but the vast **majority** are good and compassionate"
> "Hard work and dedication which the **vast number** of nurses put into the system"
> "There is obviously very bad nursing care going on but it is a **minority**"

Figure 3. Patterns resulting from immersion

Comments such as '*a minority of nurses are found to lack compassion*', '*there are always a few bad apples*' and '*individual nurses who lack compassion*' (figure 3.) were few. Minimal negative comments across the corpus, relating to nurses and compassion, indicates that nurses are generally viewed as compassionate. This challenges media claims that have suggested nursing is no longer a compassionate profession. Negative nurse-patient interactions could be a consequence of poor behaviours experienced in practice, such as colleagues lacking compassion towards each other (Brand, 2016; Cleary & Horsfall, 2010; Felblinger, 2008; Randle, 2003; Shanta, & Eliason, 2014). Exposure to negative ideologies could induce or shape similar attitudes, therefore, the environment in which aspiring/student nurses are socialised via their practice placements is important as they are being exposed to pre-existing ideologies. Individuals are accountable for the regulation of their own behaviours which cannot be denied, however, the minority of individuals described in this study as lacking compassion may be a result of poor organisational structures (Crawford et. al., 2014).

If compassion is to be maintained within and transmitted through practice, a number of factors need to be considered, both prior to, and whilst undertaking nurse education. Allowing pre-registration nurses to consider how organisational structures are designed and how these might influence cultural practices may help facilitate thinking around how to respond compassionately as an individual in practice (Crawford et. al., 2014). Likewise, approaching the topic of organisational culture and the impact of this on individual professional practice during nurse education, can help student nurses to make informed choices about where they are employed in the future. In addition, the educational value of this can also be viewed as helping individual practitioners to maintain their own compassionate values and behaviours (Traynor, 2013) whilst being exposed to a range of clinical environments during their education.

Limitations of the study

The findings of this study are limited by the fact that the social world is continually evolving and changing. The data used in the study only provides a snapshot of the social context at the time the responses were posted online. However, using electronic text to analyse language is easy to repeat and verify (Rolfe, 2006). Also, using electronic text allowed the researchers to analyse a much larger body of data that would have been possible using a straightforward thematic analysis, thereby increasing the breadth of analysis.

The size of the combined corpus used was a total of 62626 words. Using a larger corpus ensures that there are enough repetitions of lexical terms to allow for any patterns to be much more easily derived.

A much larger corpus may have also provided a more representative body of language. However, the use of a smaller corpus are cited across the literature as having more homogeneity across the text, are easily designed and freely available to researchers and students (Swales, 2006; Adolphs, 2006; Baker, 2006).

No comparison corpus was used to compare the frequent word-types against their regular use in language. For example, The British National Corpus may have been suitable for this purpose. This "100 million-word collection of samples of written and spoken language" (University of Oxford, 2015) may have proven useful regarding *'keyness'* - a way in which any unusual word-types can be exposed.

The authors do not claim to generalise beyond the sample used, rather the authors wish to add to the discussion and debate surrounding compassion in healthcare. Although, it is arguable that the statements derived can be applicable to a larger sample and to language as a whole (Biber, 1994).

It is also important to note that two out of the three websites used were professional sites. However, the main source of comments were extracted from a website, accessible in the public domain. Although whether individual comments that were used from this publicly accessible site were people from healthcare communities or the general public is not known. The responses extrapolated from each source are believed to constitute a UK narrative. However, this research and its findings are transferable to an international audience, as insights surrounding the issue of compassion in nursing and healthcare more broadly, and how it might be fostered, are of contemporary international relevance and concern (Sinclair, Norris, McConnell, 2016; Flynn and Mercer, 2013; Hayter, 2013).

CONCLUSIONS

This study has shown that compassion is constructed as both an individual, personal trait and a professional behaviour to be learnt. The idea that nurses can be taught compassion is a controversial one, yet, this study has shown that compassion is being constructed through language as believed to be embodied within the clinician as well as a being a skill that could be learnt. Therefore, in terms of developing compassionate nursing practitioners, equal weight should be given to both developing compassion as a skill conveyed through educational training environments and developed as a professional behaviour in practice placements. If behaviours, which are consistent with compassionate practices are repeatedly modelled by established clinical practitioners and educators, this may precipitate similar tendencies to act in the same way for beginning practitioners.

The culture of the organisation and the habits of established practitioners working within the organisation are important factors to consider when placing student nurses, or when providing prior care experience. If prior care experiences are undertaken in an environment where cynical attitudes exist aspiring nurses may develop similar views.

The maintenance of compassion in practice may be dependent on encouraging compassionate professional relationships and developing effective interpersonal skills may be key to nurturing compassion from within the nursing profession. Training providers are in a strong position to provide a forum for establishing positive interpersonal skills (Crawford, et. al., 2014) and/or developing materials with which to teach aspects of compassion during patient interactions (Richardson et. al., 2015) throughout the life cycle of student nurses' education. However, ways of thinking and behaving must be addressed by training providers, not just for aspirant nurses but for those already in the profession and across disciplines, which may help to establish layers of compassionate practices between professionals and across the nurse, clinician/patient relationship.

Findings have provided information which gives a platform for future research surrounding workforce planning, including the skill mix and resources required to deliver high quality care which is described as compassionate. Further research is recommended with a view to understanding what behaviours are

described and defined as being associated with compassionate caring practices, from those receiving care.

Relevance to clinical practice

In order to maintain nursing as an attractive profession to join, it is important that nurses are viewed as compassionate. This paper demonstrates that nurses are generally described as a compassionate group which, holds implications for professional morale, associated with the continued retention and recruitment of the future workforce. This paper highlights the impact that studying discourse has to understand more about the way in which people think about compassion, in the context of nursing. The authors stress the importance of exposure to existing ideologies within the practice placement, the prior care experience environment as well as the educational and organisational design. These are crucial factors to consider, in terms of their influences on the expression of compassion in practice.

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IMPACT STATEMENT

What does this paper contribute to the wider global clinical community?

- This study has provided a clearer understanding of how compassion is being described and constructed through the use of language in the context of nursing, and provides a platform to inform future research regarding the cultivation of specific behaviours attributed to compassionate practice.
- This study has offered further evidence to contribute to debates regarding how compassion in nursing is described in language and re-constructed by language users.
- It is acknowledged that the influence of the clinical environment on developing the ability to express and maintain compassion in practice is significant. It is suggested that clinical learning and assessment models should acknowledge this potential and consider ways of ensuring environments, and relationships are nurturing, in order to role model the attributes of compassionate practice.