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Research Article

# Patient and Carer Involvement in the Radiotherapy Curriculum: The Impact on Students' Professional Development

Denyse Hodgson, MSc, PgCE, BSc Hons, DCRT*

*Department of Allied Health Professions, Faculty of Health and Well Being, Sheffield Hallam University, Sheffield, United Kingdom*

## ABSTRACT

**Aim:** The purpose of this study was to explore the ways in which therapeutic radiography students learned from patients' and carers' experience of cancer and its treatment and understand how this contributed to their professional development. A secondary outcome was to use this insight to further develop the curriculum.

**Methods:** A phenomenographical approach was chosen that used in-depth interviewing. Eighteen participants consented to take part, and their interviews were transcribed verbatim. Attride-Stirling's thematic network analysis was used as the interpretive framework.

**Results:** Three global themes were identified: emotional recognition, emotion labour, and professional presentation. Facilitated interaction in the classroom with patients and carers was seen as a catalyst for learning. This stimulated higher-level thinking that prompted students to challenge their values and beliefs about "care" and seek ways to improve emotional capability.

**Conclusions:** Explicit patient and carer involvement provokes dialogue about the emotional consequences of working in an oncology setting and encourages students to be patient centred. Curriculum enhancements must focus on developing care and compassionate behaviours while supporting professional development and self-care strategies.

*Keywords:* Radiotherapy; curriculum; patients and carers; learning

## RESUMÈ

**But :** Cette étude vise à explorer ce que les étudiants en radiographie thérapeutique apprennent de l'expérience du cancer et de son traitement vécue par les patients et les soignants et à comprendre comment cela contribue à leur développement professionnel. Un résultat secondaire consistait à utiliser ces connaissances pour poursuivre le développement du curriculum.

**Méthodologie et matériel :** Une approche phénoménographique a été choisie, faisant appel à des entrevues approfondies. Dix-huit personnes ont accepté d'y participer et les entrevues ont été transcrites in extenso. L'analyse des réseaux thématiques d'Attride-Stirling a été retenue comme cadre d'interprétation.

**Constats :** Trois thèmes généraux ont été recensés: la reconnaissance émotionnelle, travail émotionnel et présentation professionnelle. Les interactions dirigées en classe avec les patients et les soignants ont été perçues comme un catalyseur pour l'apprentissage, stimulant une réflexion de plus haut niveau qui incite les étudiants à remettre en question leurs valeurs leurs croyances sur les « soins » et à trouver des façons d'améliorer leur capacité émotionnelle.

**Conclusion :** Un engagement explicite du patient et du soignant provoque un dialogue sur les conséquences émotionnelles du travail en oncologie et encourage les étudiants à se concentrer sur le patient. Les améliorations au curriculum doivent mettre l'accent sur le développement de comportements de soins compatissants tout en soutenant le perfectionnement professionnel et les stratégies de soin de soi.

## Introduction

It is argued that there are deficiencies across heath care curricula, specifically the ways in which students are supported in their interaction with patients and carers [1]. *Carer* is a term used to identify a person who is significant to a patient's experience such as a partner, spouse, friend, or family member. In addition, there are poor mechanisms to facilitate students' tacit development and an overemphasis on the technical domain in some courses [2]. Recently, health educators have been criticised about courses that lack explicit references to patient care, dignity, respect, and communication [3]. The highly publicized *Francis Report* [4] focused on the failings of a particular UK hospital in terms of patient care. It highlighted the absence of fundamental practices such as

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* Corresponding author: Denyse Hodgson, MSc, PgCE, BSc Hons, DCRT, Sheffield Hallam University, Department of Allied Health Professions, Faculty of Health and Well Being, Robert Winston Building, Sheffield S10 2BP, UK.

E-mail address: d.a.hodgson@shu.ac.uk

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displaying dignity and respect toward patients, and it recommended that there should be more focus on caring values in nursing and medical training. This report served as a ''wake-up call'' for many organizations involved in care, and subsequent health and education policy has sought to ensure better standards of care.

Education that involves patients and carers has been an increasing feature of health programs [5] informed by policy and detailed guidelines [6, 7]. As students face the emotional challenge of working in the cancer care environment, it is suggested that the patient and carer experience could shape their professional development. The effect on learning from interaction with the patient and carer experience is in the affective domain [5], which can influence professional values and behaviours [8]. Thus, a number of activities were introduced to the radiotherapy and oncology curriculum at Sheffield Hallam University that focused on sharing the patient and carer experience.

In a post-Francis era, where the emphasis in health and social care training is on developing caring and compassionate professionals, it is imperative that we have evidence to support both the development and expansion of involvement practices. Therefore, the aim of this study was to explore students' learning from the patient and carer experience to understand better how this could contribute to their development and influence the curriculum.

## Background

There is recognition of the emotional nature of cancer care, and, as a consequence, strategies for effective communication by health professionals have been identified that focus on accepted behaviours such as genuineness, attentive listening, and empathy [9]. Furthermore, notions of connection and ''being known'' are regarded as essential attributes of a caring professional [10]. However, it is apparent that in an oncology setting the student equally experiences emotional dissonance, and the ways in which emotional learning is facilitated is varied across curricula. The ''tacit nature'' of emotional learning presents curriculum planners with the dilemma of how to make this explicit in health professional courses [11]. The ability to interact with patients and carers on an emotional level and manage the internal conflicts is identified in the literature on emotional labour [8, 12–14]. Emotional work is regarded as an important aspect of health professionals' practice, and the development of emotional intelligence is desirable [1]. Furthermore, the idea that emotional learning has a number of layers or levels to aid development is proposed by Dilts and DeLozier [15]. Their framework represents ''levels'' of cognition taken from the work of Gregory Bateson and his concern with the process of thinking. They identify experience as the fundamental basis of learning and a ''trigger'' for cognitive processes that may promote higher-level understanding. Their framework proposes that learning from experience at a lower level changes thinking about learning at a higher level. This suggests that emotional interaction provides a basis for experiential learning and recognizes that it is grounded in the feelings experienced by the individual, and further learning occurs through resultant cognitive processes.

### *Ethical Approval*

A primary ethical issue in this study was confidentiality, and participants were assured of this in the information provided and the consent form. Anonymity has been ensured through the use of fictitious names and short extracts in the article that are nonidentifiable. The potential that the interview may provoke distress in participants was addressed by having a clear support process. Ethical approval was granted by the university ethics panel.

## Materials and Methods

The methodology that provided the framework for this study was phenomenography, an approach commonly used in educational research to explore how students learn about a phenomenon. As a research framework, it uses qualitative and quantitative methods and is used to inform curriculum developments [16–18]. In this study, students were exposed to three pedagogical activities involving patients and carers: communication workshops, role playing on sensitive issues, and small group workshops with patients and carers who had a range of cancer diagnoses. After this, year 2 students were invited to take part in the study. Information about the study was circulated to 35 students via e-mail, and those who volunteered to take part gave informed consent. The individual in-depth interview method was used to identify both collective and individual experiences of the learning phenomenon, and based on a co-constructionist perspective [19]. Participants were encouraged to share their learning through interpretive accounts of their interactions with patients and carers [20].

Eighteen students consented and were subsequently interviewed individually. It may be assumed that those who took part had a more positive view of the curriculum activities than those who did not. This is a common criticism in qualitative studies, but there was a range of opinions and experiences expressed by participants that indicated varying perspectives. To counterbalance further critique of practice-based research and ensure transparency, I engaged in reflexivity [21]. As a novice researcher, this became an important feature of the process as I critically reflected on all aspects of the study including the potential for researcher bias, the methodological stance, and interpretation. Thus, the findings are presented as an in-depth and honest account of participants' views grounded in their interpretations of learning.

An interview map was developed that consisted of broad research questions about learning such as (1) ''What have you learned?'' (2) ''How is this different from lectures?'' and (3) ''How have you applied this to practice?'' The primary questions were shared in written format too, whereas some

secondary questions and prompts were developed that were not, so as not to lead the interview. These included prompts such as "How has your communication with patients changed?" As issues emerged in the early interviews, the following questions were added to the map as tertiary topics to explore: (1) "What do you mean by care?" (2) "How would you describe being professional?" and (3) "What do you mean by rapport?" Each interview was audio recorded and transcribed verbatim. The profile of interviewees compared with the cohort was representative with an age range of 20–44 years including eight men and 10 women.

*Data Analysis*

This began with immersion in the data by listening to the tapes, reading the transcripts, and revisiting them a number of times. Transcripts were coded line by line and categories identified using a four-step method suggested by Green et al [22]. Coding was stored electronically, and an iterative process allowed the emergence of new categories to be checked against all the transcripts. As an aid, a codebook was developed that identified when a code should be applied to the text (or not). Systematic field notes recorded ideas after each interview and were crucial to revising codes and early interpretations of the data. Data were stored as individual coded interviews and also as collective texts under categories that facilitated thematic analysis. The first three transcripts were coded by two independent researchers as a means of enhancing credibility. This process refined the coding and influenced the final categories. As a researcher investigating familiar practice, I had taken for granted the emotional experience of interacting with patients and carers; this process highlighted its dominance in the data and the importance of this to the interpretation. Attride-Stirling's thematic network analysis was a useful framework to further organize the data and interpret the findings [23]. For each category, the related issues were identified, producing basic themes informed through further reading around theoretical concepts. In total, 36 basic themes emerged and were then grouped under eight organizational themes. The organizational themes were grouped around global themes to produce the three main themes in the interpretation (Table 1). Characteristic of this process was the construction of a complex arrangement of themes to capture the essence of meaning and identify the key metaphors in the data. This systematic approach to data analysis allowed key quotes from participants to be retrieved and used to illustrate the theme and ensure the credibility of interpretation.

## Results

The results are presented as three global themes with some explanation of the characteristics of each. Key theories are drawn on to aid in their illustration and show how these relate to professional development. Curriculum planning will be explored further in the discussion. The three themes of emotional recognition, emotional labour, and professional presentation were seen as distinct aspects of emotional learning characterized by the participants' recognition of the patients and carers' emotional experience of cancer. As a consequence, their own uncomfortable feelings were emphasized. Therefore, as aspiring therapeutic radiographers, they recognized that reconciliation of those feelings was important.

*Emotional Recognition*

This global theme represented the impact of the classroom activities as an opportunity for deeper conversation that emphasized the emotions experienced by patients and carers. Students placed value on the human contact with patients and carers as a mechanism for gaining a deeper understanding of the cancer experience. Their attempt to make sense of their learning was a result of reflecting on the classroom sessions and subsequent clinical experience, and was readily articulated by the participants as contributing to their overall learning. A changing epistemological position was seen in some participants, with a shift from formal disease-related knowledge to affective "feeling"-based knowledge, and recognition that patient and carer experience could be an influential learning opportunity.

> "It's not just something you're reading, it's not a slide show; I think that's a really powerful tool for learning. This is a person that's had this condition that I'm learning about and I can see how that affected him." (Sam)

Making sense of their own learning also featured ways in which they could improve the experience of patients and carers in the clinical setting. This prompted students to reflect on how they had actively changed their practice.

> "I understood she was frightened and so I talked slower, changed my tone, tried to be reassuring and included her husband when giving information." (John)

A key learning for students appeared to be that they saw what it was that patients wanted from interactions, and this caused them to question previously held beliefs and values. As Rees [8] found in her work, a changing ontological position is seen in students through their reflections on emotional work. The opportunity to reflect on the classroom activities promoted deeper reflection on everyday interactions;

Table 1
Emergent Themes

| Global Themes | Organizational Themes | Number of Basic Themes |
|---|---|---|
| Emotional recognition | • Making sense of learning<br>• Praxis of interacting with human experiences<br>• Principles of engaging with human experiences | 13 |
| Emotional labour | • Emotional experience of patients and carers<br>• Reconciling own emotions | 11 |
| Professional presentation | • Introspection<br>• Self-development<br>• Professional identity | 12 |

therefore, participants explored and considered the praxis of interacting with human experience. Participants' accounts featured their use of communication skills and important attributes to develop.

> "… making sure that you're doing it genuinely. Genuineness is part of showing that you're interested. I think you can fake it, but I think it's really obvious if you do, people can see." (Angela)

They described the core conditions of genuineness, empathy and positive regard, as presented in Rogers' work [9]. There was a conceptualization of what it meant to "be with" a patient and what that felt like for the participants. The ability of students to conceptualize the praxis of engaging with the human experience prompted them to explore and develop a discourse focusing on the principles of effective interaction. This centred on the relationship and the view that one should establish some sort of connection or rapport.

> "Building rapport is really important, it's not something I thought of much to start with …" (Karen)

Thorne et al [10] identified how patients desire "human connection" and place importance on "being known" by the health professional. Connection was regarded as mutually beneficial, and the majority of participants gave accounts of how this developed into a relationship over the course of treatment. Participants saw the potential to develop a connection and provide the "care" that they perceived should be an expectation in the radiotherapy setting.

### *Emotional Labour*

This theme was characterized by the expression of emotional dissonance as habitual responses to difficult situations. This discord almost universally provoked a desire to reconcile those uncomfortable feelings. Emotional labour as featured in this theme was linked to a desire to facilitate comfort for patients and carers. Participants stated that a key aspect of this learning was an enhanced awareness of the difference in patients' and carers' emotional response to a cancer diagnosis.

> "The thing that stands out the most was the mother and son; two different perspectives about what was going on." (Karen)

There were many accounts of emotional situations participants had witnessed in practice, which in turn prompted a conscious awareness of their own emotional struggle and triggering varying degrees of discomfort. One is included here.

> "He was a young man, I'd never seen that treatment technique and was just focused on that. We were all set and went to leave the room. I turned round and there was just this figure sat on the bed, I could cry now thinking about it, and he just looked so ill and so vulnerable. I thought "oh my God, what are we doing?" I was upset at myself for thinking about the technical and I did lose sight that there was a patient there … the enormity of what we were about to do to him hit me." (Jilly)

Although it was agreed by the majority of participants in this study that the act of comforting a distressed patient was necessary, how it should be done was debated. Participants' personal approach in life to uncomfortable situations seemed to determine their preferred approach, while they also recognized that there was a professional boundary.

> "I don't know what I'd say really, you don't want to say too much, but you don't want to say nothing. I feel a bit apprehensive about what to say … obviously you don't want to make people feel worse." (Sasha)

> "If it was family you'd be really touchy feely, you'd give them a hug, that's not appropriate with patients so it's about being caring." (Jess)

> "I don't think I'm a very emotional person, I try and distance myself from it because I've gone through people with cancer in my family so I've already done the emotional side of it." (Carl)

Participants talked about how they managed emotion, and a number of them spoke of achieving "balance." Brigitte said, "I suppose it's about balancing distancing and compassionate behaviours."

### *Professional Presentation*

This theme represented the reflective processes necessary to facilitate development and typically the ways in which participants became emotionally more adept in their professional role. Another study [8] reported similar stories from participants as they reflected on how emotional situations might have an impact on their development as a professional. The belief that the classroom was a safe place that enabled risk taking in a supportive environment and facilitated their development was articulated:

> "Being able to talk to real patients away from the treatment hall has been good and helped me build my confidence." (Karen)

For one student, it had been a "reality check."

> "Afterwards I reflected on that session; it was the first time the gravity of the course and the path I was starting on really hit home." (David)

Another aspect of their development over time was the ability to cope with emotion, and it appeared that the act of reflection allowed them, to some extent, to consciously manage those feelings and think about developing coping strategies.

> "I am much better at this now. I'm able to chat with patients and … yes I can cope with it. You have to manage it professionally." (Vishnu)

There was discordance around displaying emotion and their experience of managing this within a professional

framework. The idea that one should strive to achieve balance and act in a professional manner was regarded differently by participants.

> "When the patient is sad I think you can show a bit of emotion if you think that's what they need." (Malcolm)

> "It's … unprofessional for us to be upset." (Karen)

A sense of professional identity emerged, identifying a range of tensions in professional practice. It was evident that participants saw a potential conflict between the scientific and caring aspects of the role, but the "ideal" professional presentation would be an effective combination of skills. The notion of developing purposeful care and compassion synonymous with the profession may be a reflection of what the ideal should be and participants appeared to favour the professional identity as a "caring role." For most of the participants, their choice of a career in therapeutic radiography was based on their perceptions that this would be a caring role, and for many the duality of caring and technical was a motivator. However, perceptions were at times incongruent with their experience in practice, and they identified conflicts between the technical and humanistic aspects of radiotherapy.

> "That doesn't match what we are taught at university. It's not just about the technical stuff there is the holistic care of the patient … sometimes the two don't marry up." (Brigitte)

Participants agreed that emotional regulation was a key aspect of professional development, and the presentation of a professional and caring persona was central to achieving this.

## Discussion

Each of the global themes will now be discussed and related to potential curriculum developments. The most striking aspect of participants' accounts was the underlying emotional thread that connected the three key themes that originated in the "raw emotions" experienced through interaction (Figure 1). The resultant cognitive processes that involve reflexivity, further experience, and the ability to challenge personal behaviours appeared to facilitate a deeper understanding of emotion. However, it was apparent that some students found it easier to engage in emotional dialogue than others, and this difference has influenced the curriculum developments to reflect individual needs.

The findings suggest that interaction with patients and carers can facilitate a heightened awareness of the emotional consequences of cancer and may identify what it is that patients and carers want from health professionals. Students' recognition of patients and carers as an important source of knowledge is similarly discussed by Pawson et al [24] in their typology of knowledge construction for professional practice. Although learning is a personal act that characterizes the uniqueness of experience, there was a general consensus on what good "care" comprises. This could be further developed because the identification of useful communication strategies

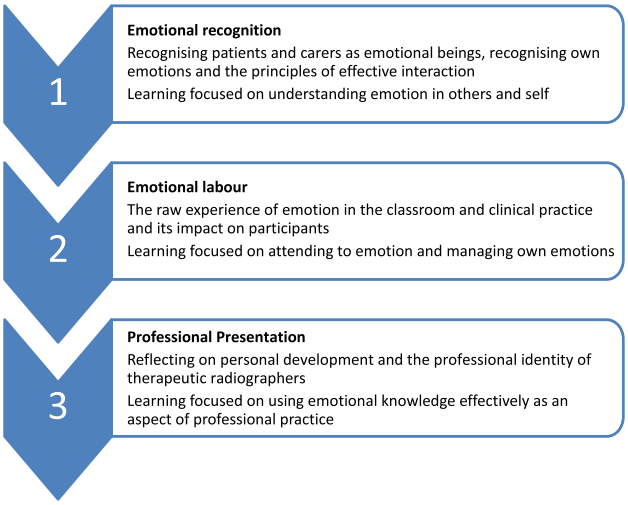


Figure 1. Emotional learning represented in each of the three thematic networks.

can be co-constructed by students with patients and carers to produce meaningful practices [19].

The findings clearly identify that emotional work is an expectation for therapeutic radiographers. Students experienced this differently depending on their coping mechanisms and viewed this as an essential part of their development. It was also recognized that this is unique to the individual. To address this in the curriculum, we need to share a range of helpful strategies for emotional management with students, and, as part of their development, they must become adept in selecting appropriate approaches in emotional situations.

Their accounts as explicit descriptions of emotion perhaps engendered what the title "therapeutic" meant to these students in their practice. Their view of the caring aspect of their role uncovered both conflict and empowerment as they identified professional values. A professional identity was articulated that acknowledged professional conflicts and valued compassionate behaviours [2]. As such, emotional learning may be regarded as a characteristic of professional development. Reflexive thinking as hermeneutic activity has the potential to foster personal and professional transformation in varying degrees. Arguably, this impacts on their potential for compassion and provides insight into the ways the curriculum can be developed to enhance emotional learning.

Emotional learning encompasses recognition, labour, and the synthesis of these emotions, which influence professional presentation. Professional development is then seen as a process triggered by interaction as presented by Dilts and DeLozier [15]. To better understand the mechanism for emotional learning, their framework has been used to explain how this occurs (Table 2). The first level of learning (environment) is represented by the experience of patient and carer emotion, with responses as spontaneous behaviours. Learning at the next level can be seen as developing emotional capability through the selection and adaptation of behaviours to deal

Table 2
Levels of Learning Adapted from Dilts and DeLozier [16]

| Level | Characteristic | Learning |
|---|---|---|
| High | Spiritual | A sense of purpose and belonging to something "deeper"—"connectedness" |
| ↑ | Identity | Role conflict: caring versus technical—subscribing to "caring profession" |
| ↑ | Beliefs and values | Challenge previously held beliefs and develop notions of care and compassion values |
| ↑ | Capabilities | Developing strategies to deal with emotion in self and others in practice |
| ↑ | Behaviours | Automatic response to those emotions vary between individuals |
| Low | Environment | Experience of patients' and carers' emotions |

with a wider set of situations. At the next level of learning, evaluation focuses on making judgements that may ultimately influence personal values and beliefs [8]. At this intermediate level of learning, individuals engage in evaluation that could influence their thinking about emotional interactions. At the next level of learning, participants explore identity and the attributes they believe characterize the profession. Dilts and DeLozier [15] describe identity as a collective concept with the organization of values, capabilities, and behaviours into a single system. This suggests that to develop as a professional, engagement in cognitive processes that move through the levels is necessary. Indicative of this perceived journey of learning is the ability to be reflexive, recognize personal struggles and growth, and develop the skill to challenge assumptions in self and others.

Spiritual learning [15] may be seen at the highest level as "a sense of being part of something which connects all things together" (p 866). Perhaps, in terms of professional identity, this is concerned with belonging to a collective. It is arguably the cognitive processes that facilitate a "connection" between all stages of professional learning that show the potential for individual development. However, one cannot assume all students would achieve this highest level of understanding, and there are some distinctions that require clarification. Firstly, it could be argued that higher-level learning promotes a shared sense of meaning of the professional role, and although conflict will always exist, it may be assumed that higher-level thinking may help mediate tensions. The second effect is through the professional discourse and aspirations to project the ideal professional face to patients, carers, and colleagues. Both can positively promote the care values associated with professional practice [25]. A further consequence of this level of thinking is how it engenders a questioning approach to practice and instills confidence in the individual to challenge behaviours and beliefs that are not congruent with those identified professional values. By developing these characteristics, one may argue that there is the potential to aid further development of individuals and promote learning to the highest level. The question of whether an individual has the potential to reach this highest level would arguably depend on their emotional intelligence [26] and their ability to question their practice and critique the professional discourse.

### *Limitations*

The small sample size represented 50% of the cohort, and it is acknowledged that those that volunteered to take part perhaps were more interested in this aspect of the curriculum. Therefore, it is difficult to claim generalizability, but what the study provides is an in-depth understanding of the ways that students learn from interactions with patients and carers. Furthermore, the data provide valuable evidence that can inform curriculum developments. To further enhance credibility, member checking could have been used, but because of the timescale of the study, this was not undertaken. My potential power over the participants as a tutor was acknowledged, and, as a reflexive researcher, I used active listening, empathy, and curiosity to show I valued their perspectives. Although data collection was essentially coconstructed, I endeavoured to represent participants' interpretation of their learning, not mine.

### *Curriculum Enhancements*

The secondary aim of this study was to identify how the curriculum could be enhanced to support students' development. Earlier assumptions were that this would focus on the development of patient care skills and further involvement activities. However, as a result of the findings, it has become evident that concepts of professional values and self-care strategies warrant equal attention in the curriculum. The following discussion explains the resulting curriculum enhancements. This is categorized as improvements that focus on caring for others and those that focus on self-care as summarized in Table 3.

### *Caring for Others*

To further encourage the development of caring skills, a reflexive activity will be introduced to facilitate deeper learning [27]. This approach can support caring strategies while identifying aspects that individuals find particularly challenging. Basic communication skill workshops are currently delivered in the first year of the program, but the plan will be to introduce feedback from patients and carers directly to students. Students will be encouraged to use learned strategies in the clinical setting and gain further feedback from staff and patients about their caring skills. Although compassionate care is an expectation in health care [3], students often have limited conceptualization of what this entails, so an addition to the curriculum will focus on therapeutic relationships and compassion in health care. Emotional situations are often challenging to the students, and recent developments incorporated "managing difficult scenarios" in year 3 of the program.

Table 3
Curriculum Enhancements to Facilitate Emotional Learning

| Care for others | Curriculum Activities | Self-care | Curriculum Activities |
|---|---|---|---|
| Increased awareness of patient and carer experience | Incorporating patient and carer experience in each module to enhance content<br>Reflexive activity that focuses on emotional awareness [27] to promote higher-level thinking [16] | Self-awareness and emotional intelligence | Self-appraisal of previous experience at the beginning of the course<br>Self-assessment of emotional intelligence [28] and identify development needs |
| Improved communication skills | Communication skills workshops with patients and carers<br>Role play with patient and carer feedback on skills | Reflecting on situations in practice | Clinical debrief after placement—group work to reflect on different experiences and responses to emotional interactions [29] |
| Compassionate behaviours | Exploration of therapeutic relationships [30] and compassion [3, 5] | Achieving balance | Explore distancing and compassionate behaviours [9]; discuss burnout [31] |
| Managing difficult situations | Group work—working with emotional scenarios and responding to difficult questions (listening, picking up cues, responding [10]) | Resilience and coping strategies | Identify personal coping strategies; explore self-help techniques [32]<br>Group support as part of clinical debrief*<br>Tutor support (tutor resilience training) |
| Making a difference | "Making a pledge" to improve patient and carer experience [33]<br>Evaluating the impact of the pledge in practice and own development | Professionalism—values and conflicts | Workshop on professionalism: therapeutic radiography; explore values and conflicts and identify strategies for management |

Feedback indicated that this should be delivered earlier in the program to better prepare them for clinical placement.

*Self-care*

The study has shown the importance of supporting students to develop self-care strategies that would enable them to become resilient while empowering them to be compassionate to others [28]. Exposing students to notions of self-care may not only improve their resilience but, as a consequence, may also improve retention to the course. An addition to the curriculum has been the "clinical debrief" sessions with facilitated group discussion and peer support around emotional dissonance and coping mechanisms. In the past, students who have struggled with emotional situations sought advice and support from clinical tutors or local staff, but what this consisted of has been variable. This has also highlighted a need for staff training so that they, in turn, may better support students to effectively work with emotion in their professional practice. Although a range of strategies for coping with emotion can be shared with students, we plan to identify individual needs and develop a structure to support emotional learning. Furthermore, a number of developments are planned that include self-appraisal and exploration of professional and care values to help students create a sense of professional identity. It is hoped that these activities can provide a basis for continuing development throughout the course and better prepare students for the challenges they face in the oncology setting [28].

## Conclusion

The results show, along with continuing course evaluation, that students value the opportunity to effectively engage with patients and carers away from the clinical setting and regard this as important learning. Through interaction and subsequent reflection, this can facilitate understanding of patients' and carers' needs and present an opportunity to explore their own feelings. Involvement activities augmented by reflexive processes have the potential to identify professional care values, develop strategies for dealing with emotive situations, and support cognitive processes that facilitate higher-level thinking. It is argued that as part of professional development this can improve caring capabilities and promote patient-centred practice. The findings of this study are readily transferable to other institutions and professional groups because all have a responsibility to improve patient care. Further research that explores the impact of emotional learning directly on patient care using observational methods is indicated.

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implement some curriculum developments, and the value they have placed on involvement activities has been positive.

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