



P R O U D T O B E M O R E

An exploration of how student mental health nurses
are socialised in compassionate mental health nursing
practice: A constructivist inquiry.

Dr. Jo Sharpe

Background:

- Negative publicity over the past decade surrounding a perceived lack of compassion in nursing (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013; Barron, Deery and Sloan, 2017; Bond et al, 2018).
- ‘The Francis Report’ (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013)
- Patients Association (2011).
- Lack of compassion in nursing recognised on a national scale.
- Suggestions that degree level education was a root cause of the failure of nurses to demonstrate compassion (Patient Association, 2011; NHS Future Forum, 2012).

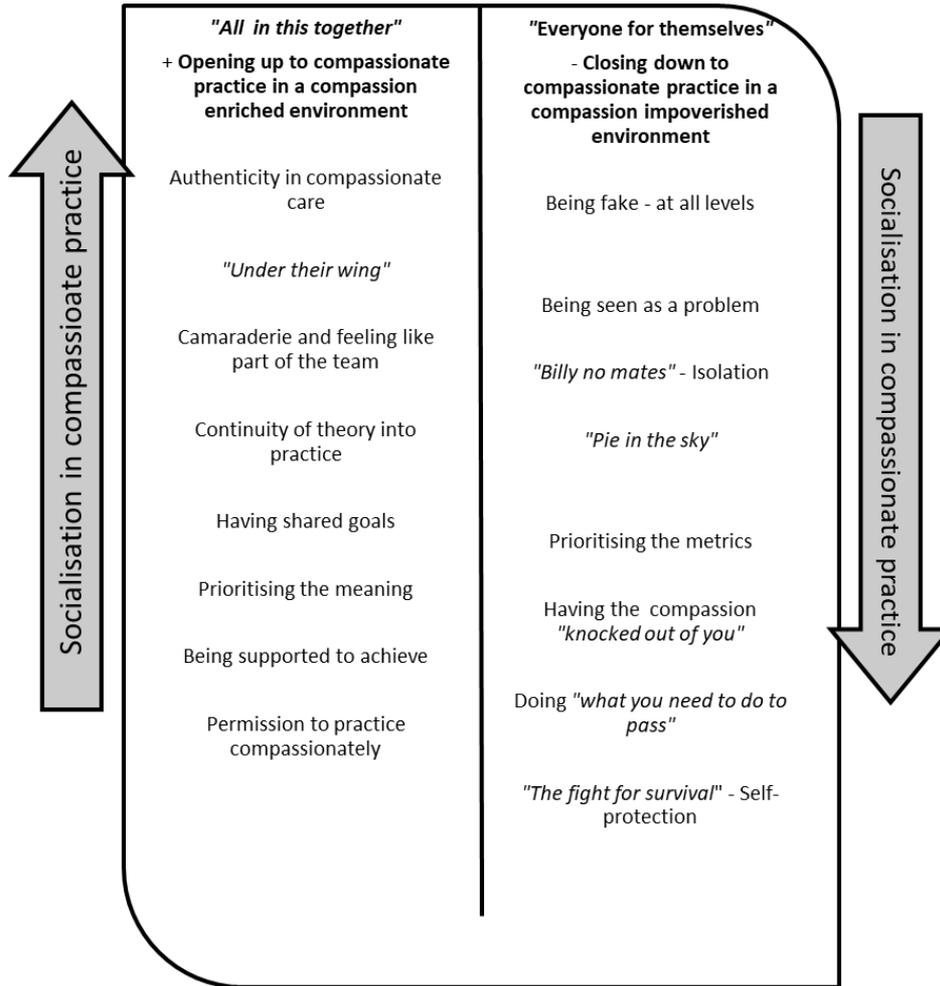
- Royal College of Nursing (RCN) commissioned 'The Willis commission report' (RCN, 2012), with the aim of identifying the essential features required of nurse education to ensure that nursing graduates were equipped to provide high quality, compassionate nursing care.
- No significant shortcomings were identified in nurse education. Rather, it was suggested that graduate nurses were in fact key in supporting improvements in the provision of compassionate nursing care (RCN, 2012; Aitkin et al, 2014).
- The Willis report (RCN, 2012) held a generic view of nurse education. Other research on student socialisation in compassionate practice was conducted with adult field of practice students (Curtis, 2015).
- Argued there are differences in the experiences of mental health and adult nursing students. Differences in systemic challenges, and physical, psychological and emotional demands suggest that factors underpinning socialisation in compassionate mental health nursing are potentially unique to each field of practice.

Research questions:

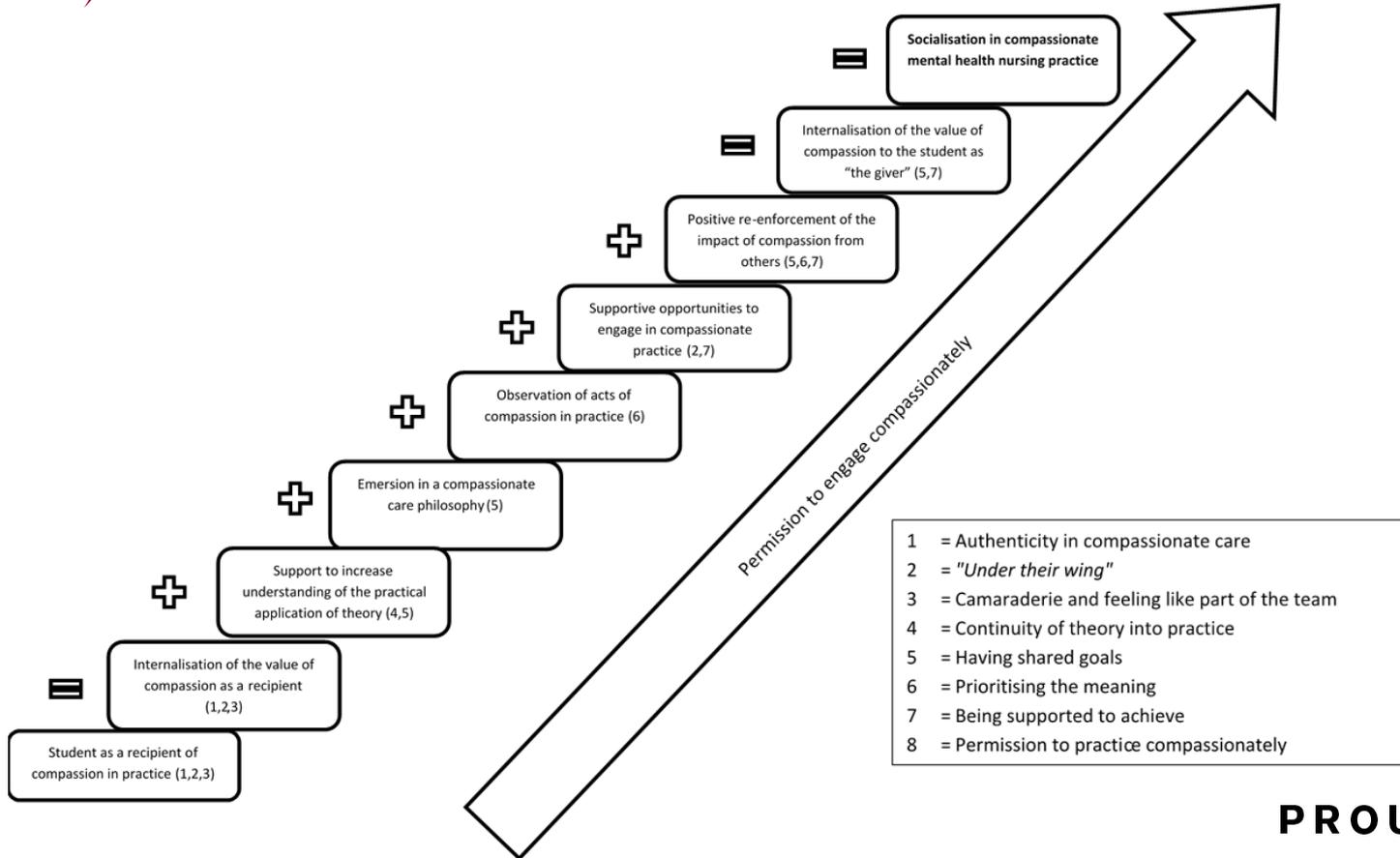
- What are the experiences of compassion for student mental health nurses?
- What are the factors in practice placements that influence student mental health nurses in their development as compassionate mental health nurse practitioners?
- How can placement providers facilitate positive socialisation in compassionate mental health nursing practice for mental health nursing students?

Methods:

- Student mental health nurse participant **focus groups** with students from years 1, 2 and 3 of a nursing programme
- Case study of a single case study site nominated by focus group participants as a placement that has supported positive socialisation in compassionate practice.
 - individual interviews
 - observations



The ladder of socialisation in compassionate practice (Sharpe, 2021)



Authenticity in compassionate care:

Theme:	Socialisation enhanced by:	Meaning created:
Authenticity in compassionate care	<ul style="list-style-type: none"> • Student exposure to genuine positive interactions between practice staff and service users / students / each other / others • Practice staff expressed attitudes consistent with their interactions with others • Practice staff demonstrate a positive attitude to working with students • Practice staff present as friendly, approachable, patient and non-intimidating • Practice staff demonstrate authentic interest in student well-being • Practice staff demonstrate authentic concern for student wellbeing and acts of self-care • Practice staff support students to develop coping strategies and resilience • Practice staff take a genuine personal and professional interest in the student • Practice staff present as; spontaneous, flexible and responsive to student needs 	<ul style="list-style-type: none"> • Students experience increased feelings of: Shared humanity / equality in relationship with staff / student value / personal significance / psychological and emotional safety • Students feel supported to engage in compassionate practice • Increased sense of permission to engage in compassionate practice • Reduced feelings of fear and anxiety

“you know if they are truly compassionate to you (the student), then they are much more likely to be compassionate to each other and even the patients. So you know from the beginning that they are going to support you and encourage you to be compassionate with patients” (FG2: 3rd year student 2).

“Under their wing”:

Theme:	Socialisation enhanced by:	Meaning created:
Under their wing	<ul style="list-style-type: none"> • Identification of student vulnerability and actions to reduce vulnerability • Students supported to work autonomously but provided with accessible support as required • Staff demonstration of kindness / friendliness / approachability / supportiveness / authentic concern for students / patience / non-judgemental attitudes / be willing to advocate for students • Access to Informal support provided by other students in the placement area • Active attempts made by practice staff to accept and include students as a member of the team • Practice staff “looking out” for students and offering support as they would other team members • Practice staff offer appropriate support to students • Practice staff make active attempts to enhance student feelings of belonging and acceptance within the team • Practice staff ensure that students are introduced to other staff and service users • Practice staff invite students to take part in work tasks • Practice staff recognise student value • Students are made to feel like they matter 	<ul style="list-style-type: none"> • Students feel “looked after” • Increased feelings of psychological and emotional safety • Students made to feel that they matter resulting in increased feelings of personal and professional values and significance • Students feel accepted and included • Students feel cared for • Students feel that they have been treated compassionately leading to internalisation of the positive impact of compassion

“... I'd never considered it before I'd actually experienced it (compassion from practice staff). I guess I could like recognise the power of it and get a better idea of the impact it can have....and the other thing that struck me was that it's not just about patients. We have to be compassionate to each other as well. They really looked after me and I suppose it made me more inclined to want to look after my colleagues as well as the patients” (FG1: 3rd year student 2).

Camaraderie and feeling like part of the team:

Theme:	Socialisation enhanced by:	Meaning created:
Camaraderie and feeling like part of the team	<ul style="list-style-type: none"> Practice staff and other students provide clarity regarding expectations placed on the student during the placement experience Practice staff make efforts to ensure that students feel wanted Practice staff make efforts to ensure that students feel welcome Practice staff invest time in orientation of the student to the care environment Practice staff introduce students to other team members and service users by name Practice staff learn and use the students name / preferred name Practice staff demonstrate willingness to enhance relationships with students by inviting them to share breaks, join in with team social events and take part in care activities Support from other students in the practice context 	<ul style="list-style-type: none"> Students feelings of acceptance and inclusion. Students feel wanted. Students feel like a part of the team. Enhanced feelings of psychological and emotional safety Student ability to “settle” into the placement is enhanced Students feel valued and significant as both students and individuals.

“...I guess when you have that (sense of camaraderie), you just feel like there is a bit of a safety net, you know there is someone you can talk to about how it makes you feel and it helps you contain it (emotions) a bit better and I suppose it’s like a bit of a psychological protection...” (FG2: 1st year student 3).

Continuity of theory into practice:

Theme:	Socialisation enhanced by:	Meaning created:
Continuity	<ul style="list-style-type: none"> Practice staff engage in consistently supportive relationships with students Students are given the opportunity to ask questions without fear of rebuke or ridicule Practice staff offer support to students to apply theory to the practice context Academic staff utilise practice examples in the theory component of the programme Academic staff have currency in practice and acknowledge contemporary challenges of practice Practice staff role model the use of evidence-based practice in their daily work Practice staff invest time to discuss and reflect upon care activities engaged in Practice staff engage students in discussion regarding rationale for care activities and professional judgements Students are exposure to consistent delivery of compassionate care Practice staff engage students in reflective discussions regarding compassionate practice 	<ul style="list-style-type: none"> Reduction in feelings of fear and rebuke Classroom experienced seem more relevant to students and they begin to understand the application of theoretical concepts in practice increased student knowledge and tolerance of symptoms profiles. Increased student understanding of the antecedents to service user presentations Reduction in assumptions about service users' needs Increased engagement in compassionate care practices Increased experience of empathy for service users Increased understanding of care rationale

“...She (the practice mentor) sat with me afterwards and we discussed why she hadn't increased his (a service user) meds (sic)...We've been taught about it at uni (sic) but I'd never seen it before and thought it was all rubbish. She made me realise that it could be done, like we've been taught” (FG2: 2nd year student 1).

Having shared goals:

Theme:	Socialisation enhanced by:	Meaning created:
Having shared goals	<ul style="list-style-type: none"> • Shared team ethos of compassion • Shared team compassionate care goals • Practice staff prioritise compassionate care • Practice staff communicate the significance of compassionate care to students • Practice staff role model engagement in compassionate care practice • Students are supported to access team supervision in which challenges / barriers to compassion are explored 	<ul style="list-style-type: none"> • Bridges the gap between theory and practice, reducing experience of dissonance between the two • Experience of how theoretical concepts are applied in the reality of practice • Students recognise the significance of compassionate care and increased understanding of the benefits associated with it • Student becomes immersed in the spirit of compassionate care • Students aim to replicate the compassionate philosophy, goals and actions role modelled by the team • Staff better able to maintain and re-invigorate their compassionate ideas, creating consistency of compassionate practice

“you can be compassionate when everyone is doing the same thing and everyone is aware of how important is it. You go with the flow and do what they do and become part of it, one of the team, all with the same goal” (FG1: 3rd year student 3).

Prioritising the meaning:

Theme:	Socialisation enhanced by:	Meaning created:
<p>Prioritising the meaning</p>	<ul style="list-style-type: none"> • Practice team members recognise and communicate the importance of compassionate care • Team members demonstrate prioritisation of engagement in compassionate care • Team members make active attempts to engage in compassionate care • Practice staff role model a willingness to enter into patient centred therapeutic relationships with service users • Practice staff role model engagement in authentic compassionate relationships with service users • Practice staff demonstrate willingness to “go the extra mile” to engage with service users • Practice staff motivate students to engage in compassionate practice by recognising it as an achievement • Practice staff provide students with opportunities to engage in compassionate care 	<ul style="list-style-type: none"> • Students feel that they are valuable • Students feel that they can make a positive difference to service user experience • Students feel that they are personally and professionally significant • Students aspire to replicate compassionate role models • Increased student identification, prioritisation and maintenance of compassionate purpose • Student realisation that compassionate actions can be achieved through small, creative and person-centred interactions • Students recognise that compassionate practice is possible and achievable • Increased feelings of personal and professional achievement • Increased likelihood of students attempting to engage in compassionate practice

“she (the mentor) worked really hard to build a relationship and get to know the person, not just the diagnosis and symptoms. She tried to stop the power imbalance and she didn’t want their relationship to be all one sided and she saw them as a fellow human being, not just a patient. I thought that was so compassionate. That’s what I’m going to be like, she was really impressive...”
(FG2: 3rd year student 5).

Being supported to achieve:

Theme:	Socialisation enhanced by:	Meaning created:
Being supported to achieve	<ul style="list-style-type: none"> • Practice staff offer students opportunities to engage in personal and professional development • Practice staff make expectations that students should engage in compassionate practice, clear, through their expressed values, ideals and role modelling of compassionate engagement • Practice staff provide guidance to students for ways in which they can engage in compassionate practice • Students are provided with feedback from service users and practice staff about their positive impact on a service users experience • Practice staff provide students with opportunities to feel that they are able to make a difference • Practice staff encourage and support students to engage in compassionate care 	<ul style="list-style-type: none"> • Feelings of personal achievement • Feelings of professional (clinical and programme) achievement • Students experience increased feeling of significance due to perceptions that they can make a difference • Students experience increased motivation to engage with compassionate care • Students feel supported to achieve • Increased feelings of permission be granted for students to engage in compassionate care

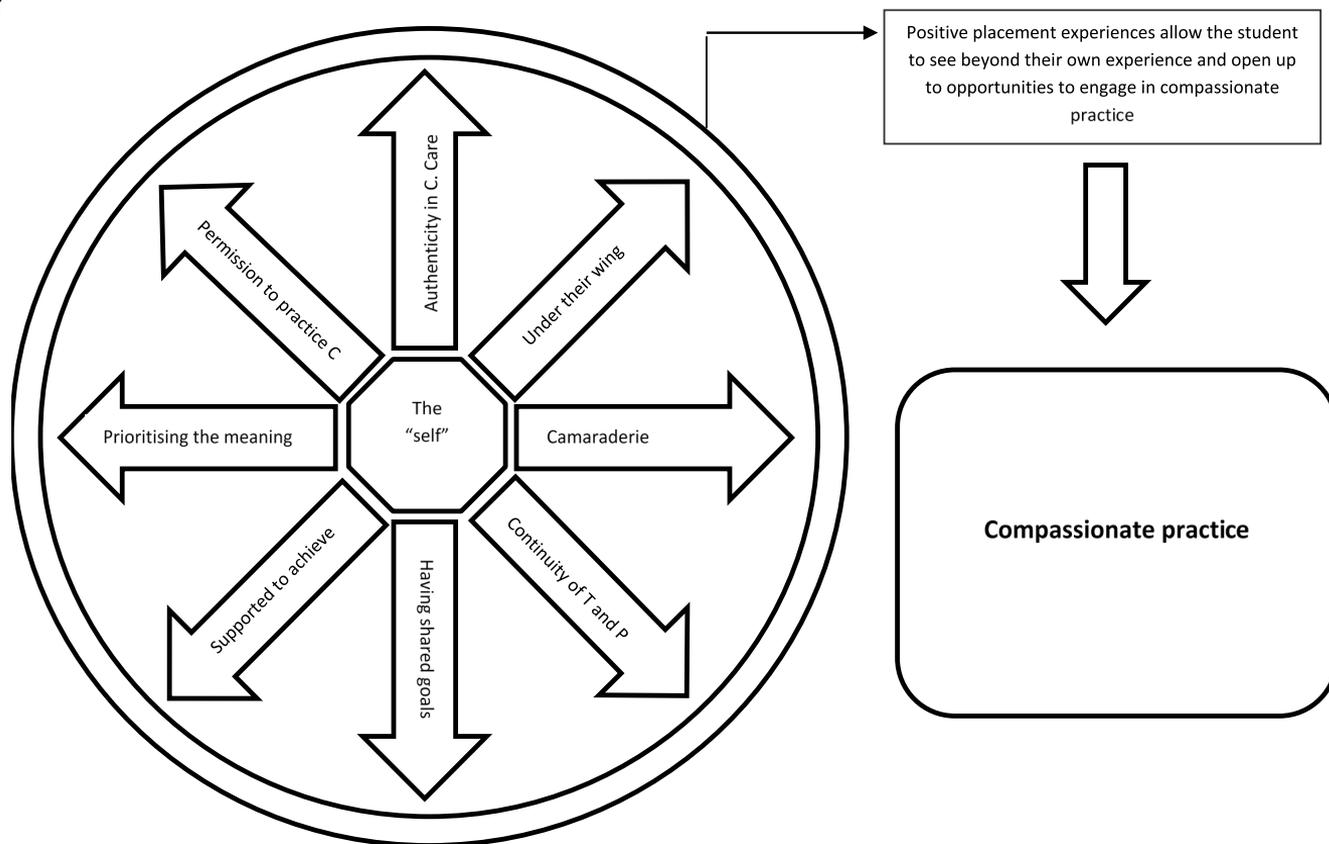
“...they (practice staff) made sure I could meet all of my objectives and went out of their way to help me, so I didn’t have that fear hanging over my head about failing the placement. They were just so supportive and really had my back, and I actually felt like one of the team...they encouraged me to be with patients and be compassionate to them rather than worry about my books (placement documentation)” (FG2: 3rd year student 4).

Permission to practice compassionately:

Theme:	Socialisation enhanced by:	Meaning created:
<p>Permission to practice compassionately</p>	<ul style="list-style-type: none"> • Team leader / the organisation demonstrate commitment to compassionate values, with consistency between identified values and treatment of staff members and service users • Role modelling of compassionate interactions directed towards practice staff by the team manager / wider organisation • Practice staff engage in active attempts to support physical, emotional and psychological safety of students • Practice staff, team manager and the health organisation provide consistent permission for students to engage compassionately • Practice staff provide guidance to students on how they can engage compassionately 	<ul style="list-style-type: none"> • Student understanding and acknowledgement that compassionate care is the norm and expected • Students feel that attempts to engage in compassionate care will be supported • Students mirror the actions of compassionate staff • The importance of compassionate care is re-enforced • Students feel enhanced levels of safety, support and encouragement which results in increased levels of self-permission to engage in compassionate practice • Likelihood of students engaging in compassionate practice increased

“she (the mentor) made it really clear from the outset. She actually wrote it in my initial interview, that she expected me to be compassionate. So, I aimed for it from the beginning really. I mean, you can’t get any clearer than that!” (FG1: 2nd year student 1).

Figure 4.5: The 'opening up' to compassionate practice



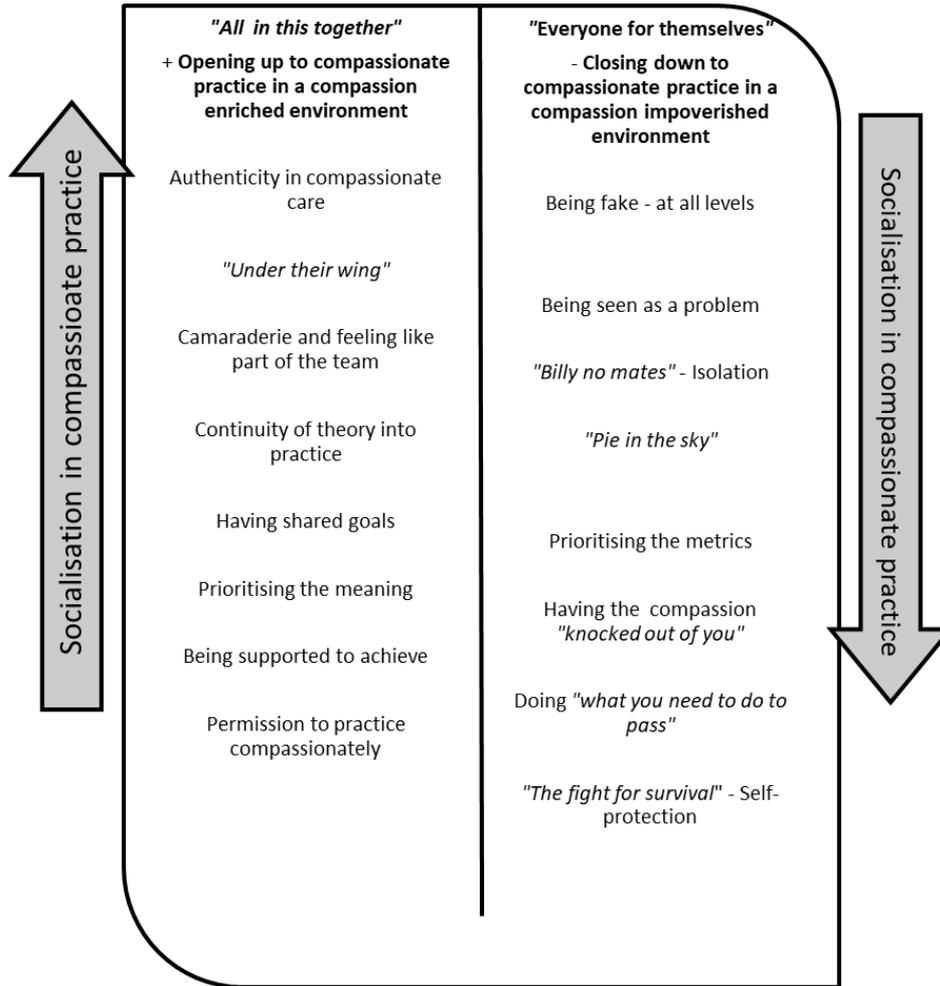
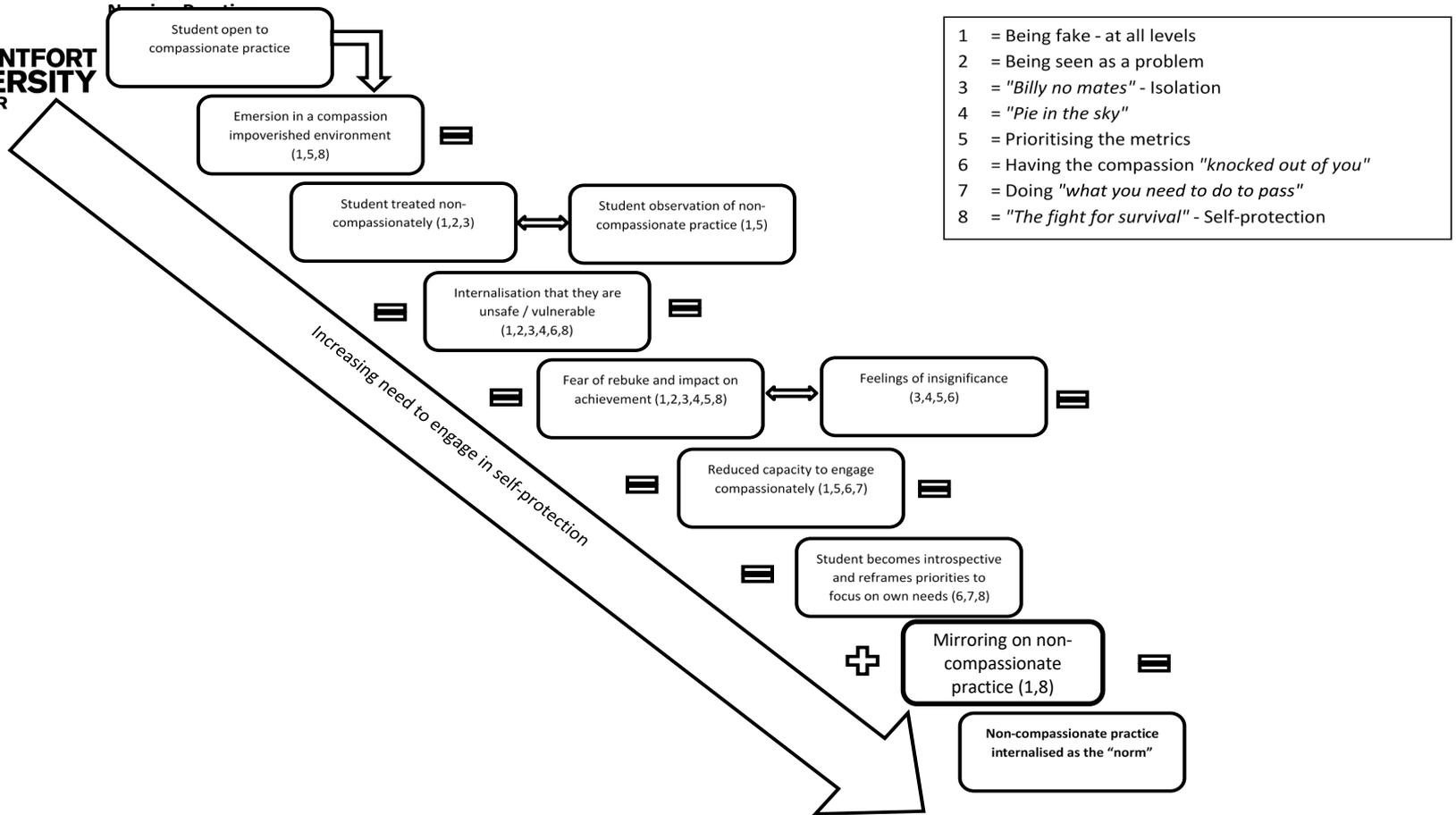


Figure 4.3: The Retrogress Ladder of Socialisation in Compassionate Mental Health



PROUD TO BE MORE

Being fake – At all levels:

Theme:	Socialisation Inhibited by:	Meaning created:
Being Fake	<ul style="list-style-type: none"> • Practice staff demonstrate inauthenticity in their relationships with service users / students / other staff • Evident disconnect between the actions of practice staff and their expressed feelings and thoughts • Student exposure to practice staff burnout and compassion fatigue • Student exposure to a practice culture of blame • Apparent disconnect between the organisation, health policy values and the support offered to practice staff • Practice staff express fear of blame and rebuke to students 	<ul style="list-style-type: none"> • Students have reduced trust in practice staff • Students feel unsafe (psychologically and emotionally) • Students feel the need to moderate their true-self • Students mirror inauthenticity as an act of self-preservation • Students guarded in their relationships with practice staff • Fears of inauthenticity in future placements which impacts engagements at future placement opportunities

“some of them (practice staff) are just so two-faced. They’re all nicey- nicey (sic) to your face or to someone else but when they get behind closed doors, it’s like a massive bitch-fest and they take the piss. It just makes you feel really on your guard, like you’ve got to really watch yourself coz (sic) you know, that they could be bitching about you an’ all (sic)...” (FG1: 3rd Year student 3).

Being seen as a problem:

Theme:	Socialisation Inhibited by:	Meaning created:
Being seen as a problem	<ul style="list-style-type: none"> Practice staff express the belief that students create problems within the practice context Practice staff negatively criticise students, rather than engage in constructive criticism Students being made to feel that they are an inconvenience by practice staff Practice staff who communicate that students create unnecessary workload Practice staff demonstrate negative attitudes towards working with students Practice staff negatively criticise students, for engaging in acts of compassion 	<ul style="list-style-type: none"> Students feel that they are an inconvenience Students feel unwanted and unwelcome Students feel isolated, embarrassed, useless and fearful of engaging in compassionate practice Reduction in student desire / willingness to engage in compassionate practice Student increased feelings of fear that assessment would be negatively impacted Increase in student feelings of vulnerability Students feel that they have to moderate their compassionate ideals and actions Students mirror poor staff attitudes and actions in an attempt to fit in. Students fail to challenge poor practice

“sometimes it’s obvious that they just think you’re a massive inconvenience. It’s like they think we’re an added extra to their workload and that we just get in the way, that makes you feel pretty unwanted to be honest...” (FG1 2nd year student 2).

“Billy no mates” – Isolation:

Theme:	Socialisation Inhibited by:	Meaning created:
<p>“Billy no mates” - isolation</p>	<ul style="list-style-type: none"> • Students feel isolated and alienated from the team • Negative practice staff attitudes towards students • Students are not invited to participate in team camaraderie • Practice staff make assumptions about student knowledge and experience • Practice staff have unrealistic expectations of student knowledge and skills • Practice staff make negative assumptions about students • Practice staff communicate a lack of recognition of the value of students • Practice staff communicate a lack of value for 1st year students learners • Practice staff lack of recognition of students as unique learners • Practice staff communication of negative assumptions about all students • Practice staff communication of lack of recognition of the value of students • Practice staff lack of genuine interest in students as individual learners with unique and valuable life experiences 	<ul style="list-style-type: none"> • Students feel isolated, separated and alienated from the rest of the team • Students feel unsafe • Students present an inauthentic version of themselves as a mode of self-protection • Students feel unsupported • Students experience increased fear of criticism and rebuke • Students feel under-valued and insignificant • Student feelings of acceptance negatively impacted • Student feelings of inadequacy

“sometimes you feel like a right billy no mates and it makes you feel like a real outsider. You try to fit in the best you can, so, I just keep my head down, do what I need to do and follow their (practice staff) lead and sometimes, that means that I’m not always as compassionate as I should be or as I’d actually want to be...”
(FG2 2nd year student 1).

Pie in the sky:



“I was made to feel like a goody two shoes for wanting to do things right (as taught in the theory component). They (practice staff) really looked down on me and this nurse said to me, you study in books but that’s not reality, you’re in the real world now love and you’ve got no idea...it just made me think that all that stuff that we’d covered in the classroom was nothing more than pie in the sky...” (FG2: 1st year student 5).

Theme:	Socialisation Inhibited by:	Meaning created:
<p>“Pie in the sky”</p>	<ul style="list-style-type: none"> • Practice staff criticism of students for trying to apply theoretical content of their programme into practice • Inconsistency between risk adversity in organisations and teaching in theory component of the programme / evidence-based practice • Student exposure to practice staff fear of blame and rebuke relating to occurrences of untoward incidents • Students experience disconnect between theoretical and practice elements of the programme • Lack of illustrative examples used in the classroom to demonstrate how theory can be applied to practice (academic staff) • Practice staff fail to role model compassionate care • Practice staff do not engage students in discussion regarding the rationale for care and care decisions • Student exposure to staff pressures created by lack of investment, resources and work-load • Student exposure to staff receiving a lack of support from the organisation in their job role • Students experience of fear that their placement assessment will be negatively affected by engaging in compassionate practice (if the assessor does not demonstrate compassion towards others) • Practice staff expression of lack of value of contemporary nurse education • Practice staff lack of recognition of the relevance of the theoretical component of the programme of education • Practice staff communicate negative criticism of the students programme of education 	<ul style="list-style-type: none"> • Students feel bewildered and uncertain of their role and how to respond in care situations • Student replication of poor standards of care that they have witnessed • Student acceptance that poor standards of care are the reality of the job • Students less likely to challenge poor practice • Reduced opportunities for students to engage in compassionate practice • Increase in risk aversion by students • Increase in acceptance and engagement in coercive and paternalistic care practices by students • Increased student confusion about how theory relates to the reality of care • Reduction in student feelings of safety • Reduction of student experience of achievement • Reduction in student feelings of acceptance in the practice environment • Reduction in student feelings of personal and professional significance and worth • Student mirror poor practices exhibited by practice staff • Reduction in student confidence and esteem • Students less likely to challenge the status quo of the care environment where poor practice occurs • Student increased fear of job security • Student increase of acts of self-preservation / protection • Students less likely to engage with positive risk taking due to fear of rebuke / blame

Prioritising the metrics:

Theme:	Socialisation Inhibited by:	Meaning created:
<p>Prioritising the metrics</p>	<ul style="list-style-type: none"> • Organisation prioritisation of tasks over practice staff and students engaging in compassionate practice • Apparent disconnect between the organisational guiding vision and organisational requirements regarding the requirements of workload • Apparent disconnect between national guidance, government investment and the realities of practice • Practice staff prioritisation of tasks over relationships with service users • Burden of work tasks that reduce the scope for service user contact • Student exposure to staff pressures created by lack of investment, resources and work-load • Practice staff demonstration of discrimination / stigma towards certain health diagnoses (i.e. Personality Disorders) • Practice staff role modelling of justification for their lack of compassionate engagement • Practice staff lack of recognition or communication of recognition of the positive impact of compassionate practice to students • Practice staff prioritisation of metrics and staff over compassionate care interactions 	<ul style="list-style-type: none"> • Student Inhibition of compassionate purpose • Student feelings of fear and insecurity • Student prioritisation of tasks at the detriment of compassion due to fear of rebuke, and litigation • Students justify reduced compassion • Student stigmatisation and discrimination against those service users who are perceived as problematic / challenging or who have certain diagnosis or personal history • Reduced feeling of significance for students and practice staff • Lack of positive re-enforcement of the benefits / importance of compassionate practice • Lack of recognition of the importance of compassionate practice

“It’s hard to be compassionate when there is so much paperwork to do and reviews right left and centre and concerns from families... you have to prioritise things and you prioritise what the managers say has to be done. They push for the paperwork rather than you actually nursing and being with the patients” (FG2: 1st year student 6).

“Having the compassion knocked out of you”:

Theme:	Socialisation Inhibited by:	Meaning created:
<p>“Having the compassion knocked out of you”</p>	<ul style="list-style-type: none"> • Practice staff project their feelings of dissatisfaction and negativity regarding the profession • Student experience of burnout and / or compassion fatigue • Students experience a lack of support when exposed to challenging situations (i.e. self-harm, suicide attempts, violence and aggression) • Weak leadership from the team manager / wider organisation • Student exposure to a practice culture of blame • Student exposure to practice staff experience of burnout and / or compassion fatigue • Practice staff role model or advise students to reduce engagement with services users to avoid burnout / fatigue 	<ul style="list-style-type: none"> • Student compassionate ideals and the ability to engage compassionately diminished • Student reduction in feelings of compassionate purpose • Student reduction in feelings of physical, psychological and emotional safety • Student experience of compassion fatigue and / or burnout • Students re-focus from service user priority to self and self-achievement priority • Increase in student feelings of guilt / self-contempt / depersonalisation • Students feel insignificant • Students become desensitised to service user distress • Students find reasons to justify their lack of compassion

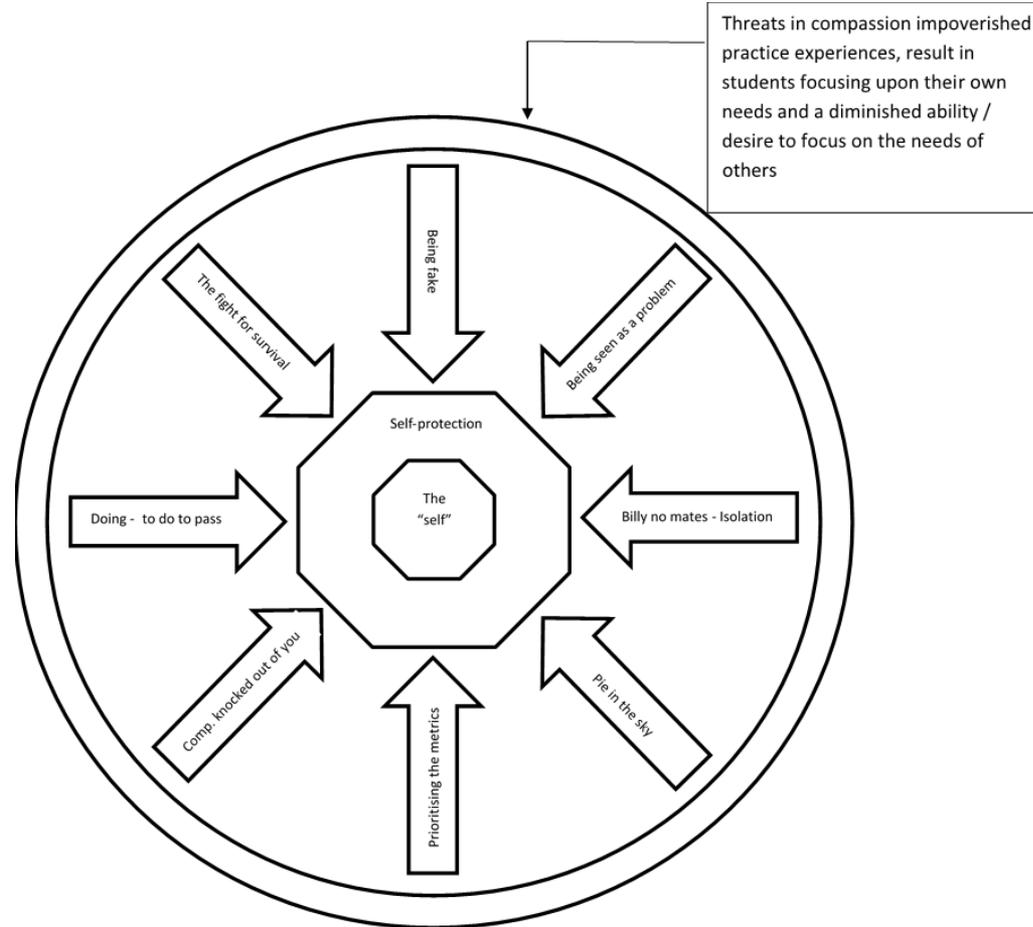
“I had one nurse say to me, ‘you’ll soon have that (compassion) knocked out of you’. She filled me with horror stories about people getting sued for trying to comfort someone by putting their arm around them. I think she’d had someone complain about her or something. It was like she’d just given up, but it made me feel like she wanted me to give up too..., I felt quite burnt out because of her, so when a patient came to me with a problem, I couldn’t deal with it” (FG1: 3rd year student 3).

The fight for survival - Self-Protection:

Theme:	Socialisation Inhibited by:	Meaning created:
Self-protection	<p>Students experience a lack of support when exposed to challenging situations (i.e. self-harm, suicide attempts, violence and aggression)</p> <ul style="list-style-type: none"> • Weak leadership from the team manager / wider organisation • Student exposure to a practice culture of blame 	<ul style="list-style-type: none"> • Student sense of permission to engage in compassionate practice inhibited • Students feel that they have to protect themselves from threats posed in the environment • Students feeling fearful or physical, emotional and psychological threats • Students become introspective and focus on own needs • Students enter “survival mode” and exclusively attend to their own needs • Students experience a reduced desire and scope to engage in compassionate practice

“...It got to the point where I’d feel sick thinking about going into placement because I was so worried that I’d end up getting hit and I spoke to my mentor about it but he was so unsupportive, he basically said ‘suck it up buttercup’ and that this is mental health for you and that you can’t call yourself a real mental health nurse until you’ve been hit. I felt so unsupported and isolated and that just made me think that no-one had my back and I literally hid away all day, in the clinic, in the office, in the sluice, wherever I could to try and keep myself out of the way...” (FG2: 3rd year student 5).

Closing down to compassionate practice:



The “many shades of grey”:

Participants identified that few placement experiences were all good or all bad. This suggested a continuum of compassionate practice environments in which few placements were rooted firmly at either end of the continuum.

In the majority of placements, both factors that facilitated socialisation in compassionate practice and those that inhibited socialisation in compassionate practice co-existed.

Students felt that placement balance had to tip in favour of predominantly compassion enriching experiences for student socialisation in compassionate practice to be sustained (both in individual placements and across placement experiences).

Summary:

Student mental health nurse socialisation is compassionate mental health nursing practice is complex.

It was positively influenced by a variety of factors present in placement settings including role modelling, leadership and consistency or dissonance between professional ideals and the realities of practice.

Opportunities to engage in compassionate practice were enhanced when students felt:

- Safe and secure,
- A part of the team,
- Valued,
- Immersed in and ethos of team compassionate purpose
- A sense of permission to be compassionate

It was inhibited when students experienced enhanced feelings of vulnerability and uncertainty, which resulted in some students abandoning their compassionate ideals in favour of self-protection and self-preservation to 'survive' the placement experience.

References:

- AITKIN, L.H., SLOANE, D., BRUYNEEL, L., VAN-DEN-HEEDEK, K., GRIFFITHS, P., BUSSE, R., and SERMEUS, S. (2014). Nurse staffing and education and hospital mortality in 9 European Countries: A retrospective observation study. *The Lancet*, 383 (9931), pp1824-1830.
- BARRON, K., DEERY, R., and SLOAN, G. (2017). Community mental health nurses' and compassion: an interpretative approach. *Journal of Psychiatric and Mental Health Nursing*, 2017, 24, pp211-220
- BOND, C., STACEY, G., FIELD-RICHARDS, S., CALLAGHAN, P., KEELEY, P., LYMN, J., REDSELL, S., SPIBY, H. (2018) The concept of compassion within UK media-generated discourse: A corpus-informed analysis. *Journal of Clinical Nursing*, 2018;27: pp3081-3090.
- CURTIS, K. (2015) *Socialisation in Compassionate Practice*. Germany: Scholar Press.
- MID STAFFORDSHIRE NHS FOUNDATION TRUST INQUIRY (2010). Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009. London: Stationery Office. Available at: www.midstaffspublicinquiry.com
- NHS Future Forum (2012). *Summary report – second phase*. London: Department of Health.
- THE PATIENTS ASSOCIATION. (2011) *We Have Been Listening, Have You Been Learning*. London: The Patients Association
- THE ROYAL COLLEGE OF NURSING (2012). *Quality with compassion: The future of nursing education. Report on the Willis commission on Nursing Education*. London: RCN.



NURTURING BABIES DURING THE COVID-19 LOCKDOWN: RESILIENCE, ART AND CREATIVITY
THE LOCKDOWN STUDY

Professor Bertha Ochieng
Principal investigator



OVERVIEW TALENT 25 PROGRAMME



Longitudinal intervention study commenced in March 2019 and running for 25 years

Talent 25 aims

- Increase opportunity and engagement in the creative and cultural industry for communities from currently less engaged groups regardless of background.

Stage One 4-year phase

To understand the barriers to creative and cultural engagement from early childhood and the interventions most effective in overcoming them.

- Multiple cohorts with a total of 400 children aged from 3 months old
- Parents/carers and children attend creative activities organised by Talent 25 for 8 weeks
- After the 8 weeks, parents are encouraged to engage their babies in age-appropriate creative activities and cultural events for the duration of the 4-year phase

TALENT 25 CREATIVE FRAMEWORK



Determinants of engagement with the arts [2] – Theoretical Domains Framework

<p>Beliefs</p> <ul style="list-style-type: none">- About the arts- About the benefit of the arts <p>Knowledge & skills</p> <ul style="list-style-type: none">- How to incorporate arts-based activity	<p>Social influences</p> <ul style="list-style-type: none">- Peer group influences- Family factors <p>Capability</p> <ul style="list-style-type: none">- Skills to incorporate art into play- Organisational and scheduling abilities- Self-efficacy- Practical barriers	<p>Motivations and intention</p> <ul style="list-style-type: none">- Motivation to engage with the arts- Intention to attend arts-based activities <p>Goal setting</p> <ul style="list-style-type: none">- Planning- Prioritising- Habit formation
--	--	---

TALENT 25 CURRENT COHORTS

1. SEPT 2019 & JAN 2020: COHORT 1 & 2

2. OCTOBER 2020: COHORT 3

3. FEBRUARY 2021: COHORT 4

4. MAY 2021: COHORT 5

5. OCT 2021: COHORT 6

6. JAN: 2022: COHORT 7



HOUSEHOLD CHARACTERISTICS SUMMARY



74% of participants own or have access to a car

35% of participants are buying their home with the help of a mortgage or loan

69% of participants live in terraced or semi-detached homes.



Household income ranged from less than £6,000 to over £96,000.

Most participants (16%) who chose to share their household income, earned between £26,000-£31,000.

In contrast, the same number of participants (16%) preferred not to share their annual household income.



45% of participants received government benefits compared to 54% who did not and 1% who preferred not to say.



The majority of households were reported to have 3-5 people (including children) living there on a permanent basis.

The lowest number of permanent residents was 2 with the highest being 9 individuals.



The length of time lived in Leicester ranged between 1 year to 39 years with an average of 18.63 years for participants.



PARENT CHARACTERISTICS SUMMARY



96% of parents are the mother to the baby taking part in Talent 25. Most parents are aged between 30-34 years, and heterosexual females.

12% of parents have learning difficulties. 58% of parents have engaged with higher education obtaining either a bachelor's degree, masters degree or PhD.



8% of parents reported a physical or mental disability. 29% of parents were unemployed while 16% have never had a paid job.



The majority of parents, being 28%, engage in professional occupations. 57% of parents work full time and 12% engage in voluntary work

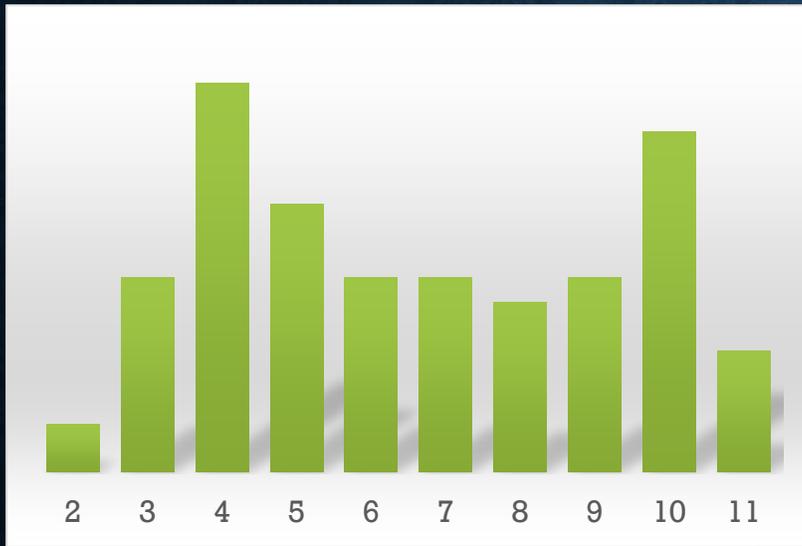


Over 50% of parents are British Indian Muslims with English as their first language.



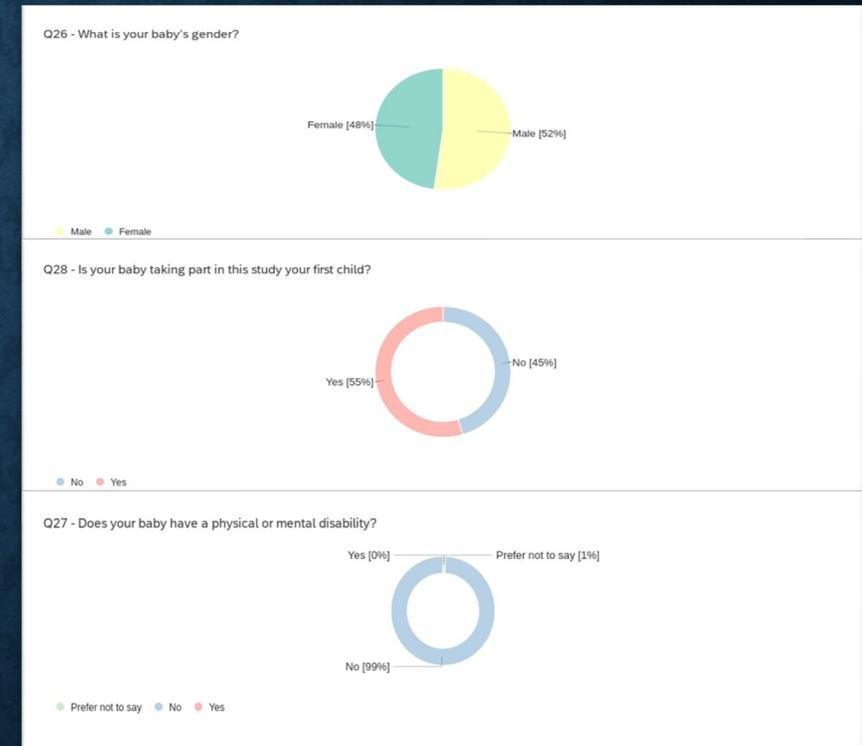
BABY CHARACTERISTICS

Total no. of babies



Baby age in months

- At the time of data collection, baby ages ranged between 2-11 months with most babies aged around 4 or 10 months.
- 52% of babies are male and 48% are female.
- 99% of parents did not record their baby as having a disability compared to 1% who preferred not to say.
- 55% of babies were the first born child.



TALENT 25 RESEARCH DATA COLLECTION JOURNEY

PILOT PHASE: OCTOBER 2019-JULY 2024

Key
C1-C17= Cohorts 1 to 17
Base= Demographic and Baseline questionnaires
8wpi= 8 weeks post intervention data collection
(Number)mdc= (number) month data collection
FPP=Final pilot phase data collection

2019
Oct-Dec

C1&C2: Base

2020
Apr-Sept

C1 & C2-Apr 8wpi & Sept 6mdc
C3- Sept Base

2021
Jan-Jul

C1 & C2- Mar 12mdc
C3-Jan 8wpi & Jun/Jul 6mdc
C4-Jan Base & Apr 8wpi
C5-May Base

2021
Aug-Dec

C1 & C2-Dec 18mdc
C3-Nov/Dec 12mdc
C4-Nov/Dec 6mdc
C5-Aug 8wpi & Dec 6mdc
C6-Sept/Oct Base & Dec 8wpi

2023
Jan-Oct

C1 & C2- Jan 30mdc & Jun/Jul 36mdc
C3-Jun/Jul 30mdc
C4-Jun/Jul 24mdc
C5-Jan 18mdc & Jun/Jul 24mdc
C6-Jun/Jul 18mdc
C7-Jun/Jul 12mdc
C8 & C9- Jun/Jul 12mdc
C10 & C11-Jun/Jul 6mdc
C12 & C13-Apr 8wpi
C14 & C15-Feb/Mar Base & Jun/Jul 8wpi
C16 & C17-Aug/Sept Base

2022
Sept-Dec

C1 & C2- Dec 30mdc & Jun/Jul 36mdc
C3-Nov/Dec 24mdc
C4-Nov/Dec 18mdc
C6-Nov/Dec 12mdc
C7-Nov/Dec 6mdc
C8 & C9- Dec 6mdc
C10 & C11-Sept Base & Dec 8wpi
C12 & C13-Dec Base

2022
Jan-Jul

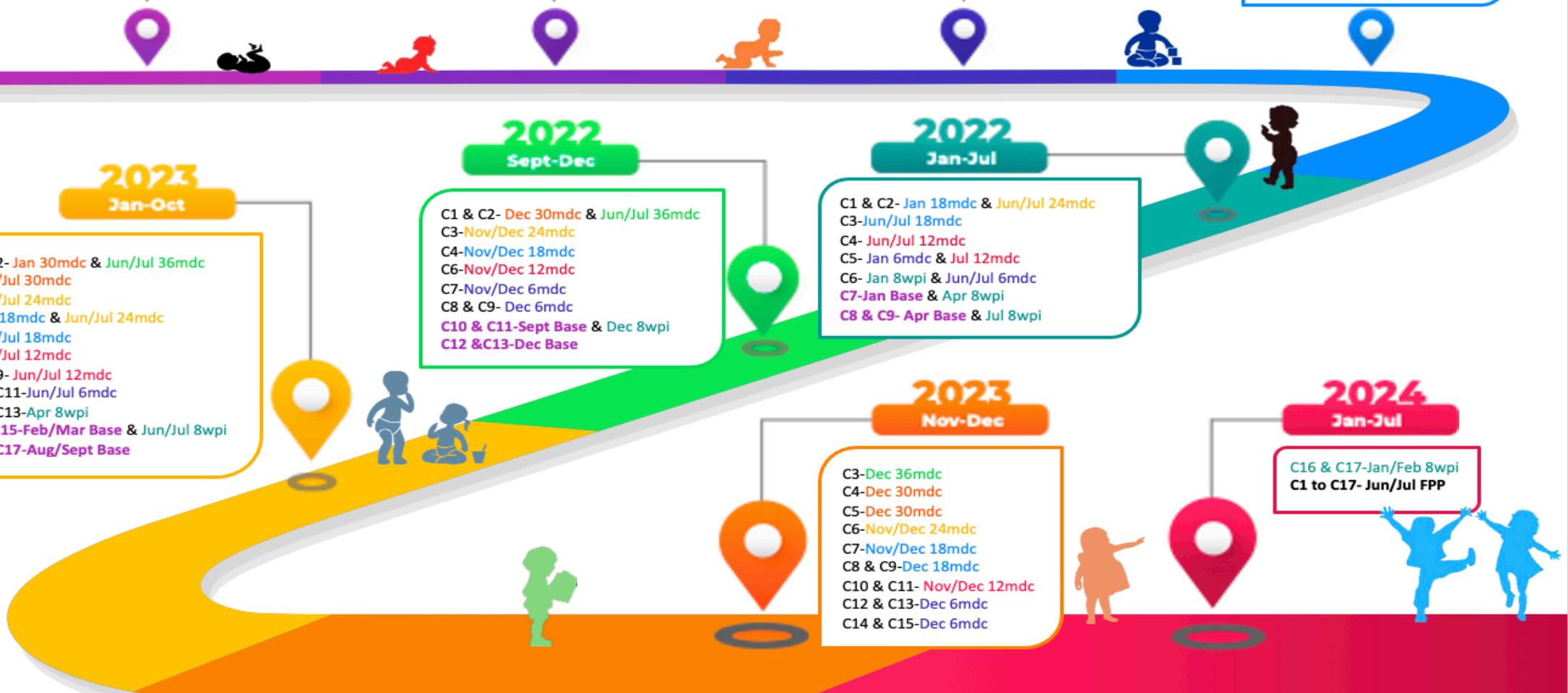
C1 & C2- Jan 18mdc & Jun/Jul 24mdc
C3-Jun/Jul 18mdc
C4- Jun/Jul 12mdc
C5- Jan 6mdc & Jul 12mdc
C6- Jan 8wpi & Jun/Jul 6mdc
C7-Jan Base & Apr 8wpi
C8 & C9- Apr Base & Jul 8wpi

2023
Nov-Dec

C3-Dec 36mdc
C4-Dec 30mdc
C5-Dec 30mdc
C6-Nov/Dec 24mdc
C7-Nov/Dec 18mdc
C8 & C9-Dec 18mdc
C10 & C11- Nov/Dec 12mdc
C12 & C13-Dec 6mdc
C14 & C15-Dec 6mdc

2024
Jan-Jul

C16 & C17-Jan/Feb 8wpi
C1 to C17- Jun/Jul FPP



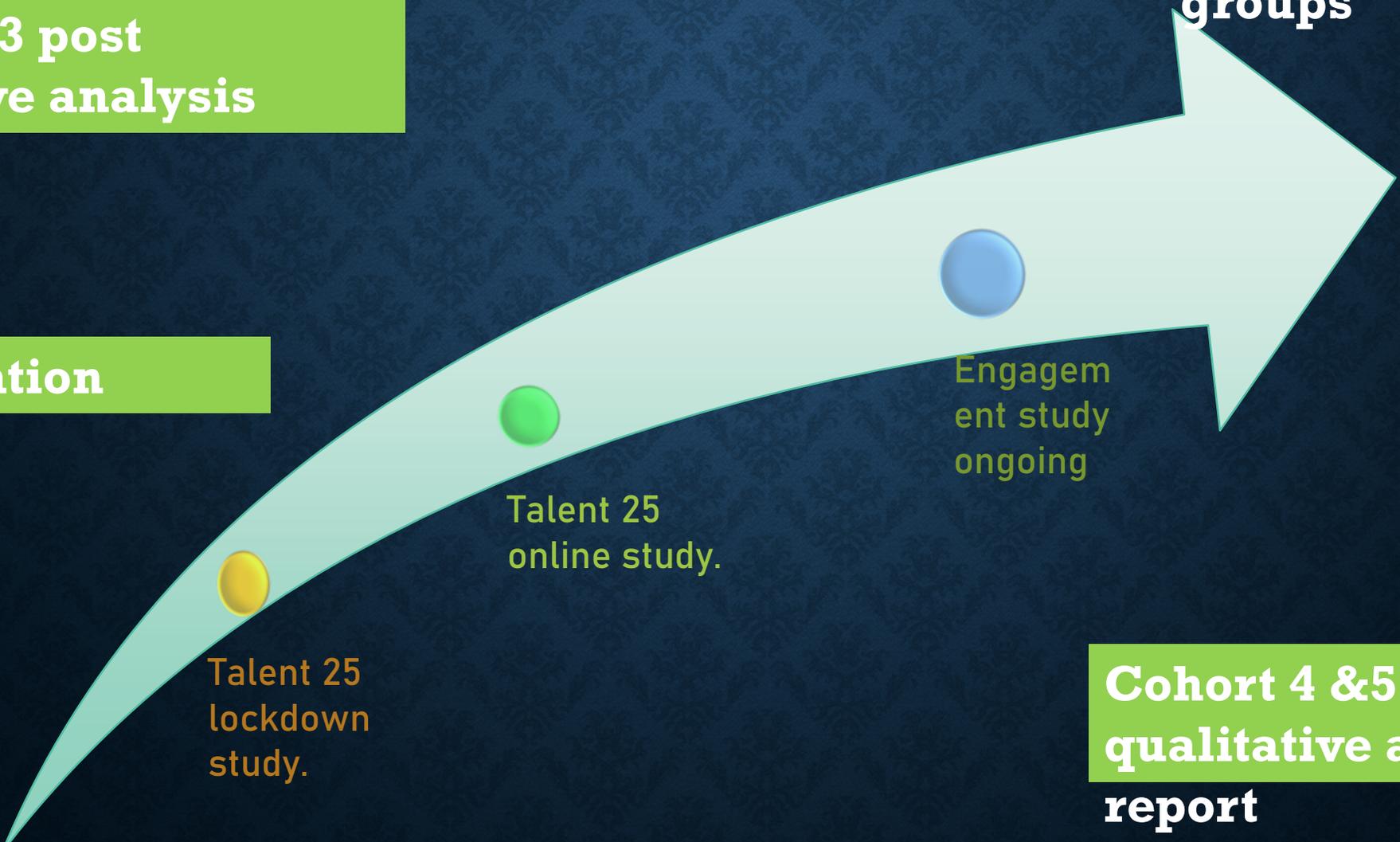
SUB-SAMPLE STUDY AND ANALYSIS REPORTS



Cohort 1-3 focus groups

Cohort 1-3 post qualitative analysis report

Observation Cohort 5



Talent 25 lockdown study.

Talent 25 online study.

Engagement study ongoing

Cohort 4 &5 post qualitative analysis report

LOCKDOWN STUDY

Aim

- Capture the lived experiences of the Talent 25 families and their babies during the first UK national COVID-19 lockdown

Why?

Numerous studies highlight the role of the arts in helping to process feelings, and reduce anxiety in stressful circumstances[1].

Who?

In-depth telephone interviews with 20 parents from Cohort one (n=11) and two (n=9) in the sixth week of the lockdown.

- *Parents' experiences of the lockdown,*
- *Motivations, benefits, and challenges of engaging in creativity during lockdown,*
- *Future intentions to engage in creativity*

Cohort one had finished 8 weeks of activities before the lockdown. Cohort two had finished only 6 weeks, after which the intervention was paused due to the lockdown.



KEY FINDINGS

Mental resilience and coping mechanisms during the lockdown

Sibling relationships and creative activities at home

Coping mechanisms to forced lockdown and the changes in daily routine

Engagement with creativity during the COVID-19 lockdown

Anxiety over outdoor activities away from the home

Motivation to engage with art activities at home

Parenting style and creativity during lockdown

From creative community centre closures to online groups

Virtual playgroups as a context for creativity

Virtual creative engagement as a distraction intervention

Engagement in creativity and community-based activities post-lockdown

Challenges for engaging in creativity during lockdown

Parental concepts of creativity

Creative space in the home environment

Restrictions of social interaction during the lockdown

Household patterns, multigenerational living, and challenges of engagement

MENTAL RESILIENCE AND COPING MECHANISMS DURING THE LOCKDOWN

- ❖ Household structure
- ❖ Working from home
- ❖ Balance each household member's routine

"I personally thought I would struggle massively with the lockdown. With the three children being very different ages and living with my mum, and my job. But going to the Talent 25 and being given all these ideas, actually we've not struggled because we have found something different to do a lot of the time". Participant C2-010



ENGAGEMENT WITH CREATIVITY DURING THE COVID-19 LOCKDOWN

- ❖ Mostly staying indoors
- ❖ Replicating Talent 25 activities at home
- ❖ Using household items for creative play
- ❖ Facilitating engagement with baby

"I have probably started to engage more with my baby. I'm not a first-timer [has two older children] so I've done a lot of this anyway but you know... like I said [the Talent 25] added different aspects to how I care for my baby and my children". Participant C1-001.



FROM CREATIVE COMMUNITY CENTRE CLOSURES TO ONLINE GROUPS

- ❖ Online baby groups
- ❖ YouTube to engage the family
- ❖ Post-COVID concerns and excitement

"There is loads of class stuff and projects to do and websites to go on – storybooks to watch and listen to and nursery rhymes to sing along to and that type of thing, so since the lockdown we've been doing that a lot, and it's also because I wanted him to continue with the Talent 25 activities". Participant C2-013.



CHALLENGES FOR ENGAGING IN CREATIVITY DURING LOCKDOWN

- ❖ Not creative enough
- ❖ Limited space at home
- ❖ Beneficial social interaction with Talent 25
- ❖ Different generational parenting styles in multigenerational households

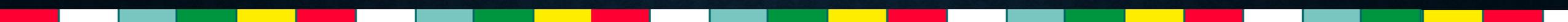
"... my daughter likes to explore places around the home and she often stops her [grandparent] from exploring and [the Talent 25 lead artist] often teaches us that we shouldn't have boundaries to learning and exploring but [grandparent] often stops her going into the kitchen or here or there, whereas I don't mind, as long as she's safe you know". Participant C1-016.



SUMMARY

The majority of the parents described how Talent 25 has influenced their parenting styles, and for those with older children they had adapted their parenting styles to include creative play. Parents' motivation to explore creative activities with their babies at home points to the potential efficacy of teaching creativity through creative programmes from early childhood, and in particular engendering creativity in parents from less engaged groups.

However, the results also indicated that some parents are insecure about their knowledge and skills to initiate creative activities for their babies and that this works as a barrier for their participation in creative activities at home. Therefore, we are exploring several approaches, to enable parents nurture creative learning from early childhood.



Thank you !





Professor Bertha Ochieng
Bertha.ochieng@dmu.ac.uk

