

Commentary on Horsburgh D and Ross J (2013) Care and compassion: experiences of newly qualified staff nurses. *Journal of Clinical Nursing* 22, 1124–1132

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A story goes that a newly qualified midwife arrived on duty to find she was in charge and on expressing her anxiety was issued with the advice, ‘if the mother gets a pain bring her to the delivery room. If the baby cries take it to the nursery and if there is a cross on the mother’s notes, be nice to her she has lost her baby’ (J. Kelly, unpublished PhD thesis). It takes an effort to remember this but the first few months as a newly registered staff midwife or nurse invariably induced at once terror and enthusiasm. While excited receipt of the necessary parchment and donning of the staff nurse attire went some way towards rendering a spring loaded step, it was never enough to conceal the ragged edges of a newly qualified nurse faced with the responsibility of providing high-quality compassionate care as clinical mentors and academic tutors dropped out of view. The study by Horsburgh and Ross (2013) allows us to focus on this often forgotten but crucial transition in nurse development and the most essential and yet seemingly overlooked aspect of quality health care, compassionate care. A qualitative study using focus group data from (n = 6) focus groups, totalling 42 participants, provides a critical exploration of newly qualified nurses’ perceptions of the enablers and inhibitors to the delivery of compassionate care. Horribly revealing, newly qualified nurses describe the current clinical environment as staid and clinical practice as devoid of engagement with emotional aspects of care. The authors establish the existence of tension between ‘agency’ – the ability of individuals to act and ‘structure’ – the physical, social, managerial and cultural environments of care delivery, as being at the heart of the problem. Horsburgh and Ross (2013) point to preparation in undergraduate programmes and formalised supportive frameworks during the first year of practice as levers to success in the

delivery of compassionate care. Certainly, there is room for greater emphasis on the teaching and assessment of compassionate care in undergraduate programmes. This can be achieved with a greater balance between science and humanities in the curriculum (Dellasega et al. 2007). In some jurisdictions, such as Ireland, a supervised internship is offered in the final year of undergraduate nursing programmes as salaried and valued members of healthcare team. There are also formalised supportive frameworks in the form of preceptorship programmes for newly qualified nurses in many places which can aid transition. All of these strategies can help alleviate the challenges associated with what can be a very difficult time for newly qualified nurses. However, the need for individual nurses instinctively to take personal responsibility for quality healthcare delivery, to break through cynicism and malaise and to effect change requires individual leadership attributes described by Friedman et al. (2003) as resilience which includes self-mastery, bounce-back-ability or ability to handle stress together with resourcefulness, self-belief and motivation. These are all traits which can and should be nurtured through supportive clinical environments but to a large degree should be innate in the next generation of nurses and cannot always be reliant on others to direct and instruct on these matters.