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"We're All in It Together": Student Perspectives on Compassionate Pedagogy in Higher Education

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Abstract

The value of compassion in promoting student wellbeing is being increasingly recognised by higher education institutions. Integrating compassion within pedagogic practice to develop a compassionate learning environment is important for wider student benefit. This qualitative study explores healthcare student perspectives and experiences regarding compassionate pedagogy. Four activity-oriented focus groups were conducted with undergraduate students. Thematic analysis identified five themes: connection, recognising the student as a whole person, cultivating compassion together, physical environment, and processes and systems. Findings suggest that students view compassion as extending far beyond classroom activities. They see it as a reciprocal process involving all individuals within an institution, requiring a change in institutional culture that prioritises students and staff as whole people. The insights provided by the students in this study are important in shaping a more compassionate higher education environment that minimises distress and maximises flourishing. Recommendations to enhance compassionate pedagogy are provided.

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Practitioner Notes

1. Creating a compassionate learning and teaching environment starts with fostering a welcoming atmosphere where students feel noticed and valued.
2. Helping students build meaningful peer relationships is essential for their sense of community and support.
3. Recognising students as whole people with lives outside of their studies is a key aspect of compassionate pedagogy.
4. Encouraging students to treat each other with respect and kindness creates a positive atmosphere where mutual support can thrive.
5. Ensuring students have easy access to support services is a crucial part of a compassionate learning experience.

Keywords

Compassion, wellbeing, pedagogy, university, higher education

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Introduction

Wellbeing levels in undergraduate students are lower than the rest of the population, with experiences of distress, anxiety, and loneliness identified as key issues (Bewick et al., 2010; Neves & Brown, 2022; Neves & Hillman, 2016). This can be particularly problematic during the first year of study, in which students are navigating the intense change involved in transition to university (Bewick et al., 2010; Cobo-Rendón et al., 2020; Tomlinson et al., 2023). In an education context wellbeing can impact both academic success and continuation (Cobo-Rendón et al., 2020; Neves & Brown, 2022), but more importantly can impact all aspects of the personal life of a student. Supporting student wellbeing is therefore an imperative of educators and researchers, and higher education (HE) institutions should have services in place to provide such support (Andrew et al., 2023; Neves & Hillman, 2016). Whilst university wellbeing teams are now commonplace, they are often separate from pedagogic practice (Killingback et al., 2024). Initiatives that seek to integrate wellbeing with pedagogic practice are important in complimenting the work of wellbeing teams and having wider student reach (Houghton & Anderson, 2017; Killingback et al., 2024). One way to do this is through the development of a compassionate learning environment.

Compassion is a core aspect of both wellbeing and inclusive education (Andrew et al., 2023; Hubbard & Gawthorpe, 2023). Compassion is often misunderstood as being concerned only with traits such as kindness and warmth (Cole-King & Gilbert, 2014; Shea et al., 2014). In reality, compassion is considered a complex process involving four elements: noticing suffering, interpreting suffering, feeling empathic concern towards suffering, and acting to address or alleviate suffering (Worline & Dutton, 2022). Unique to the term compassion is the intrinsic motivation to respond or act, advancing it from other related terms such as empathy and sympathy (Parattukudi, 2019).

Compassion gaps in UK HE institutions have been highlighted, thought to be influenced by neoliberal ideology and increased marketisation of HE that oppose the values of compassion (Waddington, 2016, 2018). The challenges faced during the COVID-19 pandemic reemphasised a humanised approach to learning and ignited a greater focus on kindness, care, and compassion in education (Bartholomay, 2022; Chand et al., 2022; Sellnow et al., 2022; Stephens, 2023). It reminded institutions that students are people first, students second, and require consideration towards the individual aspects associated with their lives (Chand et al., 2022). Whilst this is a valuable reemphasis, exploring concepts such as compassion through the eyes of students is essential if institutions are to facilitate change that accurately speaks to student experiences and emotions (Waddington & Bonaparte, 2022).

Compassionate pedagogy promotes connection, communication, and wellbeing, and when practiced effectively can be used to change HE for the better (Andrew et al., 2023). It can be defined as 'an educational approach that notices and actively addresses or mitigates distress and disadvantage in the learning environment, with a central emphasis on the promotion of student and staff wellbeing and flourishing, and fostering holistic student development' (Killingback et al., 2024, p.23). Compassionate pedagogy requires the acknowledgement and honour of lived experiences, whilst acting to facilitate learning and teaching success amid individual challenges and circumstances (Sellnow et al., 2022). It does not intend to alleviate all forms of distress in the learning environment, as in some cases this can be meaningful in promoting educational self-

improvement and development (Zheng & Zhang, 2021). However, it should aim, where possible, to alleviate distress or disadvantage that may cause a barrier to learning (Killingback et al., 2024). An extensive overview of ways in which compassionate pedagogy can be realised at lecturer, module, programme, and institutional level have been identified in a recent scoping review (Killingback et al., 2024). These include sensitively addressing inequalities among students, integrating self-care strategies into modules, ensuring inclusive assessment approaches, and adapting policies to promote compassion to name but a few. However, further consideration of student perspectives on the realisation of compassionate pedagogy have been called for (Killingback et al., 2024).

Students must experience compassion within the learning environment in order to facilitate the translation of compassionate behaviour into their future professional practice (Andrew et al., 2023). This is particularly important for students training to be healthcare practitioners as compassion is considered fundamental to the delivery of quality care (Sinclair, Torres, et al., 2016). Compassionate interactions can offer substantial benefits for patients, including improved symptoms and quality of life, increased overall recovery, increased satisfaction, and an improved patient/practitioner relationship (Cole-King & Gilbert, 2014; Frampton et al., 2013; Sinclair, Norris, et al., 2016; Sinclair et al., 2017). Aside from the benefits to patients, compassion can also help healthcare students and practitioners to overcome fear, reduce emotional fatigue and burnout, and experience increased job satisfaction (Fernando et al., 2016; Shapiro, 2008; Sinclair et al., 2017). Some believe that compassion is inherent and cannot be taught (Barker, 2013). Others argue that it is a quality that can be cultivated and as such should be nurtured within healthcare education (Adamson & Smith, 2014; Gaufberg & Hodges, 2016). To better understand the student perspective, we sought to answer the following research question: What are the views and experiences of healthcare students regarding compassionate pedagogy?

Method

Study Design

This study employed a qualitative approach to explore detailed issues, meanings, and interpretations from the perspective of participants (Hennink et al., 2020). Focus groups were the qualitative method chosen given their suitability for exploring new topics, ability to gather a range of views, and the potential for the snowballing of discussion as a result of group interactions (Hennink et al., 2020; Sparkes & Smith, 2013). Focus groups were activity-oriented in the form of mood board creation. Mood boards were not directly considered data, however activities such as mood board creation are thought to facilitate focus group data collection by engaging participants, eliciting meaningful discussion, and allowing reflection time for those who may not be comfortable with immediate verbal responses to questioning (Colucci, 2007; Spawforth-Jones, 2021). This is particularly useful for topics that some may consider complex or abstract, such as compassion (Spawforth-Jones, 2021). The study was situated within a critical realist paradigm, endorsing a judgemental rationality that encourages and permits real-world impact whilst acknowledging the cyclical influence of social structures and human actions on one another (Fryer & Navarrete, 2020; Wiltshire, 2018).

Research was conducted within one UK HE institution in the North of England. The University of Hull offers both undergraduate and postgraduate degree programmes and educates over 10,000

students annually. It recruits a large proportion of students from the local area and many others from across the UK and overseas. The University of Hull Research Ethics Committee granted approval for this study in January 2023.

Participants

A sample of convenience were recruited via email between 2023 and 2024 from Physiotherapy and Sport Rehabilitation programmes within one School at the University of Hull, UK. The sample size was evaluated continuously throughout the research process, with recruitment continuing until adequate information power was considered achievable based on research question novelty and specificity, participant specificity, and strength of the dialogue (Malterud et al., 2016). A total of 20 undergraduate students volunteered to take part across the recruitment period. The 20 participants consisted of eight male and 12 female students, with eight studying Sport Rehabilitation and 12 studying Physiotherapy. All students were studying full-time and in-person. Participants received participant information via email and provided written and verbal informed consent prior to data collection.

Data Collection

Data were collected through four in-person, activity-oriented focus groups lasting approximately one hour. At the start of each focus group, participants were provided with the following concise definition of compassion to help accurately frame data collection: ‘noticing or anticipating the distress or disadvantaging of yourself or others and doing something to reduce or prevent it’. Participants were then provided with a variety of magazines, newspapers, and other visual materials and asked to collectively create a mood board depicting what a compassionate learning and teaching environment looks like to them. The term ‘compassionate learning and teaching environment’ was used when speaking to participants as it was considered more student appropriate than ‘compassionate pedagogy’. Once completed, participants presented their board and researchers facilitated discussion around key points. Prompts such as ‘can you tell us more about that’ and ‘how does that make you feel’ were used to gain further insight. This discussion was audio recorded to form data for the study.

The focus groups were facilitated by the research team. The research team consisted of two lecturers each with over ten years’ academic experience and experience in qualitative research methods. It should be acknowledged that the researchers were members of the Compassionate Community of Practice within the University and therefore may have held views and assumptions with the potential to influence the research process. To mitigate potential bias, the research team engaged in reflexive journaling and group reflexive discussions throughout the research process and directly after each focus group (Olmos-Vega et al., 2023).

Consideration was given to the potential for a feeling of power imbalance between students and lecturers during data collection. Steps were taken to minimise this, such as arranging chairs to avoid intensity (e.g. not directly facing each other) and using opening questions to put participants at ease. It was ensured that the research team member leading each focus group was not involved in teaching the students at the time of data collection. All participants were assured that their involvement in the study was voluntary, and any data provided would not affect university assessments or progression.

Data Analysis

Audio recorded focus group discussions were transcribed verbatim and analysed using an inductive reflexive thematic analysis within NVivo qualitative data analysis software. Thematic analysis was chosen given its ability to interpret various aspects of a topic without the need for a pre-existing framework, making it appropriate for a relatively under-researched area (Braun & Clarke, 2021). The six-phase process described by Braun and Clarke (2021) was followed. 1) Data familiarisation involved reading and re-reading the data whilst considering ideas for coding. 2) Generating initial codes involved collating data into meaningful groups. 3) Searching for themes involved combining codes to form potential themes that represent some level of patterned response or meaning within the data that is relevant to the research question. 4) Reviewing potential themes involved quality checking to ensure that all data within a theme formed a coherent pattern and was an accurate representation of the data. 5) Defining and naming themes involved ensuring that themes had a clear, relevant focus and did not overlap. 6) Producing the report involved telling the story of the data in an analytical and compelling way with specific relation to the research question. Verbatim quotes that accurately represented the data were also selected during phase six to add authenticity and amplify the participant voice. Phases one and two were completed by the first author, all other phases were completed by both authors.

Results

Analysis of focus group discussions identified five themes: 1) connection; 2) recognising the student as a whole person; 3) cultivating compassion together; 4) physical environment; and 5) processes and systems. Whilst the initial focus of the study was compassionate pedagogy, the identified themes extend the focus of the study to provide a broader understanding of compassion in university settings.

"'We're All in It Together" – Compassionate Communication and Building Connections

This theme describes the perceived importance of compassionate communication and relational connection in promoting belonging and mitigating worries associated with university. Participants described the feelings of isolation and displacement that can occur as a result of a lack of communication and connection with peers and staff at the university. This was particularly difficult for those who struggle to form friendships or have other commitments alongside their studies. The simple act of being greeted by the lecturer when walking into a lesson was considered compassionate, and made participants feel welcome in the learning environment. This had a significant impact during induction week, when students were transitioning to the new university environment and felt worried about entering a room full of new people. Similarly, participants noted how being greeted with a smile when entering the room for practical assessments and having examiners put them at ease can help reduce their distress and exam nerves. Conversely, face-to-face examiners who appear to be overly stern and serious can increase their exam nerves and add further distress. Participants also discussed differences in email communications, considering generic institution wide emails to lack compassion compared to those from lecturers.

> The ones from the lecturers would be like, "hi, hope you had a good weekend" or "hope you're well." Realistically they're probably not bothered how your weekend was, but it's nice to hear. It just makes me feel welcome and like they notice me. I

> know the generic ones [emails] are getting sent to everyone, but I still want to feel like I'm cared about as part of the university (Focus group 1).

The small acts of positive communication, whether a friendly greeting, a smile, or a warm email helped participants feel connected and promoted a sense of community which increased their feelings of belonging within the institution. An awareness of community also included seeing people socialising when walking around campus and having varied opportunities to mix with others, which helped to combat the distress of homesickness. In addition to a broader sense of community, forming individual friendships was considered vital for support and happiness. Some participants described how this can be challenging, whilst others found it easier due to involvement in societies and sports. Regardless of ease, participants acknowledged that mutual effort was required to make and maintain friendships.

> It's realising it goes two ways, because there was one point at the start where I was thinking I've not really made any friends, but I figured I should just message someone to see if they want to meet, and they did (Focus group 4).

Lecturer efforts to help students connect at university were seen as compassionate. Some participants acknowledged how they were scared to speak out when first starting university so put on a front to hide their struggles. Supportive peer-to-peer activities and being encouraged to work with different students in lessons helped them to transition through that distressing time as they could relate to others experiencing similar challenges and realise 'we're all in it together' (Focus group 4).

> For those that find it more difficult to initiate a conversation, it [working with different students] forces you to speak to people. It obviously starts as you just talking about the actual work, but then it develops into talking about more personal things (Focus group 3).

Having a network of people to talk to and connect with was considered important in making university life easier, more enjoyable, and combatting mental health and wellbeing struggles. This included talking to lecturers or wellbeing staff about work or personal support, connecting with friends through social activities, or exchanging pleasantries with the library staff or campus shop assistants. Students also valued being able to have conversations with lecturers that were not always academically driven, describing a desire to get to know each other and develop meaningful professional relationships: "Nowadays, we are struggling a lot more and we probably need more connections with other people to improve our well-being. You know, when people are together, they feel happier" (Focus group 2).

"We Can't Just Dedicate 100% of Our Time and Effort to University" – Recognising the Student as a Whole Person

This theme describes how participants consider a compassionate learning environment to require appreciation for individual student lives and challenges. For example, participants considered it compassionate for lecturers to have an appreciation for their lives outside of university and actively encourage them to maintain a study/life balance. This included the promotion of hobbies such as sporting activities and participating in clubs, as well as generally spending time with friends and family to enhance wellbeing: "We need to spend time with our family and friends and we can't just dedicate 100% of our time and effort to university" (Focus group 2).

Participants felt it important that lecturers recognise the distress they often experience around financial hardship. They did not necessarily expect lecturers to do something about this, but they would value an understanding from lecturers that for many, it is essential to maintain employment whilst at university to be able to live. This is exacerbated for students who must cover additional costs such as placement travel. They also thought lecturers should understand that at times their employment may impact their ability to complete nonessential tasks or volunteer for extra-curricular opportunities: “Because of the cost-of-living crisis, people are having to work at the same time as studying at university. The pressure gets quite a lot. You have to work just to be able to wash your clothes and buy food” (Focus group 2).

There was a sense that having lecturers show consideration towards individual student worries and stressors would be a compassionate act. For example, participants reported regular feelings of stress around the high workload associated with university study, and having lecturers acknowledge these difficulties would help to validate these experiences. For those transitioning to university, the mismatch between expectations and reality combined with the experience of homesickness in their first trimester if living away from home was often distressing. Therefore, lecturer recognition of these difficulties during transition would also be welcome.

> I think everyone can agree that homesickness is definitely something. With A-levels or college [post-16; pre-university education] you've got that home support network, but this is probably the first time you've been in a challenging academic situation away from that, which is pretty tough (Focus group 3).

“When You’re More Positive, People Are More Positive Towards You” – Cultivating Compassion Together

This theme describes participant perceptions of how they themselves can contribute towards a compassionate learning environment. They discussed how they can show compassion towards others by noticing and appreciating individual challenges and providing support where possible. They also explained how they can show compassion towards themselves and others by recognising the highs and lows of university life and the effects this may have on mood, motivation, and interactions: “Uni is not steady state, it's up and down and there's going to be a lot of times we feel great, and a lot of times where we don't feel so good. It's important to recognise that” (Focus group 3).

Acting with respect towards peers was identified as important in cultivating compassion as an antidote to distress. They recognised the positive nature of experiencing respect from others and how this encouraged them to extend the same attitude, creating a ripple effect throughout the learning environment. Participants expanded upon this to explain how they should embrace each other’s differences, including cultures, beliefs, and perspectives: “People are always going to be different; you’ve got to embrace that and make everyone feel at home. I think if you hold any prejudice, compassion can't happen, which is obviously an issue” (Focus group 3).

Acting positively was also seen as important and linked to both compassion and motivation: “When you're more positive, people are more positive towards you, and that happy environment can really influence your compassion towards others. And if people are more positive, you'll be more motivated” (Focus group 4).

Participants felt that working as a team and actively choosing to get involved in group learning were compassionate actions, as not engaging with others was recognised as distressing for peers. Instead, helping each other to achieve goals, navigate the workload, and combining their minds to solve problems and aid learning were positive, supportive actions they could take.

"I Don't Want to Come in to Sit in the Middle of a Concrete Jungle" - Physical Environment

This theme describes participant perspectives on how compassion can be realised within the physical university environment. The availability of a variety of social spaces was considered important in promoting compassion as they encourage conversation, connection, and interaction with people who you may not ordinarily meet. Participants discussed how there should be spaces to suit different individuals and different scenarios, such as cafes, bars, and 'chill out' spaces.

Colour and brightness were thought to create a happy and welcoming feeling, particularly colourful flowers and colourful buildings that are lit pleasantly in the evenings. Indoor and outdoor greenery were considered inviting, with grey buildings having the opposite effect and making students unmotivated to spend time on campus: "I don't want to come in to sit in the middle of a concrete jungle" (Focus group 1).

The presence of and ability to connect with nature was seen as a clear realisation of compassion by participants. They described nature as a "coping strategy," particularly for students who spend large amounts of time inside studying or on placement. Participants suggested that spending time in nature aids their mental health and wellbeing and makes them feel relaxed. Particularly when this is done with friends, which was thought to facilitate meaningful conversations: "You just want to feel connected to the environment and feel grounded to help with your head space. Even if you are working or talking, you can still experience the smells and sounds" (Focus group 1).

Participants suggested that being encouraged [by staff] to spend time in nature would be considered compassionate, however outdoor seating would be important in facilitating this. Seating should be a mix of large benches and tables that encourage group work and socialising, and small benches for those that require time alone. Participants also suggested that there should be options for sheltered outdoor seating to allow for benefit during poor weather.

In relation to studying, participants reported finding spaces with windows and views peaceful, and value being able to book study spaces that are separate from others where they can focus and feel comfortable. Participants identified inviting sounds such as wind chimes, and saw value in the opportunity to study around the sound and sight of water, which they described as calming and relaxing: "When you've got water around you it's really calming. I would actually enjoy sitting there and doing my pre-session work. Get a coffee and sit listening to the water" (Focus group 4).

The importance of adequate signposting across a campus was also highlighted in ensuring accessibility, amenity awareness (such as water fountains), and an ability to navigate the campus with ease.

"Sometimes a Form is Just Too Much" - Processes and Systems

This theme describes participant perspectives on compassion in relation to university processes and systems. Participants identified that universities should be inclusive in all operations to demonstrate compassion, specifically by providing equal opportunities and minimising barriers to participation. They highlighted how compassion can be shown through appropriately spaced

assessment deadlines and convenient timetabling. Particularly timetables that are released in advance, are consistent from week to week, and do not include large gaps between sessions, enabling students to manage other commitments more easily. They also described how regular opportunities to provide feedback such as via module evaluation questionnaires demonstrates institutional interest in student opinions but could be better tailored to individual modules to elicit more specific and valuable feedback.

The availability of support systems within the institution that are actively encouraged by lecturers was seen as highly compassionate. Participants specifically mentioned the personal supervision (tutoring) system, wellbeing support services, library support services, and neurodiversity support services, valuing that lecturers could predict or recognise their support needs and direct them appropriately.

> The big one would be lecturers reaching out to students about support services. Towards the end of the lectures, they'll just spend a few minutes going through them. It makes it feel like they're looking after us and they know what things we might struggle with (Focus group 4).

Participants were clear that they know what support options are available and how to access them, but emphasised that sometimes the process of accessing them can be lengthy and off-putting.

> If you're feeling down, sometimes a form is just too much and so you wouldn't do it. It's a barrier. You just wanna see someone. You should just be able to book an appointment and say, I want to speak to you because of X Y Z (Focus group 1).

The importance of ease was also described in relation to room booking, which participants reported finding valuable for revision purposes but sometimes difficult to navigate due to unclear booking processes or inaccurate room availability.

Discussion

The aim of this study was to explore the views and experiences of healthcare students regarding compassionate pedagogy. Findings extended this focus to provide a more expansive understanding of how compassion is experienced and enacted in the university context. This is important given the ongoing challenges around student wellbeing. This study has four key contributions to make to the conversation around compassion in the university setting.

Firstly, students perceive compassionate communication to be an important factor in building connections and cultivating a compassionate learning environment. Positive examples were described in relation to welcome greetings at the start of lessons, having examiners who put students at ease at the start of practical assessments, personalised emails, and the promotion of supportive peer to peer learning opportunities in taught sessions. The importance of social connection via in class learning activities and conversation was also described as compassionate, and although it may not appear to directly benefit the academic aspects of university, it has been suggested to relieve the psychological stress or suffering associated with unfamiliarity (Taylor et al., 2021).

Compassionate communication in education is relatively underexplored, but is significant as it has the power to mitigate or reduce distress regardless of the possibility for physical action (Julia et

al., 2024). It contributes to the formation of positive relationships, which can result in enhanced support for students and increased feelings of belonging within an institution (Garden et al., 2024; Julia et al., 2024). This is particularly important in supporting retention, with inadequate or poor interactions with teaching staff having been identified as a reason for discontinuation (Long et al., 2006).

The healthcare student participants in this study reported that they benefitted from compassionate communication as it helped foster a sense of belonging and reduce feelings of isolation. It also helped students to feel noticed, supported, and more confident in their learning journey. Compassionate communication helps to build rapport and trust, which is important in healthcare as it enables professionals to better understand the needs of the patient (Derksen et al., 2013). If healthcare students experience compassionate communication modelled effectively in their university learning environment, they are more likely to embody these skills in clinical settings by recognising and responding to patient distress (Everitt-Reynolds et al., 2022; Waddington, 2016).

The second contribution this study makes to better understand student perspectives regarding compassion is that student participants appeared to recognise the reciprocal nature of compassion within the learning environment. This indicates that compassion is not a one-way act from lecturers to students, but rather a dynamic, shared process between students, staff, and peers. This speaks to the notion of the ethics of care from Noddings (2008). In teaching, caring (and these authors would argue compassion) is not a one-way act, but a shared human process. Noddings (2008) reminds us that care ethics is not about giving moral credit, but about the foundation of moral life in human relationships. Students are not just passive recipients of care or compassion, instead they actively contribute to the caring relationship through their engagement and response. Even in roles that appear unequal, such as a student and lecturer, both parties shape the encounter. Noddings (2008) writes, “The cared-for, in every domain of human activity, contributes significantly to the caring relation,” (p. 163) and reminds us that the carer and cared-for are not permanent labels, but shift depending on the interaction. When we recognise this mutuality, classrooms become more than spaces for knowledge, they become communities of care and connection.

Despite students recognising their own role in compassionate learning through their interactions with others, interestingly, other than acknowledging the highs and lows they would experience whilst at university, the student participants in this study do not identify the importance of self-compassion. Neff (2003) suggests that self-compassion is a form of self-acceptance in which individuals prioritise self-kindness over self-judgement, common humanity over isolation and mindfulness over excessive absorption with one’s own emotional reactions. Self-compassion is important for students, as higher levels are said to improve wellbeing and resilience, and mitigate distress, burnout, and depression (Fong & Loi, 2016; Neely et al., 2009). In an academic context, self-compassion has been associated with more adaptive learning goals, improved transition to university including decreased homesickness, improved receptivity to feedback, and an improved ability to cope with perceived academic failure (Leary et al., 2007; Neff et al., 2005; Terry et al., 2013). It can also improve communicative behaviours and decrease classroom participation apprehension, which are important for learning and developing a sense of belonging within the learning environment (Long & Neff, 2018). Institutions should therefore attempt to increase awareness of self-compassion among their students, with interventions such as self-compassion seminars, short courses, interactive group meetings and app-based programmes identified as

effective tools (Dundas et al., 2017; Ko et al., 2018; Neff & Germer, 2013; Orosa-Duarte et al., 2021; Smeets et al., 2014).

The third contribution from this study is that a compassionate learning environment is not created by individual lecturer actions alone. It also requires changes in the broader institutional culture, including its communication, physical spaces, processes, and support structures as suggested by the student participants in this study. Universities should foster an environment where students, staff, and faculty collectively contribute to a positive and inclusive learning experience. Compassion cannot be 'bolted on' to existing practices. It requires a whole university approach that looks beyond reaction and isolated interventions to embed change throughout the whole institution (Brewster et al., 2022; Waddington & Bonaparte, 2022). Importantly, compassion must be genuine, and not driven by awards, metrics, or a reputation boost (Waddington & Bonaparte, 2024). If effectively realised, a compassionate university culture can support both student and staff well-being (Brewster et al., 2022), but it requires intentional efforts at all levels to ensure consistency and authenticity. Suggestions include work schedules that allow time for academics to support students, recognition of compassionate acts, embedding inclusive assessment, encouraging students to prioritise their wellbeing but also support students in need, and embedding compassion within the substance, context, and application of learning (Andrew et al., 2023; Billias, 2017).

The intentional efforts of all individuals within an institution are important, as student participants within this study commented on how the nature of the interactions they experience can influence the way they choose to interact with others. This dynamic process can be enhanced by the notion of compassionate role modelling that has been highlighted in healthcare research, describing how compassion can be conveyed through observing the practices of others (Sinclair, Torres, et al., 2016). Whilst the observation of compassionate practice has the potential for a positive transformative effect, it should be noted that role modelling can also emphasise undesirable attributes that negate compassion such as cynicism and disrespect (Sinclair, Norris, et al., 2016; Sinclair, Torres, et al., 2016). Therefore, HE environments that model a compassionate culture are essential if institutions are to encourage the ripples of compassion to spread (Waddington & Bonaparte, 2022).

Organisational culture is important in the context of the healthcare student participants involved in this study, as the experiences of individuals in healthcare organisations is linked to the quality of care provided to patients (National Health Service [NHS] Employers, 2024). Clyne and Deeny (2018) on behalf of NHS England highlight four domains of workplace compassion that align with a number of points identified by the student participants in this study: culture and values (e.g. clear values that are shared by all), activities and actions (e.g. asking how someone is and smiling), personalised policies and procedures (e.g. supporting colleagues with their mental health), and leadership and management (e.g. leaders role model positive behaviours). These four clear domains may be a useful starting point for institutions to initiate broad change.

Physical spaces should also be considered if institutions are to develop a compassionate culture. The places in our lives are impactful, shaping our behaviours, perceptions, emotions, and sense of identity (Goldhagen & Gallo, 2017). Compassionate physical spaces have been described outside of the HE context, with Reid (2019) suggesting a shift from the design of built form to the design for potential human impact. Emotional, psychological, and social needs should be used as a starting point during design, employing a broad-minded approach to produce spaces that

promote growth, flourishing, and value (Reid, 2019). A welcoming campus with inviting social spaces, green areas, and study-friendly environments would serve to foster engagement, connection, and well-being among students. Institutions should therefore take a holistic approach when designing physical spaces, prioritising inclusion and offering variety to accommodate the different needs and desires of students.

Finally, the student participants in this study valued the individual, personalised nature of compassion. This includes recognising students as people with unique backgrounds and circumstances, experiencing inclusive processes and systems, having access to a physical environment that caters to differing needs, and receiving communication that speaks specifically to them. Nurturing the person as a whole in addition to their student identity is an important aspect of compassion that can help to make education a more equitable space for learners (Waddington & Bonaparte, 2022). This is important for the wellbeing of all students, but particularly students who may identify as non-majority, such as those with a disability or first-generation students, who are at a greater risk of feeling isolated or unwelcome (Taff & Clifton, 2022).

The authors would agree with Tangney (2014) that an individualised approach can be realised within the learning environment by employing learner-centred approaches that align with constructivist and humanist conceptions and promote the holistic development of students. Learner-centred approaches are particularly important in the context of the healthcare students that participated in this study, as they are thought to help develop compassionate and person-centred future healthcare providers (Sinclair, Torres, et al., 2016). From the patient perspective, didactic and textbook based approaches do not speak to the personal nature of healthcare and a more experiential approach to learning should be adopted (Sinclair, Torres, et al., 2016). Principles of pedagogies of kindness can also be drawn upon to maintain focus on students as individuals. Described as believing people and believing in people, pedagogies of kindness require educators to shift from control to relationship building, for example through trusting students to make decisions about their learning and showing an interest in them beyond their studies (Rice & Bakke, 2022; Stephens, 2023). Ultimately, students should feel as though they are cared about. In turn, they are thought to develop a better relationship with their lecturers and an increased commitment to their own learning (Anderson et al., 2020).

Strengths and Limitations

To the authors' knowledge, this is the first study exploring student perspectives on the broad concept of compassionate pedagogy. It employs a novel activity-oriented data collection method and robust qualitative methodology to add to the limited empirical research on compassionate learning and teaching.

There is a risk that participants may have responded with what they thought the researchers (as lecturers) would wish them to say about compassionate learning and teaching, which may be a limitation. Care was taken to mitigate this risk, however it is acknowledged that preconceived ideas of role dynamics may still have affected responses. The participant sample included only full-time, in-person students, which may limit the transferability of findings to students studying part-time or through online and flexible study modes.

It is also acknowledged that the participants in this study were all training to be healthcare professionals, and due to the nature of healthcare, may have more developed perceptions of

compassion leading to higher expectations of compassionate learning and teaching. Whilst this specificity could be considered a limitation, the principles of inclusivity would suggest that this informed insight would stand to benefit all students.

Conclusion

In conclusion, this study has found that compassionate learning and teaching extends far beyond the classroom activities facilitated by educators. It is a reciprocal process involving all individuals within an institution and requires a change in institutional culture that prioritises students and staff as whole people. The insights provided by the students in this study are important in shaping a more compassionate HE environment that minimises distress and maximises flourishing, and the authors offer the following recommendations based on student perspectives to enhance compassionate pedagogy.

Creating a compassionate learning and teaching environment starts with fostering a welcoming atmosphere where students feel noticed and valued. Something as simple as greeting students when they enter a classroom can help them feel a sense of belonging, particularly during the early stages of university life. Small gestures, like a warm smile from an examiner before an assessment or a friendly email that acknowledges students personally, has the potential to make a real difference in reducing stress and promoting connection.

Beyond individual interactions, helping students build meaningful peer relationships is essential for their sense of community and support. Structured peer-to-peer activities in lessons can ease the transition into university, especially for those who struggle to make connections. Encouraging students to work with different peers not only strengthens their learning experience but also fosters friendships. Extracurricular activities, such as joining societies or sports teams, appeared to further enhance their social networks and wellbeing.

Recognising students as whole people with lives outside of their studies is another key aspect of compassionate pedagogy. Many students juggle academic demands with employment, financial concerns, and personal responsibilities. Acknowledging these challenges and validating their stress, particularly during periods of high workload or homesickness, can help students feel understood and supported.

Compassionate pedagogy also extends to the culture within the learning environment. Encouraging students to treat each other with respect and kindness creates a positive atmosphere where mutual support can thrive. By promoting inclusivity and recognising diverse backgrounds and perspectives, lecturers can cultivate a space where every student feels valued. Encouraging positivity in interactions, whether in group work or casual conversations, can create a ripple effect, fostering a community where compassion becomes the norm.

Finally, ensuring students have easy access to support services is a crucial part of a compassionate learning experience. While students may be aware of available resources, navigating the process of accessing help can sometimes be overwhelming. Proactively signposting services, simplifying booking systems, and reducing bureaucratic barriers can make it easier for students to seek the support they need. Encouraging self-compassion and supporting students to manage their own wellbeing can also contribute to a more enriching university experience.

By integrating these compassionate practices, institutions can create an environment where students feel valued, supported, and empowered to succeed, not just academically, but as individuals navigating the challenges of university life. Future research should explore examples of compassionate practice across HE institutions. For example, whether student perceptions of a compassionate learning and teaching environment support student outcomes such as academic engagement, intentions to persist, and wellbeing, or how the design of campus spaces influences learning and mental health. Exploring perceptions of compassion across demographic groups would also be valuable given the diversity of contemporary student populations. A genuine desire to improve wellbeing should be maintained as the driving force.

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References

Adamson, L., & Smith, S. (2014). Can compassionate care be taught? Experiences from the Leadership in Compassionate Care Programme, Edinburgh Napier University and NHS Lothian. In S. Shea, R. Wynyard, & C. Lionis (Eds.), *Providing compassionate healthcare: challenges in policy and practice* (pp. 235-251). Routledge.

Anderson, V., Rabello, R., Wass, R., Golding, C., Rangi, A., Eteuati, E., Bristowe, Z., & Waller, A. (2020). Good teaching as care in higher education. *Higher Education, 79*, 1-19. https://doi.org/10.1007/s10734-019-00392-6

Andrew, M. B., Dobbins, K., Pollard, E., Mueller, B., & Middleton, R. (2023). The role of compassion in higher education practices. *Journal of University Teaching & Learning Practice, 20*(3), 01. https://doi.org/https://doi.org/10.53761/1.20.3.01

Barker, K. (2013). Can care and compassion be taught? *British Journal of Midwifery, 21*(2). https://doi.org/10.12968/bjom.2013.21.2.82

Bartholomay, D. J. (2022). A time to adapt, not “return to normal”: Lessons in compassion and accessibility from teaching during COVID-19. *Teaching Sociology, 50*(1), 62-72. https://doi.org/10.1177/0092055X211053376

Bewick, B., Koutsopoulou, G., Miles, J., Slaa, E., & Barkham, M. (2010). Changes in undergraduate students’ psychological well-being as they progress through university. *Studies in Higher Education, 35*(6), 633-645. https://doi.org/10.1080/03075070903216643

Billias, N. (2017). On becoming a campus of compassion. In P. Gibbs (Ed.), *The Pedagogy of Compassion at the Heart of Higher Education* (pp. 104-112). Springer.

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide.* SAGE Publications Ltd.

Brewster, L., Jones, E., Priestley, M., Wilbraham, S. J., Spanner, L., & Hughes, G. (2022). ‘Look after the staff and they would look after the students’ cultures of wellbeing and mental health in the university setting. *Journal of Further and Higher Education, 46*(4), 548-560. https://doi.org/10.1080/0309877X.2021.1986473

Chand, R., Alasa, V., & Chand, R. D. (2022). "Humanizing" pedagogies in online learning and teaching - A necessity in the wake of the COVID-19 pandemic*. Journal of Positive School Psychology, 6*(10), 3713-3722. https://doi.org/https://journalppw.com/index.php/jpsp/issue/view/41

Clyne, W., & Deeny, K. (2018). *Towards commissioning for workplace compassion: A support guide*. https://www.england.nhs.uk/wp-content/uploads/2018/10/towards-commissioning-for-workplace-compassion-a-support-guide-v2.pdf

Cobo-Rendón, R., Pérez-Villalobos, M. V., Páez-Rovira, D., & Gracia-Leiva, M. (2020). A longitudinal study: Affective wellbeing, psychological wellbeing, self-efficacy and academic performance among first-year undergraduate students. *Scandinavian journal of psychology, 61*(4), 518-526. https://doi.org/10.1111/sjop.12618

Cole-King, A., & Gilbert, P. (2014). Compassionate care: The theory and the reality. In S. Shea, R. Wynyard, & C. Lionis (Eds.), *Providing compassionate healthcare: challenges in policy and practice* (pp. 68-84). Routledge.

Colucci, E. (2007). “Focus groups can be fun”: The use of activity-oriented questions in focus group discussions. *Qualitative Health Research, 17*(10), 1422-1433. https://doi.org/10.1177/1049732307308129

Derksen, F., Bensing, J., & Lagro-Janssen, A. (2013). Effectiveness of empathy in general practice: A systematic review. *British journal of general practice, 63*(606), e76-e84. https://doi.org/10.3399/bjgp13X660814

Dundas, I., Binder, P. E., Hansen, T. G., & Stige, S. H. (2017). Does a short self-compassion intervention for students increase healthy self-regulation? A randomized control trial. *Scandinavian Journal of Psychology, 58*(5), 443-450. https://doi.org/10.1111/sjop.12385

Everitt-Reynolds, A., Treacy, J., Murphy, E., & Colwell, M. (2022). Compassion within an academic setting: Experiences of student nurses. *Nurse Education Today, 109*, 105241. https://doi.org/10.1016/j.nedt.2021.105241

Fernando, A. T., Arroll, B., & Consedine, N. S. (2016). Enhancing compassion in general practice:It's not all about the doctor. *British Journal of General Practice, 66*(648), 340-341. https://doi.org/10.3399/bjgp16X685741

Fong, M., & Loi, N. M. (2016). The mediating role of self-compassion in student psychological health. *Australian Psychologist, 51*(6), 431-441. https://doi.org/10.1111/ap.12185

Frampton, S. B., Guastello, S., & Lepore, M. (2013). Compassion as the foundation of patient-centered care: The importance of compassion in action. *Journal of Comparative Effectiveness Research, 2*(5), 443-455. https://doi.org/10.2217/cer.13.54

Fryer, T., & Navarrete, C. (2020). *A short guide to ontology and epistemology*. https://tfryer.com/ontology-guide/

Garden, C., Watchman Smith, N., Naughton, C., Skelton, F., Calabrese, P., Hunter, L., Haddow, C., & Azam, F. (2024). *Student belonging good practice guide.* https://www.raise-network.com/_files/ugd/12e0cd_539f72c96f54437882abc7401fcd6794.pdf

Gaufberg, E., & Hodges, B. (2016). Humanism, compassion and the call to caring. *Medical Education, 50*(3), 264-266. DOI: https://doi.org/10.1111/medu.12961

Goldhagen, S. W., & Gallo, A. (2017). *Welcome to your world: How the built environment shapes our lives*. Harper.

Hennink, M., Hutter, I., & Bailey, A. (2020). *Qualitative research methods*. Sage.

Houghton, A.-M., & Anderson, J. (2017). *Embedding mental wellbeing in the curriculum: maximising success in higher education*. H. E. Academy. https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/hub/download/embedding_wellbeing_in_he_1568037359.pdf

Hubbard, K., & Gawthorpe, P. (2023). *Inclusive Higher Education Framework*. https://www.inclusiveeducationframework.info/wp-content/uploads/2025/01/The-Inclusive-Higher-Education-Framework.pdf

Julia, G. J., Romate, J., Allen, J. G., & Rajkumar, E. (2024). Compassionate communication: A scoping review. *Frontiers in Communication, 8,* 1294586. https://doi.org/10.3389/fcomm.2023.1294586

Killingback, C., Tomlinson, A., & Stern, J. (2024). Compassionate pedagogy in higher education: A scoping review. *Journal of University Teaching and Learning Practice, 21*(10). https://10.53761/7yvrw787

Ko, C. M., Grace, F., Chavez, G. N., Grimley, S. J., Dalrymple, E. R., & Olson, L. E. (2018). Effect of seminar on compassion on student self-compassion, mindfulness and well-being: A randomized controlled trial. *Journal of American College Health, 66*(7), 537-545. https://doi.org/10.1080/07448481.2018.1431913

Leary, M. R., Tate, E. B., Adams, C. E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: the implications of treating oneself kindly. *Journal of Personality and Social Psychology, 92*(5), 887. DOI: 1 0.1037/0022-3514.92.5.887

Long, M., Ferrier, F., & Heagney, M. (2006). Stay, play or give it away? *Students continuing, changing or leaving university study in their first year*. Centre for the Economics of Education and Training. https://web.archive.org.au/awa/20070301015018mp_/http://pandora.nla.gov.au/pan/68539/20070301-0000/www.dest.gov.au/NR/rdonlyres/678FF919-3AD5-46C7-9F57-739841698A85/14398/final.pdf

Long, P., & Neff, K. D. (2018). Self-compassion is associated with reduced self-presentation concerns and increased student communication behavior. *Learning and Individual Differences, 67,* 223-231. https://doi.org/10.1016/j.lindif.2018.09.003

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative Health Research, 26*(13), 1753-1760. https://doi.org/10.1177/1049732315617444

Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y.-J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion, 33*, 88-97. https://doi.org/10.1007/s11031-008-9119-8

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85-101. https://doi.org/10.1080/15298860309032

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology, 69*(1), 28-44. https://doi.org/10.1002/jclp.21923

Neff, K. D., Hsieh, Y.-P., & Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity, 4*(3), 263-287. https://doi.org/10.1080/13576500444000317

Neves, J., & Brown, A. (2022). *Student academic experience survey 2022*. https://www.hepi.ac.uk/wp-content/uploads/2022/06/2022-Student-Academic-Experience-Survey.pdf

Neves, J., & Hillman, N. (2016). *The 2016 student academic experience survey*. https://www.hepi.ac.uk/wp-content/uploads/2016/06/Student-Academic-Experience-Survey-2016.pdf

NHS Employers. (2024). *Staff experience in the NHS*. https://www.nhsemployers.org/articles/staff-experience-nhs

Noddings, N. (2008). Caring and Moral Education. In L. P. Nucci & D. Narvaez (Eds.), *Handbook of moral and character education* (pp. 161-174). Routledge.

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher, 45*(3), 241-251. https://doi.org/10.1080/0142159X.2022.2057287

Orosa-Duarte, Á., Mediavilla, R., Muñoz-Sanjose, A., Palao, Á., Garde, J., López-Herrero, V., Bravo-Ortiz, M.-F., Bayón, C., & Rodríguez-Vega, B. (2021). Mindfulness-based mobile app reduces anxiety and increases self-compassion in healthcare students: A

randomised controlled trial. *Medical Teacher, 43*(6), 686-693. https://doi.org/10.1080/0142159X.2021.1887835

Parattukudi, A. (2019). Enacting the Educational World in Compassion: A Reflection and Positioning of How to Teach and Learn the Art of Compassion. *Journal of the International Society for Teacher Education, 23*(2), 37-52. https://eric.ed.gov/?id=EJ1241990

Reid, N. (2019). Compassionate Spaces. In I. Palti (Ed.), *Conscious cities anthology 2019: Science-informed architecture and urbanism.* The Centre for Conscious Design. https://doi.org/DOI:10.33797/CCA19.01.16

Rice, P., & Bakke, M. H. (2022). Advocating a pedagogy of kindness. In L. S. Zavodna & T. Falch (Eds.), *Teaching generation snowflakes: new challenges* (pp. 169-179). Prague University of Economics and Business.

Sellnow, D. D., Strawser, M. G., & Miller, A. (2022). Navigating the course integrity/compassionate care dialectic in online teaching and learning. *Communication Education, 71*(2), 158-160. https://doi.org/10.1080/03634523.2021.2022733

Shapiro, J. (2008). Walking a mile in their patients' shoes: Empathy and othering in medical students' education. *Philosophy, ethics, and humanities in medicine, 3*, 1-11. https://doi.org/10.1186/1747-5341-3-10

Shea, S., Wynyard, R., & Lionis, C. (2014). *Providing compassionate healthcare: Challenges in policy and practice*. Routledge.

Sinclair, S., Norris, J. M., McConnell, S. J., Chochinov, H. M., Hack, T. F., Hagen, N. A., McClement, S., & Bouchal, S. R. (2016). Compassion: A scoping review of the healthcare literature. *BMC Palliative Care, 15*, 1-16. https://doi.org/10.1186/s12904-016-0080-0

Sinclair, S., Russell, L. B., Hack, T. F., Kondejewski, J., & Sawatzky, R. (2017). Measuring compassion in healthcare: A comprehensive and critical review. *The Patient-Patient-Centered Outcomes Research, 10*, 389-405. https://doi.org/10.1007/s40271-016-0209-5

Sinclair, S., Torres, M.-B., Raffin-Bouchal, S., Hack, T. F., McClement, S., Hagen, N. A., & Chochinov, H. M. (2016). Compassion training in healthcare: what are patients' perspectives on training healthcare providers? *BMC Medical Education, 16*, 1-10. https://doi.org/10.1186/s12909-016-0695-0

Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology, 70*(9), 794-807. https://doi.org/10.1002/jclp.22076

Sparkes, A. C., & Smith, B. (2013). *Qualitative research methods in sport, exercise and health: From process to product.* Routledge.

Spawforth-Jones, S. (2021). Utilising mood boards as an image elicitation tool in qualitative research. *Sociological Research Online, 26*(4), 871-888. https://doi.org/10.1177/1360780421993486

Stephens, L. E. (2023). More than students… a pedagogy of kindness. *SCHOLE: A Journal of Leisure Studies and Recreation Education, 38*(2), 136-137. https://doi.org/10.1080/1937156X.2021.1986434

Taff, S. D., & Clifton, M. (2022). Inclusion and belonging in higher education: A scoping study of contexts, barriers, and facilitators. *Higher Education Studies, 12*(3), 122-133. https://eric.ed.gov/?id=EJ1361268

Taylor, A., Bleiker, J., & Hodgson, D. (2021). Compassionate communication: Keeping patients at the heart of practice in an advancing radiographic workforce. *Radiography, 27*, S43-S49. https://doi.org/10.1016/j.radi.2021.07.014

Terry, M. L., Leary, M. R., & Mehta, S. (2013). Self-compassion as a buffer against homesickness, depression, and dissatisfaction in the transition to college. *Self and identity, 12*(3), 278-290. https://doi.org/10.1080/15298868.2012.667913

Tomlinson, A., Simpson, A., & Killingback, C. (2023). Student expectations of teaching and learning when starting university: A systematic review. *Journal of Further and Higher Education, 47*(8), 1054-1073. https://doi.org/10.1080/0309877X.2023.2212242

Waddington, K. (2016). The compassion gap in UK universities. *International Practice Development Journal, 6*(1), 10. https://doi.org/10.19043/ipdj.61.010

Waddington, K. (2018). Developing compassionate academic leadership: The practice of kindness. *Journal of Perspectives in Applied Academic Practice, 6*(3), 87-89. https://doi.org/10.14297/jpaap.v6i3.375

Waddington, K., & Bonaparte, B. (2022). *Developing compassionate pedagogical practice with students as co-researchers.* Society for Research into Higher Education. https://westminsterresearch.westminster.ac.uk/download/713f833abffd0a7d583b0b2d931bfaa820b65017ae49b99ae030f54c40f3c777/539073/WADDINGTONBONAPARTE_SRHE_FINAL_REPORT%20%281%29.pdf

Waddington, K., & Bonaparte, B. (2024). Compassion in higher education: Fashion or future for relational pedagogies? *Higher Education Research & Development*, 1-8. https://doi.org/10.1080/07294360.2024.2406505

Wiltshire, G. (2018). A case for critical realism in the pursuit of interdisciplinarity and impact. *Qualitative Research in Sport, Exercise and Health, 10*(5), 525-542. https://doi.org/10.1080/2159676X.2018.1467482

Worline, M. C., & Dutton, J. E. (2022). The courage to teach with compassion: Enriching classroom designs and practices to foster responsiveness to suffering. *Management Learning, 53*(1), 33-54. https://doi.org/10.1177/13505076211044611

Zheng, M., & Zhang, Y. (2021). Suffering in education and its effective solution. *International Journal of New Developments in Education, 3*(3). https://doi.org/10.25236/IJNDE.2021.030314