

## Can Compassion be left to chance?

**An invitation to leaders and professionals in Healthcare to consider how the core value of compassion can be “consciously orchestrated” in their organisations.**

*By Dr. Roger Greene, Alastair Mitchell-Baker and Simon Thane.*

### **Introduction.**

In the keynote address to the 2007 Florence Nightingale Commemoration Service in Westminster Abbey, the Ministry of Defence Nursing Advisor Group Captain Wendy Williams said;

"Courage and compassion are probably the two most important core values which epitomize nursing. When we look to those values, there is no greater role model to nurses today than Florence Nightingale. (...) whether we are military or civilian, we need to uphold the tenants of courage and compassion on a daily basis as the patient's advocate".

Lord Darzi of Denham, Parliamentary Under Secretary of State, has put compassion back centre stage in the NHS Next Stage Review.

Among other things **High Quality Care for All** says;

“Quite simply, the NHS is there when we need it most. It provides round the clock, compassionate care and comfort.”

“High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect”

No-one would seriously question Group Captain Williams’ statement that courage and compassion are core values of nursing.

No-one would seriously challenge Lord Darzi’s statements of ambition for an NHS of compassion, dignity and respect.

They are all statements the Boards of NHS organisations would sign up to without hesitation.

But hardly a week goes by without another NHS scandal.

So, are the statements just motherhood and apple pie, or can they be true of the NHS today?

In this paper we seek to address some key challenges for the leadership of any NHS organisation;

- Does purpose alone instil compassion in the NHS?
- Can compassion be left to chance?
- Is there such a thing as a compassionate organisation?
- Can compassion be built in to an organisation?

Tricordant is an organisation design and development consultancy with wide experience of the NHS both from within and outside. What follows are three perspectives from Tricordant Directors covering leadership, organisational systems and strategic planning, as we seek to shape an approach that can help NHS leadership answer the very questions we have posed.

### *3 Perspectives*

#### **Compassion in Leadership**

I recently had the misfortune of being admitted to a hospital in London as an emergency for 24 hours. At the end of that brief period of time I felt as though I had been cared for in three different hospitals. Here's why.

I was taken initially to A&E where I was assessed and stabilised. The Staff Nurse looking after me showed personal concern for me. She didn't spend vast amounts of time with me, but whenever she walked past my bed she looked my way and mouthed the words "are you okay?" Whenever she attended to me she would lean forward and look me in the eye. I could feel her compassion. I realised after a couple of hours that she was actually the team leader, not just my "named nurse". I was transferred out of A&E a little later to the hospital's Clinical Decision Unit. Slightly to my surprise, but also to my pleasure the same Staff Nurse continued to supervise my care. I felt I was in **good** hands and I felt re-assured.

The night staff came on several hours later. The Staff Nurse was very personable and humorous; she introduced herself to each patient, but she was also very forthright. When she walked by the bed she would look my way so I knew I was being supervised. Later however she had an argument with a patient who wanted to discharge himself and she could be heard by the whole ward saying "well walk out then and if you drop dead with a heart attack you've only got yourself to blame". A Nursing Assistant came over and spoke with the patient a bit later when the Staff Nurse had left the ward on a break. She listened to him and empathised with his situation. She showed him compassion and understanding. I felt I was in **competent** hands with the Staff Nurse, but wondered why the Nursing Assistant had to wait until the Staff Nurse was off the ward to show my fellow patient some compassion.

The Staff Nurse leading the morning shift came on to the ward sounding like a Sergeant Major. She probably thought that was how old-fashioned Matrons would behave. Soon after the shift change a newly admitted patient was being sick in the bed next to me. No-one came to her. After 2 or 3 minutes another patient went to alert the Staff Nurse. She said "it's okay, it's the drugs she has taken". She barely glanced the patient's way, but just drew the curtains around her bed. None of the other staff went near the patient. Not the remotest trace of compassion except from other patients. I now felt I was in **business-like** hands. I couldn't wait to be discharged. I was so glad I was not admitted on this shift.

24 hours in one hospital. Three shifts. Three different team leaders. Three different experiences as a patient. I went from feeling I was in good hands to feeling I was in competent hands, to feeling I was just the number of a bed they needed to vacate. Why?

The difference was in the leadership of each shift. For all I knew they were all equally competent and skilled. But they were not equally compassionate. And it was only under the leadership of the compassionate Staff Nurse that the other nurses felt free to exercise their compassion with the patients.

I know which hospital I preferred.

*Roger Greene*

## A Systems Approach to Compassion.

I get fidgety when people speak about compassion in healthcare. Don't get me wrong, I believe it is as real and as vital a part of the healing process as the surgeon's knife or the well-targeted dose of chemotherapy. My quandary is that personal compassion is a central issue and an irrelevance both at the same time. Let me explain.

What is a hospital ward or an old people's nursing home if the staff have little personal compassion for their patients? The vital spirit is missing. They have lost sight of their purpose and forgotten why they started in their profession. The health service is all about treating, caring and healing. Compassion is central to that identity and reason for being. So compassion is perhaps the central issue. But is it enough?

What about a cancer ward, a diabetes clinic, or an ambulance crew with dedicated, caring, and compassionate staff, but where the work environment is poorly equipped, badly organised and buried in a sea of bureaucracy? What good is the touch of a hand or the pause at the bedside, if the 'system' doesn't seem to care? This is my source of unease and frustration.

Compassion in health professionals is intangible. It is a feeling, a spirit, a personal value or an ethic we **expect** of them. But it's not enough. The organisational system they work in also has to be compassionate; otherwise the patient's experience of compassion is incomplete.

The best available research shows one in ten patients admitted to hospitals in the UK will fall victim to an unintentional error. This is unacceptable. Think of the outcry if a supermarket, a car manufacturer or an airline was harming people on this scale. It isn't simply because of careless staff. It's the 'system' that doesn't work and that isn't compassionate. If the socio-technical "whole-system" is mis-aligned with the organisation's purpose, it is highly likely to appear uncompassionate to patients, and indeed to the staff working in it despite their best efforts.

Where should we start with compassion? Should we start by encouraging healthcare leaders to be role-models and recognise compassionate behaviours in others? Or should we start by equipping those leaders to create local work environments where the 'whole system' works effectively and efficiently to deliver appropriate, safe healthcare?

It's not a question of either/or. We need both.

Can a healthy work environment be designed? We think it can. Think of architecture. Remember Sick Building Syndrome? A lot of research has gone into modern hospital design to create environments that are geared to healing and, for example, avoidance of infection. It's no different when designing work systems and organisations. We believe there are lots of organisations with 'Sick System Syndrome'. It's just rarely diagnosed.

We see several basic characteristics in the design of an organisation environment and systems where compassion can flourish. Here are a few examples.

Take Roger's experience of the 3 different team leaders. Think of job design. Did the first staff nurse follow him from A&E to the CDU because she wanted to or because her job was designed that way? Or was the job designed to satisfy Agenda for Change grading criteria?

Think of performance appraisal. Is compassion recognised and rewarded in the performance appraisal system for staff? If it is recognised, how does it compare with

skills and competence in the appraisal of professional staff? Where is compassion in the Knowledge & Skills Framework?

Think of communications training. The night shift argument happened because the patient didn't want to frighten his family by having to stay overnight in hospital. In fact he didn't want them to know he had been unwell at all. A difficult situation for staff, but a simple conversation about handling communication with his next of kin could have averted a public argument.

Think of how teams are organised and led. Think of what performance measures are in place for the ward or unit. Think about whether the ward team has the tools to plan, deliver and evaluate their own performance. And so much more besides.

We often talk about leaders walking the talk. The challenge we pose here is whether the organisation systems are aligned with its values. Do your systems walk the same talk as you? Or do you have Sick System Syndrome where you work?

The good news is that it is treatable!

*Simon Thane*

## **Can we Plan for Compassion?**

My colleagues have highlighted the importance of leadership and the reinforcing systems necessary to sustain compassion in organisations. I want to share some thinking about how the organisation's senior leaders – including the Board – can create the strategic context to promote and sustain these individual and systematic aspects of compassion and humanity within their organisation.

My personal perspective has developed over 20 years of close involvement with health care. I remember vividly my emotional responses when, as a trainee NHS manager, I spent two weeks as a nursing assistant on two different wards, providing basic care for very vulnerable and frail patients. Their gratitude at the little I could do and more significantly the expert care and concern shown by some of the nurses was a massive lesson to me. And then I recall the care of an experienced midwife who 'went the extra mile' when our first child took a long time to appear and then arrived in a chaotic burst of frightening medical activity. And the professionalism and sheer vivacity of a specialist urology nurse (who worked across the corridor from my office) putting worried patients at ease and preserving their dignity as they endured a range of urodynamics procedures. And then I met Robin Youngson.

My first real encounter with Robin was to sit in a press conference in Waitakere Hospital, New Zealand on the first day I arrived to work there. Robin and the hospital General Manager, Rachel, faced a room of TV cameras and journalists to report on a serious operating room fire where a mother received massive burns during an emergency caesarean. The report<sup>1</sup> and conference demonstrated a rare combination of open disclosure, real care for the patient and her family, as well as for the staff. It was coupled with a determination to apply a holistic open learning systems approach to understanding what had happened. I could barely restrain myself from declaring to the assembled hacks how different this was from the norm!

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<sup>1</sup>

<http://www.medsafe.govt.nz/downloads/alertWaitemata.pdf>

This really got me thinking about what was systematically different here. As I worked with Rachel, Robin and the wider team I learnt that what I saw that first morning was the result of a deliberately thought through strategy based on a shared set of values - the 'Waitakere Way.' They include a commitment for instance to 'no harm' for patients and staff – avoiding emotional, psychological and spiritual harm as well as physical harm.

Robin's own experiences following his daughter's serious car accident have been described in his recent paper.<sup>2</sup> Within this he proposes an action plan for compassion:

- Declare 'compassion' as a core value.
- Reward rather than punish compassionate caring.
- Hone communication and relationship skills.
- Provide space for staff to discuss difficult issues.
- Challenge models of professionalism.
- Hard-wire new behaviours.
- Declare compassion as a management and leadership competence.
- Engage health consumers in the change.

If senior healthcare leaders are serious about embedding and sustaining compassion, then this seems a good place to start.

My reflections tell me this won't happen without serious and sustained intention, combined with wise action. Sad as it is, it is not the default position of many of our healthcare organisations. Witness the 3 hospitals in 24 hours story from Roger.

I am convinced strategic leadership is required to nurture and embed compassion and humanity in NHS organisations. This is not only what patients want and staff long for, but the evidence is growing that it's good for the organisation too. As K L Gramling wrote in 1997, 'we cannot leave caring to chance – it must be consciously orchestrated'.

*Alastair Mitchell-Baker*