

SOME OF THE BEST
THINGS
IN LIFE ARE FREE



Compassion

A facilitator's guide

Part of the *DNA of Care* Programme

Acknowledgements

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This guide, together with the accompanying presentation and the other guides and presentations in the series, can be downloaded from www.patientvoices.org.uk/dnaoc.htm

***DNA of Care* guides for facilitators**

This guide, together with the others in the series, has been developed to enable you to make the most effective use of the *DNA of Care* stories. It is not intended to be prescriptive, but rather it is intended to offer some direction on the journey towards improving experiences of care for all those who deliver it as well as all those who receive it. We hope you will find it helpful.

There are five guides in the series:

Bringing your whole self to work

Compassion

Compassionate leadership

Improvement and change

Resilience

We would love to hear about your own experience of using the guide/s and sharing the stories. If you have any questions or would like to share any feedback with us, please contact the authors:

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Compassion

'If we want staff to treat patients with compassion and respect and care and dignity, then we must treat staff with compassion and care and respect and dignity.'

Michael West

www.kingsfund.org.uk/audio-video/michael-west-leading-cultures-compassionate-care

Compassion is the deeply-felt desire to relieve the suffering of another being, whether that is a patient, a colleague, a friend or loved one, an animal or plant. There is no shortage of suffering in the NHS and there is grave danger of an epidemic of compassion fatigue knocking down clinicians and managers with too much to do and too little time in which to do it.

Background and context

Care is at the very core of our NHS business and defines its staff and their work. People receiving care, quite rightly, expect it to be right for them throughout every stage of life. Empathy, dignity, respect and trust are fundamental to the delivery of compassionate care and these same qualities characterize the relationships that support compassionate care.

Compassionate values have never been more important than they are at the present time. Since 2013, a succession of reports, including the Francis Report, the Keogh Report, the Cavendish and Berwick Reviews, have emphasised the centrality of compassion in the care we deliver. Most recently, in January 2018, the Independent Review into Liverpool Community NHS Trust reminds us that we can never be complacent about compassion and must continue to listen to the people we care for and to the staff who are responsible for that care.

Compassion, kindness and community

Compassion is closely related to kindness and kindness is closely related to 'kinship'. Ballatt and Campling argue that 'intelligent kindness' is essential to the survival of the health service and the entire community of patients, doctors, nurses, porters, managers, etc. (Ballatt and Campling, 2011). Without kindness, the community will fall apart and care will be less than it could and should be.

Compassion is usually associated with those receiving care from the NHS, with health and care staff providing compassionate care for patients, their carers and families. But patient partners have emphasized the importance of compassion in relation to NHS staff, recognising that when things go well for patients they go well for staff too, and when they go badly for patients then they often go badly for staff too. As a patient leader recently said '*we are in this together because it's our NHS and we're all human*'.

Compassion fatigue and ‘second victims’

While many health and care staff gain satisfaction from providing compassionate care, it can also be emotionally, physically and mentally demanding. Errors in health and care take a toll on staff, in addition to the impact on patients and their families. Of course, patients are the first victims but it is clear that members of healthcare teams are also vulnerable to the impact and the consequences of errors; indeed the term ‘second victim’ is sometimes used to describe the impact on the workforce who

‘often bear silent witness to mistakes and agonise over conflicting loyalties to patient, institution, and team. They too are victims.’ (Wu, 2000)

We know that, as a health and care system, we need to look after our staff much better than we have ever done before, if they are to be able to deliver consistently compassionate care. With nearly 40% of NHS staff reporting feeling unwell due to stress (NHS staff survey, 2015), this is becoming increasingly important. Indeed, Michael West tells us that

‘NHS staff are more likely than the rest of the working population to become patients.’

‘It is not enough simply to aim to reduce staff stress levels. We should be promoting the idea that humans can flourish in the workplace.’

(West, 2016)

Caring for those who care

While there are many examples across the health and care system of activities and approaches that promote and support the health and wellbeing of employees, there is increasing awareness that the nature of healthcare needs us to focus more explicit attention on the need for compassion towards health and care staff. The Point of Care Foundation publication *Behind Closed Doors* (2017) stresses that

‘delivering high quality care is only possible if staff get the practical and emotional support they need’ and that ‘staff experience should be given equal priority to patient experience at all levels of the healthcare system’.

In May 2016, NHS England launched *Leading Change, Adding Value*, a framework to support nursing, midwifery and care staff to take an active role in leading change in health services. The framework acknowledges that better staff health and wellbeing is associated with improved outcomes and experience for patients but that working in health and social care can be demanding as well as rewarding. Commitment 6 in [Leading Change, Adding Value](#) encourages us to *‘actively respond to what matters most to staff and colleagues’* and stresses that

‘We must show the same care and consideration to ourselves and our colleagues as we do to those we serve.’

We understand that asking patients *‘what matters to you?’* instead of *‘what’s the matter with you?’* makes a big difference to their experiences of care. How much more difference could we make if we started asking both patients *and* staff the question: *‘What matters most to you?’*

AHPs into Action is a national framework and programme of work focusing on the roles of the 14 Allied Health Professions in transforming health, care and wellbeing. This framework also includes a commitment to caring for those who care. It recognises that

‘Promoting a culture that improves the health and well-being of employees is good management and leads to healthy and productive workplaces as evidenced in the NICE Healthy Workplace guidance.’

As part of their dedicated doctors’ programme, the Royal College of Physicians has also considered the need for staff to experience care and compassion:

‘Sustained compassion needs time and space to flourish and to safeguard against burn out. Doctors show significant compassion to our patients, but we also need to be shown compassion ourselves. Healthcare organisations must show compassion to their teams and staff – the NHS must develop a culture of compassion’. (Trimble, 2017)

Compassion in the workplace

Workplace compassion is a distinct element of staff experience and *‘is experienced by staff as a result of the thoughtful, caring, and empathetic actions of others’* (NHS England Commissioning for Compassion guide). As Michael West (2016) urges us:

‘We need to understand compassion as a set of active behaviours rather than as a passive state, we need to see its value and power, and maybe we need to start by making sure we deliver it to each other too.’

Kenneth Schwartz, a Boston healthcare lawyer, who founded the [Schwartz Centre](#) a few days before his death from lung cancer, made powerful feelings-driven observations of connections between staff and patients...between people. He said:

‘I cannot emphasise enough how meaningful it was to me when care-givers revealed something about themselves that made a personal connection to my plight. The rule books, I’m sure, frown on such intimate engagement between care-giver and patient. But maybe it’s time to rewrite them.’

While we may be familiar with Schwartz Rounds, there is still progress to be made in the direction of the Schwartz Centre mission that makes compassion a priority for staff, patients and families alike.

The power of stories: the *DNA of Care*

'Just as care in the NHS is free at the point of need, NHS staff carry within them a vast reservoir of expertise and experience that is free at the point of telling: their unspoken, unheard stories of care and caring. The intertwined relationship between patient care and staff well-being has been likened to the double helix. And so the stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.'

www.patientvoices.org.uk/dnaoc.htm

In the first half of 2016, NHS England funded five Patient Voices™ workshops for staff to create their own digital stories about working in healthcare. The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone.

The *DNA of Care* digital stories have been used in a wide variety of ways and evaluation indicates that they highlight important issues in an impactful way. They have been used in Trust training and induction events, at local, regional, national and international conferences, in multi-disciplinary team meetings, in workshops, as part of reflective activities, in care homes, in digital Schwartz Rounds, as a means of exploring professionalism and values, and in other ways that we don't even know about. Viewers of the stories are reminded of our humanity and our connection, while the storytellers themselves experienced the process of creating their stories as therapeutic, reflective, fulfilling and positive.

Stories of compassion

You may find the following *DNA of Care* digital stories useful as inspiration and/or as prompts for reflection and discussion. Please feel free to show them from the [Patient Voices website](#) or use the slide packs that accompany these notes.

It's a good idea to watch the stories before you present them to others so that you can select the most appropriate story or stories for your audience and your purpose. The stories can affect different people in different ways so you may wish to consider giving a general trigger warning such as 'Many of these stories are very emotional and we are aware that they may trigger strong feelings.'

Stay

One of the key tasks of a Supervisor of Midwives is to support other midwives in their professional actions and duties. Sometimes, unfathomable tragedies strike and, when one does, Rachel learns that the hardest and most important thing to do can be to stay, to be with colleagues, with the team through the crisis just as the vocation of a midwife is to stay, to be with, the mothers s/he supports.

Impermanence

One day, Natasha, a fit, capable pain consultant, has to enter A and E through the 'customers' entrance' for the first time. The effect of crippling migraines for months, plus the effect on her sense of self, led to a greater understanding of what it is to be a patient, and how impermanence permeates all aspects of our lives. That, in turn, leads to growth in her understanding of compassion and resilience.

Tears

The boundary between professional and personal can sometimes become blurred. When patients are given bad news and devastating diagnoses, is it really unprofessional to cry with them? David's job as an Associate Practitioner requires him to be professional but, as a caring human being, he shares his patients' grief. One woman teaches him that patients can care for professionals too and finally, after a time of darkness and despair, David has learned how to care better for himself so that he can continue to provide the kind of care he wants to give his patients.

Critical Care

It can be difficult, when caring for critically ill patients, to remember that they are people too, with lives, families and feelings. Louise was a critical care nurse – in every sense of the term. When a patient dies unexpectedly, she questions whether she did the right thing by the patient – and the patient's husband. But his gratitude taught her an important lesson about what care really means so that she can now focus on the positive and help her colleagues to celebrate their achievements.

Making a difference?

What is it that really matters to patients? What makes the most impact? Is it the business continuity plans, reports and cost benefit analyses that management requires? Or is it the human, caring and compassionate care that lets people know that they matter? Once a physiotherapist and now a manager, Denise reflects on one particular patient and the difference she made to that family.

The wooden soldier

Small things can make a huge difference. Take an ingrown hair, for example... a tiny thing which can cause pain, embarrassment, isolation, debilitation, depression. On the other hand, small acts of kindness and humanity can also make a huge difference; like taking the time to share conversations about common interests – even when – or perhaps especially when – those interests are a little unusual!

You can do this!

Supporting women when they are vulnerable and in pain is the role of a midwife. Elaine learned the hard way that that courage, confidence, care, reassurance and gentle encouragement are essential to women in labour. As part of her commitment to enabling

every woman to have the kind of birth she wants, Elaine is always ready to say those four words that every woman in labour needs to hear.

Touch

The choices we make in our personal and professional lives may be made despite, or because of, our own experiences, but they are always affected by them. A consultant anaesthetist tells of how the discovery of his own physical and emotional vulnerabilities when he became a patient has informed his care for his patients, his colleagues and himself.

Time to care

Jacqueline has been a nurse for the last thirty years and her personal opinion of what makes a good nurse has not changed in all of that time. A diagnosis of cancer, going through treatment and having a temporary tracheostomy reinforced for her what is important for patients. It is not necessarily the clinical skills, the documentation or the care planning that always matter s to patients, but rather the small acts of kindness and compassion that take just a little more time.

Baby steps

It can be difficult for a health visitor to know where to start when supporting vulnerable, complex families. The fear that a baby may die and the needs of the family can be overwhelming. Sometimes the baby can be forgotten as professionals focus on the needs of the parents. Effective, restorative supervision enables the health visitor to explore the emotional impact of working with complex families, be compassionate and keep the baby in mind. Small steps which build on the strengths in a family, working in partnership and walking in the baby's shoes can improve outcomes.

Non-DNA of Care stories about compassion

There are many other stories of compassion on the Patient Voices website and you may find other stories that suit your purpose. Please feel free to browse www.patientvoices.org.uk/stories/htm and use the search facility to find stories about compassion. Here are just two examples.

Pieces

Claudia has worked and lived in different countries, and different parts of one country. Medicine, healthcare, cannot save everyone and when death, severe illness or harm happen unexpectedly, a serious incident (SI) has to be reported. This is one story of one incident and one team in a hospital somewhere.

Can I have a hand please?

Patients in the last days and hours of life can sometimes be challenging and even unreasonable. As the only male professional on the ward, Weehaan is at first frustrated, but then patiently responds to the final requests of a dying man.

Questions for reflection, discussion and debate

The following questions are suggestions – please do feel free to ask questions that occur to you or that may be more relevant to the session you are delivering.

1. What do you understand by ‘compassion’?
2. How do you think these stories illustrate compassionate care?
3. Do these stories change your ideas about compassion?
4. How important do you think compassion really is in the delivery of safe, evidence-based care?
5. What three things does xx story focus our attention on, in terms of what we should do next?
6. Having seen xx story, what is the one thing you feel compelled to do immediately?
7. In what ways do you show compassion for yourself and your colleagues?
8. How far do you think compassionate care for patients relies on compassionate care for staff?
9. How can xx story help us to refocus on the importance of listening to the experiences of those who deliver care?
10. How does ‘Impermanence’ draw our attention to the practical and emotional support that is essential if staff are to deliver consistently high quality care?
11. How do the *DNA of Care* stories capture the essence and significance of asking all staff ‘*what matters to you?*’
12. How do the stories support the development of a compassionate culture?
13. How do stories xx and x highlight the risks of *not* developing compassionate organisational cultures?
14. How can the *DNA of Care* stories help us respond to Kenneth Schwartz call to ‘*rewrite the rule books*’, to make more personal connections and to have the courage to embrace and share our vulnerabilities?
15. How can ‘Tears’ help focus a conversation about compassion for patients and for staff being described as ‘two sides of the same coin’?
16. How does ‘Pieces’ focus our attention on harm to staff as second victims and what clues does it provide as to how to mitigate the potential harm?
17. How does ‘Pieces’ highlight the compassionate actions that could be part of our response to learning from serious incidents?
18. How can ‘Stay’ help to focus our thinking and actions on the importance of looking after one another?
19. What key messages does ‘Tears’ highlight about becoming unwell through work and finding ways to flourish in the workplace?

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