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Compassion in care: ten things you can do to make a difference

FACULTY REPORT

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Introduction

'I find the ward round goes much faster if you don't talk to patients' (Anon)

This quotation from a (probably apocryphal) medical consultant nicely illustrates the tension between giving task-focused care and giving care with a kind, patient, human face.

There is a groundswell of opinion that too much business in the National Health Service (NHS) is about completing tasks, meeting objectives, operating within process and financial envelopes, and that not enough is done to ensure that patients feel respected, are treated as individuals and are handled sensitively. Most readers of this report will be familiar with the Francis report and its recommendations following a series of investigations into Mid Staffordshire NHS Foundation Trust (Francis, 2013), where problems included primacy given to financial objectives, under-resourcing, poor clinical leadership, disengagement of senior clinicians and other organisational factors that combined to undermine care given to patients, with serious and sometimes fatal consequences.

The purpose of this faculty report is to highlight why compassion is important, what gets in the way of delivering compassionate care and what can be done to facilitate it. The intended audience is primarily psychiatrists, but the actions identified to encourage compassionate care can apply to all health and social care professionals in any care setting.

What is compassion and why is it important?

The first task is to have an understanding of what compassion is. Compassion is usefully described as a sensitivity to distress together with the commitment, courage and wisdom to do something about it (Cole-King & Gilbert, 2011). Our ability to be compassionate relates to the capacity for caring required in the infant–parent relationship and seems to be hard-wired into our brains. There is evidence that compassionate relationships have significant physiological effects, for instance influencing heart rates, breathing and other internal systems, including our brains (Cole-King & Gilbert, 2011).

In healthcare, compassion can help prevent health problems and speed up recovery. Compassion can improve staff efficiency by enhancing cooperation between individuals and teams and between patients and healthcare professionals. Compassion in healthcare is not a function of one individual – it is shaped and influenced by our environment and the systems in which we live and operate. Even the best people do terrible things in a toxic system. Organisations shape the way health services are delivered, inasmuch as they either support or militate against certain styles of working. Many kinds of constraint on compassionate care have been cited: reward systems, time demands and various aspects of organisational culture (Thompson & Ciechanowski, 2003). Also blamed are the 'shackles of routines and ritual', which hinder flexible, individualised and creative delivery of patient-centred care (Kelly, 2007).

The literature suggests that healthcare professionals who are compassionate encourage greater disclosure by the patients about their concerns, symptoms and behaviour, and are ultimately more effective at delivering care (Larson & Yao, 2005).

Underpinning the human capacity for compassion are six essential qualities and attributes (Cole-King & Gilbert, 2011).

1. **Motivation:** the motivation to be caring, supportive and helpful.
2. **Sensitivity:** a capacity for sensitivity and open attention, noticing when others need help, and not turning a blind eye or using denial or justification to avoid engaging with suffering.
3. **Sympathy:** the emotional ability to be moved by distress in others.
4. **Distress tolerance:** the ability to tolerate difficult emotions and situations both in ourselves and others. People who feel overwhelmed by distress in others can turn away from it, but they

can also act as rescuers, motivated to turn off distress as fast as possible because it is upsetting to them.

5 **Empathy:** our ability to understand and emotionally recognise the feelings, motivations and intentions of another human being. Empathy allows us to make sense of feelings and to be able to predict the effects of behaviour on others.

6 **Non-judgement:** compassion involves being non-judgemental and non-condemning. Feeling angry or frustrated about a situation beyond our control makes us vulnerable not only to burnout but also to becoming blaming and judgemental.

Why aren't we compassionate all the time?

'Wanting to be kind we are likely to discover generosity' (Philips & Taylor, quoted in Ballatt & Campling, 2011, p. 154)

Organisational elements have a major influence on the capacity to be compassionate (Cole-King & Gilbert, 2011), but there are individual factors that affect this capacity and this is important to address. Being compassionate can have a positive effect on the individual (Gilbert *et al*, 2011) and those most adept at compassion may have greater resilience in the healthcare setting (Cole-King & Gilbert, 2011). Nonetheless, the demands of frequent contact with patients who are suffering are generally considered to be a significant stressor that can limit the capacity for compassion.

Reduced capacity for compassion

Three related and overlapping constructs help explain a reduced capacity for compassion.

1. **Compassion fatigue:** a reduced ability to tolerate strong emotions in patients, colleagues and loved ones when staff are unable to take leave, time out or regenerate emotional reserves. It can be associated with emotional detachment and is related to exposure to intense experiences, as well as individual personality characteristics.
2. **Burnout:** emotional exhaustion, depersonalisation and a reduced sense of accomplishment. It is considered to be related to personality characteristics, attitudes (such as high expectations of oneself) and organisational characteristics. Both compassion fatigue and burnout are more likely when there are high levels of work and little organisational support.
3. **Secondary traumatic stress** (or vicarious trauma; Sabo, 2011): a more specific problem, with symptoms similar to those of post-traumatic stress disorder, when staff are exposed at work to various traumas experienced by patients. Doctors have higher stress levels than the general population, with psychiatrists faring even worse (Firth-Cozens & Cornwell, 2009).

A broader cultural value set can also be of relevance in compromising individual capacity to be compassionate. In Western societies, individual success and resilience can be valued at the expense of 'soft' emotions (such as compassion and kindness) which might be regarded as naïve, idealistic, ineffectual or even worse (Ballat & Campling, 2011). Of interest is an exploration of the potential vulnerabilities of staff drawn to work in the mental health field (Firth-Cozens, 2007).

Self-compassion

In terms of predisposition to compassion, the concept of self-compassion is receiving increasing attention. It is proposed that proficiency in self-compassion is associated with many aspects of personal well-being and is more beneficial than having high self-esteem (Neff, 2009). The most commonly cited model of self-compassion consists of three components.

1. **Self-kindness:** the tendency to be kind to oneself rather than critical of oneself.
2. **Common humanity:** the recognition that all humans are imperfect and make mistakes.
3. **Mindfulness:** being aware of present experience in a clear and balanced way, neither ignoring nor ruminating on disliked aspects of oneself or one's life.

How can we improve things?

As an individual

Mindfulness

Research on compassion is limited, but there is growing evidence that enhancing self-compassion increases well-being (Allen & Leary, 2010) and resilience (Smeets *et al*, 2014), enhancing the capacity to be compassionate towards others. Such an approach to practice could be mistaken for self-indulgence and avoidance of responsibility for mistakes. However, this is not the outcome of effective mindfulness. Real reflection may facilitate insight into harm caused, along with remorse, sadness and guilt, thereby facilitating reparative behaviour (Veale *et al*, 2014).

Mindfulness has been recommended as a significant aid to developing compassion. It is important to take moments to stop, think, reflect and acknowledge our feelings, a process that need not be highly time consuming. It is important to be aware of these considerations, as they could potentially provide insight into what might be inhibiting such an approach. Many opportunities are available to learn a mindfulness approach, online and through training and conferences.

Strategies

The basic strategies to facilitate compassion are straightforward: ensuring an effective support network and considering modes of relaxation (including alcohol intake). The extent to which relaxation involves trauma-related drama (e.g. violence on TV) and reading should also be addressed (Mathieu, 2014). Shapiro *et al* (2011) reported on a simple, evidence-based technique that enhances the ability to make difficult decisions in medicine. There are six steps to the process: (1) take a breath; (2) find something positive about the patient; (3) assess the situation, other people and yourself; (4) clarify the goals and intention; (5) choose an option and implement it appropriately; (6) evaluate.

Another element of personal compassion that might easily be over-looked is the importance of role models (Firth-Cozens & Cornwell, 2009). Even experienced practitioners (including psychiatrists) can learn from observing the practice of those recognised to be experts in compassion within the multidisciplinary team. Many find effective and simple ways to be compassionate, even in busy units such as an

acute in-patient ward (Brown *et al*, 2014). An environment in which all seek to be role models and to learn from role models is likely to be one that facilitates compassionate care.

Some suggested actions, linked to the six factors underpinning compassion (see pp. 2–3), are presented below.

Improve self-awareness and the ability to tolerate painful emotion

Distress tolerance, motivation

- Mindfulness training.
- Personal therapy.
- Build a support network, if you do not already have one. Participate in reflection with colleagues (e.g. Balint groups, Schwartz rounds). Reflection on particularly challenging interactions is useful.
- Improve or maintain personal well-being.

Improve awareness of the perspectives of patients and others

Empathy, sensitivity, sympathy, motivation, non-judgement

- Increase involvement with patients in different settings (e.g. joint projects, working with the voluntary sector).
- Read and listen to patients' accounts and perspective.

Identify ways of becoming more compassionate

All six factors

- Develop effective routes of feedback and examine it carefully.
- Engage in continuing professional development that focuses on compassion.

Treat yourself compassionately

Distress tolerance, non-judgement

- Be aware of and respond to your own needs (e.g. rest, sick leave, support).
- Find ways to decompress (e.g. go for a run or a walk, play with pets, read a journal, do yoga, meditate, spend time with friends or family).
- Practise mindfulness-based stress reduction.
- Reduce trauma exposure: take a look at the amount of traumatic material you are exposed to while watching the news and your favourite TV shows and when reading for pleasure.
- Advocate for a change in workload and more control over your schedule.
- After a critical event, ask for debriefing at work if you need it.

Treat colleagues compassionately

Empathy, sensitivity, non-judgement

- Prepare for meetings in advance and respect the time of colleagues.

As an organisation

Organisational compassion

Organisations involved in mental healthcare aim to provide systems and structures within which high levels of distress can be contained, managed and alleviated. These organisations comprise individuals, often working within teams or units, who work directly with patients and carers, and individuals and teams whose role is to best facilitate this direct work. The nature of the direct work is such that it can often be difficult to determine the correct course of action, and it can be emotionally demanding. There is uncertainty inherent in many of the decisions made. A fear of consequences, should a decision be retrospectively judged to be wrong, can create patterns of team and individual behaviour that impede the delivery of high-quality, compassionate care.

Worse than this, organisations can develop cultures in which unhelpful and malign patterns of behaviour can develop and flourish, as has been seen in the organisational culture that developed in Mid Staffordshire (Francis, 2013). By contrast, when organisations work well, the high-quality care delivered can go unacknowledged, as such care is not the stuff of headlines.

Creating a compassionate organisational culture

In other contexts, phrases such as 'customer care' are used, rather than 'compassion'. Healthcare organisations, perhaps because of the unique emotional challenges of the relationship between patient and those charged with delivering their care, do not feel comfortable using this phrase. However, there is much to be learned from non-healthcare businesses. Businesses that are seen as customer-focused are usually successful and, increasingly, the concept of compassion is being used in the business literature, especially in relation to how organisations treat their staff. Organisations that explicitly value their employees are more likely to be successful, have lower staff turnover and produce good volumes of good work, compared with those where employees are treated as units of production or feel disconnected from the organisation's goals (Fryer, 2013). Successful companies cultivate their workforce and the workplace, seeking routes to improvement based around continuous attention to problem-solving, and seeing the development of employees as the route to improving value to customers and, ultimately, society (Imai, 2012). Applying this in healthcare settings could lead to improved patient care, but this requires leadership with presence, visibility and compassion (Berwick, 1989).

Managerial strategy towards this goal will require deliberate focus. What is the organisation for? What are its values and philosophy? What is the main thing the organisation does to achieve the goals allied to its philosophy and values? Who are the key staff who deliver this? What support, nurturing and infrastructure do these key staff need? How do we develop and support staff? How can their tasks be made easier? What makes their tasks harder?

A detailed critique of organisational values relevant to fostering an atmosphere in which compassion can flourish is beyond the scope of this paper, but it should include the following elements:

- good-quality care of the patient as the central focus of the organisation
- an awareness that frontline staff are key to achieving this
- organisations must behave compassionately to staff
- support and training of staff is crucial
- creating stable staff groups with the right values is the key task of management
- fostering affiliation within teams and between teams is part of the management role
- part of operational management's work is making the work of clinical staff easier
- clinical direction from non-clinical management at the top of an organisation is a route to poor clinical care, whereas clinical direction that is informed by practising senior clinicians is likely to provide better clinical care
- the development of safer, more compassionate services requires focus and practice
- flat structures with good communication are more likely to be effective in achieving this
- a loss of focus as to the goal of the organisation can have disastrous consequences.

What difference might we notice if we offered more compassionate care?

Below are some of the things we might notice about ourselves, our work and our environment if we were to operate with compassion, in its broadest sense.

As an individual

Awareness

- Awareness of the patient and their story, attentiveness to what is happening for them at that moment, noticing distress, listening carefully, holding the other's needs in mind.
- Awareness of feelings in yourself that might affect compassion (e.g. preoccupation, anxiety about limited time and emotional resources, anger, pressures to complete tasks).

Emotional response

- Feelings of warmth, caring, connectedness.
- Openness to being affected by the patient's state of mind: empathising and identifying while remaining separate and not becoming overwhelmed.
- Tolerating distress, instead of turning a blind eye to or dissociating from it.
- Not judging, not using judgemental terms, not seeing patients in hierarchies of deservingness.
- Seeing people as individuals, not objects or components of a task.

Responding to others' needs

- Being respectful and collaborative, and communicating concern effectively.
- Using language that reflects a compassionate attitude (e.g. reconsider using terms such as 'manipulative' and 'it's just behaviour', or referring to people as 'PDs').
- Perform spontaneous acts of kindness and generosity in

response to the individual, trying to relieve their suffering. Often this is activity over and above what is expected, sometimes crossing team boundaries.

- Balancing organisational and task requirements with an autonomous response to individual need.

As an organisation

Training

Selection

- Selection processes designed to identify trainees with the capacity for compassion as well as academic attributes.

Systems that support compassion

- Trainers selected for the qualities of modelling compassion with patients and trainees.
- Training systems that treat trainees compassionately.
- Paying attention to feedback from trainees to help develop these trainers and systems.

Curriculum

- A curriculum that includes activities that help individuals become more compassionate (e.g. empathic listening, mentalising, reflection).
- An adequate emphasis on humanities, ethics, learning about threats to compassion in individuals and organisations, including unconscious processes such as manic denial of need, pressures to conform to group norms, pulls towards splitting patients into the deserving and undeserving and teams into good and bad, and the potential in all of us to be neglectful or cruel.
- An understanding of how to overcome the barriers to compassion.

Assessment

- Workplace-based assessments that attend to components of compassion.
- Workplace-based assessments that include careful attention to patient feedback on consultations.

As colleagues

- Contributing to the development of a culture that supports compassion through compassionate behaviour to colleagues at all levels.
- Challenging bullying and blaming.
- Recognising the importance of relationships in care and the cost of fragmentation of services, loss of continuity and reduced time with patients.
- Attending to what is happening in day-to-day care.

As leaders, managers, appraisers and trainers

- Paying particular attention to developing your own capacity for compassion.
- Recognising that, in general, staff are more likely to develop compassion if motivated to care, rather than coerced or rule-bound.
- Acknowledging the real costs of resource limitations, and avoiding minimising difficulties, idealising partial solutions or denying shortcomings.
- Buffering outside demands on staff and not projecting anxiety and blame on to less senior staff.
- Supporting 'do-able' jobs and a culture of support, belonging, openness, flexibility and learning.
- Recognising and acknowledging the uncertainty inherent in much of the work that is done in mental health and the anxiety that this can provoke.
- Finding ways to make the administrative tasks of everyday clinical work as easy as possible.
- Rewarding compassion in the same way as rewarding targets that have been met.
- Supporting behaviours needed for individuals to become more compassionate.
- Having a presence in the workplace and not relying on inspection and reporting.
- Putting in place structures to enable staff to talk honestly about the impact of their work on themselves (e.g. reflective groups). Ensuring staff have space for reflection on their work.
- Making use of feedback on patient and staff experience: responding to anxiety, low morale, cynicism and disengagement as indications of organisational stress.

How to demonstrate compassion: ten things you can do every day

1. **Be alive to your internal world** – your capacity to tolerate distress, your emotional state and your level of fatigue, and take measures to maintain resilience or improve matters if needed.
2. **Support the development of systems at work that give you and your colleagues a space to reflect on what you are doing**, and attend those events when they happen.
3. **Remember that patients are usually in distress** – that is why they are in your care. Treat them as people, not diagnoses. Remember the importance of basic communication and interview skills: intelligent listening, mindfulness with regard to dynamics, proper interview setting.
4. **Model compassionate behaviour for trainees and other members of staff.** Like it or not, you work in a complex system, and how you are affects others around you.
5. **If there is system problem, do not work around it or ignore it.** Addressing it is your duty, and in the end it is better for you, your colleagues and your patients. Remember, the standard you walk by is the standard you accept.
6. **If there is a problem with someone else's behaviour or attitude, challenge it appropriately.** Although this is difficult, it is essential and again better for you, your colleagues and your patients.
7. **Make sure training activities foster the right behaviour and values among trainees.**
8. **Respect systems, but think of people and relationships.** It is people who get things done, not forms on a computer. Go see someone rather than call, call rather than email. Foster good working relationships. Make tea. And do the washing up.
9. **Make the patient in front of you your primary concern**, but balance actions for that patient with actions you and the organisation might have to take for others.
10. **Pay attention and be respectful.** When in consultations or meetings, turn phones and tablets off. Be in the situation, not somewhere else. And when your business is done, leave. Your time and energy are limited, and so are those of others.

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