COMPASSIONATE CARE
LONGITUDINAL CARE WORK EXPERT SEMINAR
Bradshaw (2011) explores history of ‘compassion’ in nursing. Emphasis on ‘character’ as a way of ensuring staff are compassionate.
Increasing number of reports highlighting contrasts between principles and realities of care
1.122 Patients must be the first priority in all of what the NHS does by ensuring that, within available resources, they receive effective care from caring, compassionate and committed staff, working within a common culture, and protected from avoidable harm and any deprivation of their basic rights.

1.185 There should be an increased focus on a culture of compassion and caring in nurse recruitment, training and education. Nursing training should ensure that a consistent standard is achieved by all trainees throughout the country. The achievement of this will require the establishment of national standards. The knowledge and skills framework should be reviewed with a view to giving explicit recognition to nurses’ commitment to patient care and the priority that should be accorded to dignity and respect in the acquisition of leadership skills.

1.201 As a part of this mandatory annual performance appraisal, each clinician and nurse should be required to demonstrate their ongoing commitment, compassion and caring shown towards patients, evidenced by feedback of the appraisee from patients and families, as well as from colleagues and co-workers. This portfolio could be made available to the GMC or the NMC, if requested as part of the revalidation process.

REPORT OF THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY (2013)

Highlighted persistent warning signs, poor leadership and priority setting
‘6 Cs’ FOR NURSES, MIDWIVES AND CARE STAFF

The 6Cs

We have revised the draft definitions of the 6Cs based on what you told us during the engagement.

The values and behaviours central to the 6Cs are not, in themselves, a new concept. However, putting them together in this way to define a mission is an opportunity to reinforce the embedding we see and believe that underpins care wherever it takes place. It gives us an easily understood cultural template to hold ourselves to account for the care and services that we provide.

Each of these values and behaviours carry equal weight. Not one of the 6Cs is more important than the other five. The 6Cs collectively focus on putting the person being cared for at the heart of the care they are given.

The revised definitions are:

Care
Care is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.

Compassion
Compassion is how care is given through relationships based on empathy, respect and dignity – it can also be described as intelligent kindness, and is central to how people perceive their care.

Competence
Competence means all those in caring roles must have the ability to understand an individual’s health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication
Communication is central to successful caring relationships and to effective team working.Listening is so important as what we say and do is essential for “no decision about me without me”. Communication is the key to a good workplace with benefits for those in our care and staff alike.

Courage
Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

Commitment
A commitment to our patients and populations is a cornerstone of what we do. We need to live up to our commitment to improve the care and experience of our patients. It also action to make the vision and values a reality for all and meet the needs, care and support challenges ahead.
CAVENDISH REVIEW (2013)

‘In social care, it was felt that staff needed to learn how to build relationships with each individual they care for, not just focus on a list of tasks performed mechanically. The future workforce will need not just to be “competent” (the word most commonly used in both sectors), but to start learning from their first day about how to act with compassion and respect ‘(5.2.1)
BUT ALSO…..

Penny Campling: The last thing the NHS needs is a compassion “pill”
13 May, 13 I by BMJ

Reading the Francis Report for many of us is like looking in a mirror. The mirror is at an angle, magnifying the perversities in the picture, but it is all recognisable. We see our NHS reflected back at us, the NHS in England in the early years of the 21st Century.

As the weeks since it was launched pass and the Francis Report fades rather too rapidly from the news headlines, there is little cause for cheer and much to dishearten. True, the concept of compassionate care is being bandied around in evangelical fashion and squeezed into every document possible. But frankly, there is an Orwellian touch to the way the word is being used and a real danger that the concept will be rendered trite and meaningless. Over the last few weeks, I have listened to an operating department assistant describe how he was dragged away from looking after a patient three times by an anxious manager wanting him to amend a form ticking boxes saying he was providing compassionate care to the patient; I have heard someone from the workforce planning department meaning about how busy he was having to amend job descriptions to include the word compassionate; and I have been approached by someone in medical education asking me to invent some exam questions that tested for compassion!
How often?

Who?

Context?

‘COMPASSION’
Initial analyses only
‘The person who takes care of me, I think that [paid] carer should be compassionate’
... But again it goes back to the compassion of individuals and I can’t leave here knowing that somebody has maybe got two or three hours left. Luckily, my whole staff team have that same thought. I think the only way to summarise it is we don’t want them to be alone at that time because it must be ... nobody knows what ... people experience at end of life, but I think, or hope, that they will know that there is somebody with them in that room regardless of whether they can hear, see, or just maybe [having] that presence of somebody else would make that passing over a little bit easier.

Ursula on end of life care

Most people die in hospital but end of life care in own homes or care homes increasingly important. Internationally median 18% die in care homes (Broad et al, 2013)
OVERALL

- Comparatively uncommon to use word ‘compassion’
  - Much more likely to use related terms such as ‘kindness’ or ‘right values’

- Used by workers, service users, and carers
  - Shared understanding?
  - Contrast with need for ‘jargon busting’

- Context varied
  - When giving a specific example of ‘good’ or ‘bad’ care
  - More about the way care was delivered rather than what was done – relevance for ‘process’ outcomes?
... I know years ago, you had the same social worker, you would build up a relationship, you could talk to them, they would give you advice. That is gone. Now in the two boroughs I’ve had care it’s a very impersonal system. You had on call duty social workers who are not rude but don’t know you. You can’t really ask them for help .... I think after three to four years, I’ve more or less [worked out relationship with care workers] .... you have to be kind and nice enough that actually when you get a really good carer, you want to keep them, and they want to be with you. It’s a very weird mixture of not quite friends, but very close and intimate, but as well, maintaining your distance, that they know that you’re a client. It’s a fine balance.
Can compassion be taught?

Author's abstract

Socrates (in the Phaedo) argued that virtues like courage could be taught, whereas Protagoras defended the idea of these qualities, reason, and the role of imagination in emphasized role-modelling theories of compassion are not taught, but rather imitated. Nor by creation of, or by association with, or sympathy and-emotions, but by instruction in education, it is emphasized that imagination plays a key role in compassion in the example of a few isolated individuals. Therefore the education of compassion is not enough, merely an individual will not be effective because of a failure to identify, competence can only be achieved. 

Longstanding debate in other areas of professional education
TALKING ABOUT COMPASSION

- Managers most likely to refer to their role in modelling desirable behaviour
  - Emphasis on being on the ‘floor’

- Workers more inclined to describe their personal history and values
  - ‘[My mum] is a lovely person. She is very caring and I think that’s where I get my nature from .... Just helping people in general is what I want to do

- Relationship between policy and ‘services on the ground’ seem more tenuous – but some exceptions
A FAMILY CARER

I think that’s probably one of the biggest things that’s necessary [is] really closely monitored training and to give [staff] knowledge about Alzheimer’s and dementia. If you haven’t got that then you’ve not got anything. You need that as well as the general compassion. They’re talking about nursing now and teaching them compassion. You can’t teach anyone compassion, they’ve got to have it haven’t they?

Resonates with 6 Cs in terms of need for both knowledge, technical ability and values. Not uncommon to differentiate between ‘knowledge’ that can be learned and ‘compassion’ (less agreement on this)
Some people have natural ability to be a carer. I’ve noticed that those people who apply, I would say that they are like natural carers. They really feel compassion for others. They feel happy to help others. They are very passionate in whatever they do in relation to another person.

(Magda)
THE ABSENCE OF COMPASSION

- Absence of compassion strong theme in reports of scandals and serious case reviews

- Methodologically challenging
  - Staff asked about examples when they could not give the support they wanted to
  - Possibility of selection bias in terms of those taking part in research
  - Why does care which lacks compassion happen?
LITERATURE

- Research about ‘compassion fatigue’ and burnout
- Links with Shereen’s presentation on job satisfaction
- Some distinguish between the two (Slatten et al, 2011)
- Distinction between nature of the work (for example, supporting people with very challenging needs) and nature of the organisation in which people work
I have worked somewhere where it was similar [to Winterbourne View] a long time ago ... And that was a care home for people with challenging behaviour ... There was a lot of things going on that weren’t right. They would do things like [restrain people where] ... they seemed to quite enjoy it, which was the other thing... It was a very inexperienced team working with quite a complex group of people. They didn't really know what they were doing. I could imagine Panorama having a little look at that.

(Blythe)
TAKE MELODY

- Works 6am-3pm, then starts again at about 4 or 5 pm through until 9-11 pm
- Paid £6.50 an hour – did not even know what minimum wage was – earned slightly more than NMW when interviewed
- Mileage is 23p a mile (to cover petrol, cost of car, and services/repairs etc)
They put me on the dementia unit and I was quite taken aback. They didn’t seem to do a great deal with them. When they were up in the mornings, their rooms were locked and they was kept in the lounge more or less, watching the TV. There wasn’t a great deal of activity, stimulation and I hated it to be honest. I didn’t like it. I then was put upstairs and I then worked upstairs in [home], which is more nursing and rehab. I stayed there for eighteen months I think it was. I prefer being in the community and so that’s why I came out and came back to the community.
OR KELLY….

- Generally works a 30-35 hour week from 6am-2.30 pm
- ‘Full time’ workers are expected to do 70-80 hours a week
- Sees an average of 15 clients a day
- Theoretically paid £6.45 per hour but is actually paid by the minute
- Average pay has gone down as although hourly rate has gone up, weekend rates have been cut
- No financial incentive to undertake QCF/NVQs
... she’d had a fall and she’d not long been out of hospital. She had been in bed for two days and she’d been washed in bed. On the third day she decided she really wanted to get up because she thought the longer she laid there, the worse she was going to be, the stiffer she would get. So, with a lot of help and encouragement I managed to get her to the bathroom. It took me half an hour. The call was for 45 minutes. I phoned my supervisor and explained and I said it’s going to take me another half an hour to get her washed and dressed and into the living room. Could she take a fifteen minute call off of me later on, so that I could catch up. She said, no, we’ve got too many people off sick. You should have left her in bed. I said, thank you very much for your help. (LAUGHS). I just had to do the best I could and obviously I was running late then, all day, because there was no help.
It’s difficult because you do feel like you are tied to the phone [reference to the fact that workers have to check in when they arrive and leave] and your time and I don't know. It’s hard to explain (LAUGHS). It is like you are part of a machine. You’ve got to be here at this time and you’ve got to finish at this time. It doesn’t work like that. Some days you could go in and the service user’s perhaps having an off day or whatever and they don’t want you. What do you do? Another day, perhaps [they are] having a down day and they just want to talk. It takes time. You are running over your time ... We are all human and everybody is different. It’s all down to minutes.
No room for care without compassion

It is not good enough for care homes merely to pass an inspection on technicalities: they must also show a requisite degree of compassion, humanity and patience.

From Telegraph editorial  10 August 2014
WIDER CONTEXT OF STAFFING AND OTHER CONSTRAINTS

We were told in the summer that one of the clients had reported the [home] to CQC, stating that they felt that there weren't enough staff on duty and they felt it put the clients at risk and we were expecting an inspection ... and it never materialised so we do wonder what's happened there ... What we rather suspect is they would probably think ‘well, if we close the [home], where are we going to put these people? Oh perhaps it's best to leave it open for the moment, regardless of the problem.’
Scores on the doors? Visible ratings for health and care providers

15 September, 2014

The Department of Health has launched a consultation into how health and care providers should display their inspection ratings.

The Care Quality Commission (CQC) assesses health and social care providers’ performance and gives each a rating. These ratings are designed to improve transparency by providing service users and the public with a clear statement about the quality and safety of care provided. The ratings should also incentivise providers to improve services.
CLOSING THOUGHTS

▪ Concept understood by participants
  ▪ Differences in beliefs about how it is acquired

▪ Emphasis on organisational culture
  ▪ Barriers to whistle blowing

▪ Changing nature of social care
  ▪ Utility of concept of ‘independence’ for all
  ▪ Culturally sensitive care and debates about ageing
  ▪ Time for a re-think?
How helpful is the concept of ‘compassion’ in measuring the quality of social care?

What is the relationship between organisational culture and compassion?

What are the best ways to help staff become more ‘compassionate’?

Is there anything else that you think is important?
DISCLAIMER & THANK YOU

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