Are we all getting fatigued of compassion?

JO MORIARTY

Seventh Annual Joint Conference from Making Research Count, Age UK London & Social Care Workforce Research Unit

I’m afraid there’s been a 23% cut in the ‘empathy and compassion’ budget so you’ll have to tell him to sod off now!
Background

WHY ‘COMPASSION’ HAS RISEN UP THE AGENDA
Now part of government policy

Following scandals such as Winterbourne View and Mid Staffordshire NHS Trust,

**Actions**

**Putting people first in decisions about care**

We want compassion to be a part of all health and social care services. This means making quality of care as important as quality of treatment.

We are:

- introducing a new national friends and family test from 1 April 2013 to ask patients if they would recommend their ward or A&E department to friends and family if they needed similar care or treatment – the NHS can use this feedback to improve services and the public can tell which hospitals are performing well
- giving people information about health and care services to help them make informed choices - for example through ‘provider quality profiles’, which tell people about the training and qualifications of staff in social care services
But how can it be enforced?

Report in Daily Mail on care homes in Surrey closed by CQC
Calls for more use of surveillance

Consultation by CQC and guidance for providers in 2014
Will it ever be more than a buzzword?

‘Compassion, respect and dignity are social care buzzwords but are often expressed with such vagueness’
Debate has also produced some cynicism
Where our research can help

LONGITUDINAL CARE WORK STUDY CAN CONTRIBUTE TO THESE DEBATES
What it is about

• Increasing understanding of the factors that facilitate or constrain recruitment and retention in the social care workforce in England

• Funded by the Department of Health Policy Research programme

• Unique selling point (USP) is its longitudinal design that enables us to ask about changes – for example, why they left or stayed in their job, satisfaction with working conditions
300 interviews (T1 & T2)

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<tr>
<th>Managers, workers, service users and carers</th>
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<tr>
<td>• Older people (including people living with dementia)</td>
<td>129</td>
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<tr>
<td>• Learning disabilities</td>
<td>65</td>
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<tr>
<td>• All user groups (local authority staff/home care with mixed clients)</td>
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<td>• Mental health</td>
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<td>• Carers</td>
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<td>• People of working age with physical disabilities</td>
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<td><strong>Total (awaiting details of final 12) so numbers don’t add up yet)</strong></td>
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Findings

A SELECTION OF FINDINGS CONTRIBUTING TO COMPASSION DEBATE
Organising into themes

• Term ‘compassion’ rarely used but similar concepts such as ‘kindness’
  • Defined by its absence as well as its presence
• Methodologically challenging to talk about raising concerns or whistleblowing
  • Assumes people know where to go/how to do
• Different strategies for achieving improvements
Kate explains what makes a good care worker

‘But there is one in particular that when she is going at night time, and I will say ‘Right, thank you, see you tomorrow’, and I get a kiss, you see’
... 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 ...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.
A lady I was visiting had very badly ulcerated legs ... [I said] ‘Don’t worry we’ll get it sorted.’ Looked at the legs and I thought, ‘I don’t like the look of those at all’ ... Within seconds there was a big pool of blood on the floor. I thought I would freak out at the sight of so much blood, but I just got a towel and covered it over and didn’t draw attention to it ... [I phoned supervisor & paramedics] ... The family phoned the office, praising me to the hilt for looking after her and staying with her and making her comfortable.

Kathy on providing more than just physical care
Blythe on how a constellation of factors contribute to a damaging organisational culture

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.
Fran on the personal and financial barriers to whistle blowing

[Unit] was absolutely awful and I ended up being the whistle blower. Erm, it was awful. It was so bad. I just couldn’t believe. But, as I say, I ended up being the whistle blower and the place was closed down. And then I was out of work for about eighteen weeks .... It was [difficult], yes. I was on my own with a mortgage.
Kathy on staffing shortages and the risk of burnout

We’ve already got four people off sick. You can’t go off sick as well. You have got to work. And you do, because you are thinking, ‘Those ladies, if I don’t go they are going to be in bed all day’ or ‘they are not going to get anything to eat’, ‘once I get going I’ll be all right.’ That happens a lot.
Kelly on the barriers to person centred commissioning

... 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.
I like to think that people come into the care industry because they care. You do get ones that come in because they think it’s going to be easy. They soon realise that it’s not, and that quite often won’t come across at interview. You just don’t know at interview, you find out afterwards. Some people come into it for money. It’s a job. Again, they realise it’s not as easy.
Reading things some time back and hearing things on television in the hospitals of [this] country how old people were neglected. In fact, they were drinking water out of the flower vases, so thirsty you couldn’t get water. I can’t believe it happened in any hospital .... [There should be] better supervision ... whoever’s in charge, I think they should remind the staff what they should and shouldn’t do and how to treat people.
I don’t agree with the CQC inspections as they are currently [until April 2015]. I don’t think they look in-depth enough as regards to how care homes are run and I think they need to spend a lot more time in care homes inspecting them and actually spending a few days with the homes and really grasping. Because you walk into, you can feel the atmosphere when you walk in and you get to know what’s what. You can’t get that within a short space of time.
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?
Discussion

TIME FOR QUESTIONS
Closing thoughts

• Concept captures a number of beliefs about values and skills required by care workers
  • However, more likely to see it as a personality trait rather than something that can be acquired

• Consistent with existing literature that absence of compassion is usually the result of a combination of factors
  • Barriers to whistle blowing

• Contributes to debates about underpinning purpose of social care
  • Increase in number of people with complex and progressive health conditions
  • Utility of concept of ‘independence’ for all?
  • Shows links between commissioning and day to day delivery of care
Disclaimer & thank you

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Thank you for listening

jo.moriarty@kcl.ac.uk

@aspirantdiva
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<td>Information published today for providers on the use of surveillance <a href="http://www.cqc.org.uk/content/information-published-today-providers-use-surveillance">http://www.cqc.org.uk/content/information-published-today-providers-use-surveillance</a></td>
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<td>Penny Campling: The last thing the NHS needs is a compassion “pill” <a href="http://blogs.bmj.com/bmj/2013/05/13/penny-campling-the-last-thing-the-nhs-needs-is-a-compassion-pill/">http://blogs.bmj.com/bmj/2013/05/13/penny-campling-the-last-thing-the-nhs-needs-is-a-compassion-pill/</a></td>
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<td>Storify by Mark Brown (MarkOneinFour) Compassion training - yay or nay <a href="https://storify.com/MarkOneinFour/compassion-training-yay-or-nay">https://storify.com/MarkOneinFour/compassion-training-yay-or-nay</a></td>
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