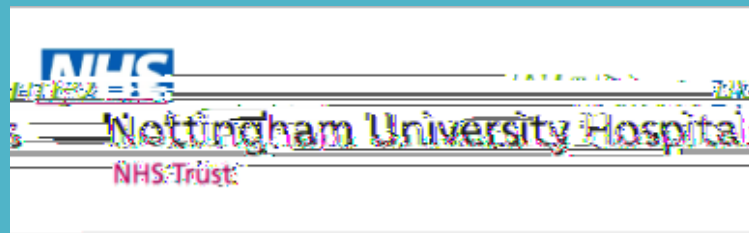




University of

Nottingham



What do we mean by compassion?

Complex, multifactorial phenomenon

Historical roots in a range of cultures, religions and disciplines

Research and debate complicated by lack of shared understanding - ongoing search for clarity/clinical applicability

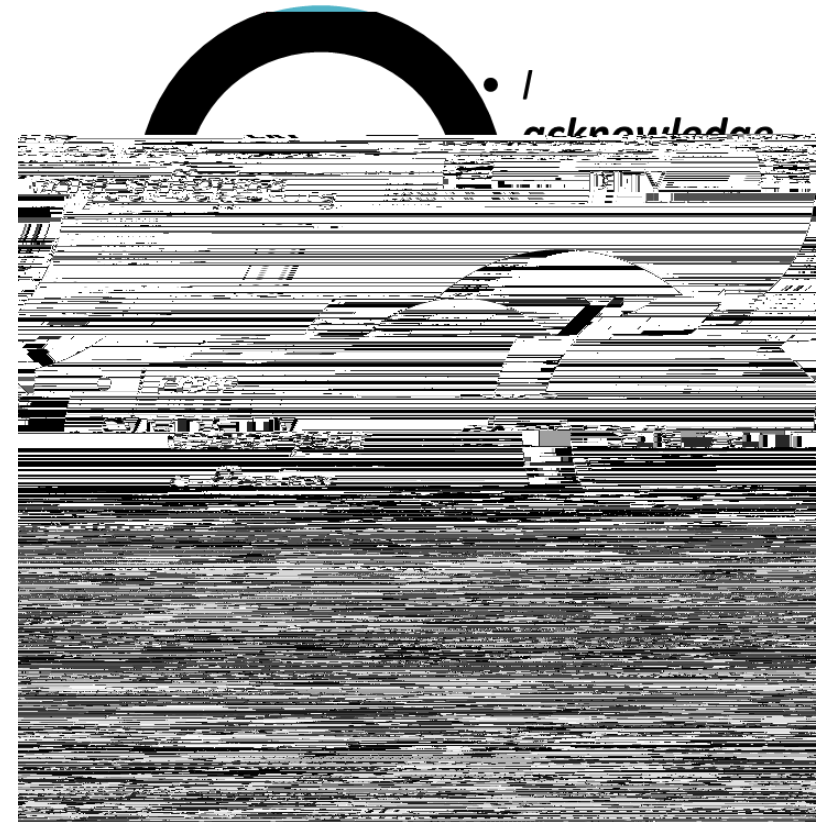
(Gilbert, 2017, Germer and Barnhofer, 2017)

Increasing international significance - global 'compassion movement'

Healthcare professionals at the forefront of this

Nursing: compassion as 'essence' of nursing

UK nursing – a distinct discourse?



Study background

UK discourse result of:

Long standing debate on nurse education & impact on compassion

Series of care scandals in care homes & hospitals

Poor care largely the result of a lack of compassion

Much compassion research and scholarly discussion

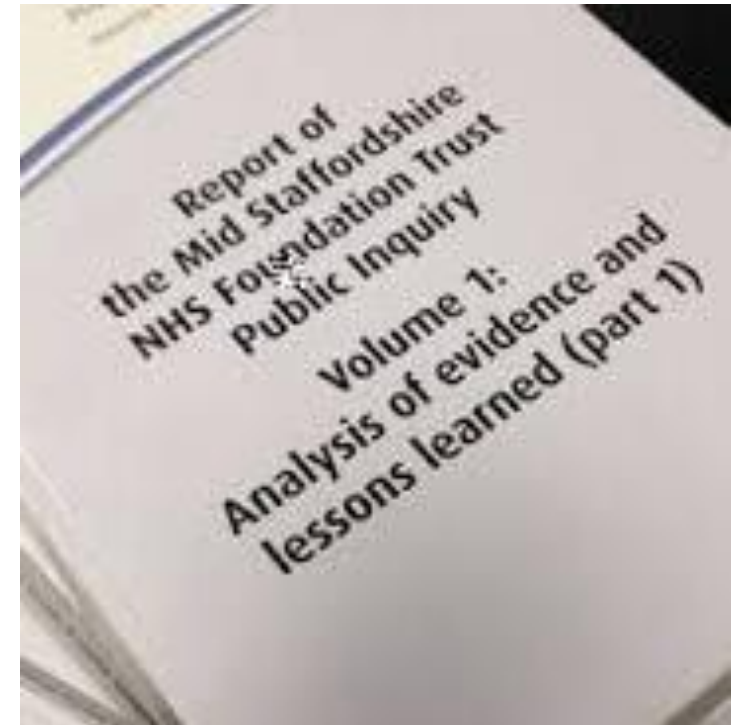
Predominant focus on individual values, little scrutiny of context

Current approach: values-based

Too simplistic? Too narrow?

Shapes the response to poor care

individualised, blaming, punitive



Study design and methods

Aim: To explore compassion in the context of a hospital setting, focusing on how it is demonstrated, its facilitators and inhibitors.

Interpretivist philosophy

Social constructionism: attention to social practices, discourse, context



Enabling conditions: autonomy, clarity, support

When nurses had more autonomy to direct care

When care goals were clear and shared within the MDT

Enabling compassion to flourish

This HCA came up, and, immediately, she just knew what to do, she just soothed me right away. Oh, I was just so upset, I broke down, I just poured it all out to her. And she shared all

Inhibiting compassionate care

u h o
@ @ @ @ \ @
(Junior nurse Ellen, recorded interview)

u
u
o o
‡ ‡ o
,
@ =
(Consultant, interview)

‡ @ ‡
against it. (Junior doctor Rob, interview)

‡
made a scapegoat! And as a result of that, that is why there are so many [senior nursing] vacancies.
o
(Corporate staff member, recorded interview)

Implications

Compassionate care in acute settings, like poor care, is the result of complex set of factors

Many are contextual & outside the control of front line staff

All these factors need to be thoroughly examined and incorporated for effective strategies to be developed

(Compassionate) care is relational - staff and patient experience are entwined and both are critical

Focus on developing compassionate organisations/environments rather than people?

Supporting organisations to understand and build on what they do well, as well as the inhibiting conditions (local strategies)

Understanding more about the role of threat and how it can be decreased

- Safe spaces/time to discuss and offload

- Encouraging recognition of/reflection on emotional labour of care

- Locating pressure points and addressing



