Compassionate leadership

There is always talk of leadership in nursing and the traits you need to be a 'good' leader. This talk about leadership to ensure safe high-quality care usually refers to compassion as a necessary ingredient and this concept has been increasingly mentioned in recent years.

Compassion is a word you love or hate. Some people think it is an outdated description of a way of working more akin to vocational callings and religious orders than a modern and progressive graduate profession. Others find that it provides a description of how we practice nursing, which everyone can understand — one word that sums up caring, kindness, respect, dignity and understanding. For me, it is all of these things. It is part of a modern and progressive profession that is as proud of its past as its present. It also describes the way people want to be cared for when they are ill and in need, as well as how staff want to be cared for by their leaders and managers.

Whatever you think about compassion, there has been a lot written about it in the last few years and you may have found much of that to be informative if you have had time to read while doing your day job. The reading for me, when I could manage it, has been helpful but what has been a real privilege has been my involvement with the Leadership in Compassionate Care Programme, a joint programme between my own organisation, NHS Lothian, and Edinburgh Napier University. The programme started back in 2007 and uses the concepts of relationship-based care, action research, and appreciative inquiry. The objectives of the Leadership in Compassionate Care programme were to define and embed compassionate care into clinical nursing practice and education as well as support the development of compassionate leaders of clinical nursing care across our organisation. We started off with a focus on nursing staff but have slowly engaged, at their request, with colleagues from the allied health professions and even one or two members of medical staff.

Through the action research and appreciative enquiry, processes were developed to support the delivery of compassionate care in practice. This work has involved 28 different clinical areas from maternity to mental health. These processes include:

- Caring conversations: discussing, sharing, and learning how care is provided, among staff, patients and relatives, and the way in which we talk about caring practice
- Flexible, person-centred risk taking: making and justifying decisions about care in respect of context and working creatively with patient choice, staff experience and best practice
- Feedback: staff, patients and families giving and receiving feedback about their experience of care
- Knowing you knowing me: developing mutual relationships and knowing each other's priorities to enable negotiation in the way things are done
- Involving, valuing and transparency: creating an environment throughout the organisation where staff, patients and families actively influence and participate in the way things are done
- Creating spaces that work: considering the wider environment and where necessary, being flexible and adapting the environment to provide compassionate care (Edinburgh Napier University and NHS Lothian, 2012).

These processes can now be shared and implemented in other areas to spread good practice and positive professional relationships with patients and each other. In fact, we have found that aspects of Leadership in Compassionate Care spread in virus fashion as charge nurses share with each other the positive outcomes for patients and staff.

Nursing staff using these processes in practice have reported a range of positive changes such as feeling able to challenge poor practice, feeling empowered to implement change, and giving positive feedback to colleagues. Staff have also reported asking patients more direct questions and having a greater awareness of language that challenges the dignity and respect of patients such as terms like 'boarders' or 'outliers'. Patients, and their relatives or carers, have told me they feel more involved and have a better understanding of what care is being planned and delivered as well as more input into discharge plans.

We have, I think, found a way forward that works for clinical staff on the front line and can be sustained. But now we face the challenge of doing just that. So far, we have had the benefit of significant charitable funding. Now we must mainstream compassionate care in terms of practice and cost.

We need to integrate compassionate care into the work we do without additional facilitation. We need to stress the need for clinical staff to understand how patients and their families have a unique perspective on how care is experienced and we need to teach staff how to positively use this as part of a therapeutic relationship. We also need to stress the need for managerial staff to understand from clinical staff their perspective on the experience of providing care within the context of rising public expectation, more stringent standards and targets, and a diminishing financial resource — not an easy task for anyone but a compassionate leader might just make it. BJN

The views expressed in this column are those of the author

Edinburgh Napier University, NHS Lothian (2012) *Leadership in Compassionate Care Programme*. Edinburgh Napier University and NHS Lothian, Edinburgh

Melanie Hornett
Nurse Director
NHS Lothian
Health Board