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The context of
compassion- understanding
emotional labour.

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LETC session Jan 15

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**“KINDNESS AND
COMPASSION COST
NOTHING”**

CQC 2011

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Towards more compassionate healthcare systems

Beth A Lown 2014 Health policy &

Management

1. Compassionate leadership
2. To teach compassion
3. To value and reward compassion
4. To support clinical care givers.
5. To engage, involve, partner with patients and families.
6. To build compassion into healthcare delivery
- 7. To deepen our understanding of compassion.**

Time to care? Responding to concerns about poor nursing care

Policy Paper 12 - December 2011

Yvonne Sawbridge
Alistair Hewison

- Key stakeholders
- Literature search
- Nursing think tank
- 3 main themes:
 - -Environment of care
 - -Education & Development (“too posh to wash?”)
 - -Emotional Labour of Nursing

Lessons from history...

- Previous scandals-Ely Hospital 1960's, Normansfield Hospital 1970's.
- Walshe & Higgins (2002) found common themes 1969-2001
- Recommendations
- Action plans--issues recur



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Walshe & Higgins 2002

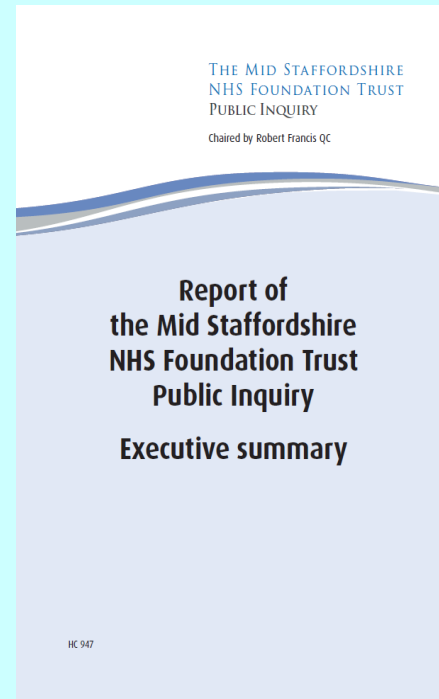
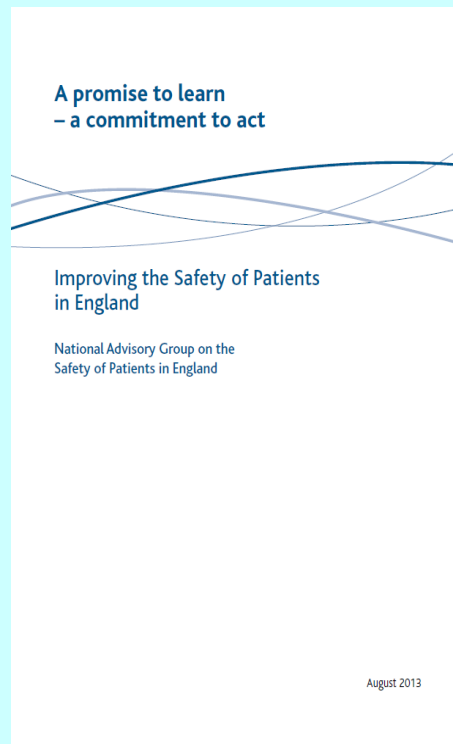
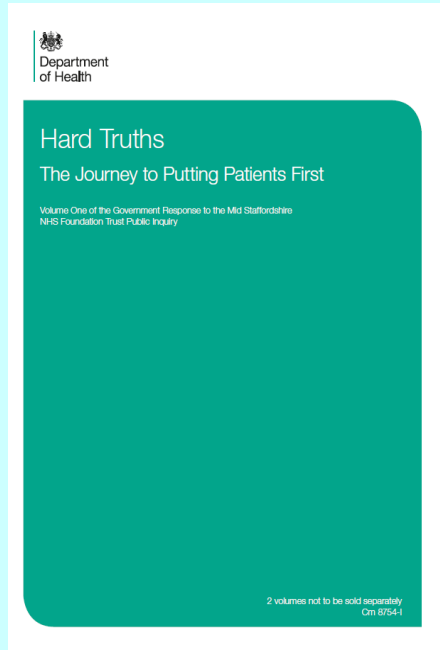
- “Failures are organisational and cultural and necessary changes are unlikely to happen because they are prescribed in a report”
- Key themes-Organisational & geographical isolation; inadequate leadership; system & process failure; poor communication; disempowerment of staff and patients

Time for a different perspective...?



"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."

Will there ever be a better time....?



What are we here for?

- http://www.youtube.com/watch?v=3j7T7axC-y8&desktop_uri=%2Fwatch%3Fv%3D3j7T7axC-y8&app=desktop

Emotional labour



- Hochschild (1983) work on flight attendants
- *“Induction or suppression of feeling in order to sustain an outward appearance that produces in others a sense of being cared for.”*
- *‘requires workers to suppress their private feelings in order to show desirable work-related emotions’* (Mastracci et al, 2012 p4).

Emotional labour of Nursing

- 1950's-Menzies. Nursing as a series of “....disgusting, distasteful and frightening tasks....” *Menzies IEP. (1960) A Case-Study in the Functioning of Social Systems as a Defence against Anxiety: a Report on a Study of the Nursing Service of a General Hospital. Human Relations 13(2): 95-121.*
- If anxiety not managed then burn-out can result and unhealthy detachment.
- Emotional bank accounts need topping up- or become overdrawn.

What is compassion in organisational terms?

- In 2's discuss what you/your organisation defines as compassion. Think of examples.

Compassion is.?

- “- a sensitivity to distress..with a commitment to try to do something about it and prevent it. Awareness, attention and motivation are involved.” p 3 cole-king and gilbert.



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Robin Youngson

- “When health professionals are abused and dehumanised by an uncaring system, how do we expect them to show compassion to their patients? There’s only so much distress professionals can bear and there comes a point when emotional detachment is the only survival strategy.” P 41
- Time to Care (2012)



“Kindness and compassion cost nothing”

CQC Chair- Dignity & Nutrition Inspection report (2011)

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Different perspective..

- *“Staff don’t need more blame and condemnation; they need active, sustained supervision and support. In the high-volume, high-pressure, complex environment of modern health care it is very difficult to remain sensitive and caring towards every single patient all of the time. We ask ourselves how it is possible that anyone, let alone a nurse, could ignore a dying man’s request for water? What we should also ask is whether it is humanly possible for anyone to look after very sick, very frail, possibly incontinent, possibly confused patients without excellent induction, training, supervision and support.”*
- Jocelyn Cornwell, Kings Fund 17th Feb 2011.

Potential Solutions

□ Restorative supervision

(Wallbank 2010)

- High stress levels of HVs
- Reduced effectively
- AND means clearer thinking and ability to function/make difficult decisions

□ Schwartz Center Rounds (Goodrich 2011)

- *supporting staff to improve care*
- *Improving organisational culture*
- *Reducing isolation*
- *The value of a multi-disciplinary approach to problem solving, especially one involving senior staff*

Potential solutions

- **Samaritans**
- “buddy up”
- Debrief post shift
- Follow up if thought necessary
- Turn off ‘phones-volunteers needs are priority.

The Project- 'Time to Care'

- Providing training in the Samaritans' approach
- Working with clinical colleagues to develop the approach contingent on context
- Applying the principles of a model that works in one setting to the NHS
- Training provided, continuing support provided (attendance at ward meetings; one to one follow ups; regular Samaritan presence on the wards).

Methods

- Action Research (Hart and Bond 1995; Bowling 2002).
- Survey (Pre and post-implementation)
ASSET tool
- Qualitative interviews

Process

- Six wards in three NHS Trusts
- Selected on the following basis: Willingness of the team to participate; support of Nurse Director; support of Division/Unit manager.
- 'Backfill' funding included in project budget to enable ward teams to be released for a full day of training
- Responsibilities: Samaritans-training, advice/guidance on approach.

Research team-working with Samaritans on training, evaluating the approach.

Participants

- Trust 1: 13 (Two wards)(Both subsequently withdrew)
- Trust 2: 31 (Two wards)
- Trust 3: 13 (One ward)

- Mix of staff (Ward manager, nurses, care assistants, housekeepers, ward clerk)

- Training sessions

- Follow up support, dependent on local requirements

Findings

Pre-implementation survey: ASSET©.

51 respondents:

- Job Conditions (job satisfaction)
- Work Demands
- Strain in relationships at work
- Giving more than getting back (Reduced engagement)

The table below shows the raw scores, standard deviation and sten scores for the 51 participants that we have data for from the Time to Care (T1) ASSET data collection.

Scale	Raw score	SD	Sten
<u>Sources of Pressure (6 Essentials)</u>			
Resources and Communication	12.92	4.52	6
Control	13.51	4.64	6
Balanced Workload	26.82	5.66	8
Job Security and Change	14.63	4.36	5
Work Relationships	21.06	6.40	7
Job Conditions	27.45	5.15	10
<u>Other Scales</u>			
Sense of Purpose	18.37	3.50	7
Positive Psychological Well-Being	21.68	6.24	6
Engagement	22.02	4.45	5
Perceived Commitment of Organisation to Employee	6.88	2.76	4
Commitment of Employee to Organisation	9.16	2.16	7

In terms of the (6 Essentials) sources of pressure two areas appear more troubling to this group than is typical of the general working population: Job Conditions (sten 10); Balanced Workload (sten 8). Job Conditions is a fairly broad factor and includes physical working conditions and working climate, it correlates highly with established measures of job satisfaction. Balanced workload is fairly self-explanatory and this suggests that respondents were more troubled than most other people by their work demands and possibly work-life balance. It is also worth noting that there is a level of expressed strain in relationships at work that is slightly higher than is typical of the general working population (sten 7).

The other scales show that there was a generally positive sense of purpose in the respondent group (sten 7) as well as commitment to the organisation (sten 7). Note that the perceived level of commitment of the organisation to the employee was relatively weak (sten 4). This suggests that many in the group believed that they were giving a lot more than they were getting back and this can contribute to weaker engagement.

Other than the above the scores indicate responses that were typical of the general working population.

Challenges

- Staffing and workload
 - volume of work; 12 hour shifts; staff changes
 - staff shortages.
- Organisation of training
- Project management arrangements
 - Local site managers-minimal involvement
- Clarity concerning the role of the partners
 - Consultants/Samaritans?
- Senior management support

Time to Care - Recommendations

- Any initiatives to improve staff support and the provision of compassionate care need to be 'owned' by the organisation.
- There needs to be visible and sustained senior management support, commitment from and practical support for the ward leader, and willingness of the whole team.
- There is no single solution, approaches need to be developed for each team in context
- Approaches such as this are only one element in bringing about cultural change and will not work in isolation.
- More research is needed in this area to develop an evidence base for effective interventions.

Work in Progress (1)

- ❑ Established a 'Community of practice'
- ❑ Senior Nurses, commissioners, social services staff.
- ❑ Expert Seminars and Action Learning sets focussed on developing compassionate organisations.

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Health Services Management Centre

Developing a compassionate organisation:
An Action Learning Set Approach
Day 1: 5 December 2013 (future dates to be negotiated)
Venue: Health Services Management Centre, Park House, University of Birmingham



HSMC has been approached by a number of NHS organisations which have expressed an interest in developing a system of staff support, and it has been agreed that the establishment of an Action Learning Set would be the best way to meet this need. The Action Learning Seminars will provide a forum to enable good practice to be shared and support those seeking to introduce a staff support system.

The Action Learning Set will involve four - one day events, held at Park House, University of Birmingham. Each day will begin with a review of the evidence base, and an update on progress with implementation of a particular model.

www.birmingham.ac.uk/hsmc

Work in Progress (2)

Set to Care-Enhancing Compassionate Care in Practice: An Action Learning Approach Seek and secure funding to extend the work (HEWM)

- To undertake a Rapid Evidence Assessment to examine the evidence-base for compassionate care
- To establish Action Learning Sets, in partnership with two NHS Trusts, to develop expertise among ward leaders, and to provide them with a support network to build resilience.
- To evaluate the impact of the Action Learning Sets using case study evaluation methodology
- Contribute to the 'community of practice' which is developing in this area

Language of compassion

- “Instrumental and target-driven modern healthcare may be destroying healthcare”
Crawford and Gilbert et al (2011)
p3



What does the evidence tell us?

- “In summary, the findings make it clear that cultures of engagement, positivity, caring, compassion and respect for all – staff, patients and the public – provide the ideal environment within which to care for the health of the nation.
- **When we care for staff, they can fulfil their calling of providing outstanding professional care for patients.”**