

Embedding Compassionate Care in Practice

A resource for healthcare workers and those who lead and manage healthcare

Leaders create an environment where compassionate care is possible.
Everyone is a leader in their sphere of influence.

Understanding Compassionate Care

Care rooted in positive relationships and interactions

We provide care that connects with each person and helps to reduce pain and suffering.

Caring is “the mental, emotional and physical effort involved in looking after, responding to, and supporting others.”
(Baines et al, 1991:11)

“Compassion is relational. It shows itself in acts of care that enable flourishing in ourselves and others and alleviates suffering. It is more than an emotion and more than empathy. Compassion requires action.” (Global Compassion Initiative website University of Edinburgh, 2020)

What is Compassionate Care in healthcare?

Care that requires emotional labour

We manage our emotions so that how we feel as caregivers does not affect the quality of the care we are providing.

“Nurses have to work emotionally on themselves in order to appear to care, irrespective of how they personally feel about themselves, individual patients, their conditions and circumstances.” (Smith, 2012:184)

“Nurses therefore need to learn how to manage their subjectivity in a way that promotes caring and compassionate conduct.”
(Christiansen & Jensen, 2008:328)



Elizabeth Mbawa, awarded ‘Best Midwife 2020’, by nursing colleagues at Ethel Muntharika Clinic, Malawi during a dissemination workshop for the Compassionate Care Research Project held in March 2020.

Why it matters

Our interactions of care are with ‘suffering others’.
Compassion is essential.
Getting this right matters – for patients and our nurses and midwives. Without it, ethical practice is compromised, patients get poor care and there is a greater burden on health professionals.

“The nurse provides a stable environment which alleviates some of the strangeness, anxiety and uncertainty inseparable from illness.”
(William, 1963:87)

- **Compassionate care is an essential ingredient of ethical practice and reduces moral distress**
- **Ethical care is compassionate care:** When health care lacks compassion, ethical practice is at stake. But there can be barriers. When staff lack resources they may not be able to give quality care. Being unable to do the right thing (the ethical thing) causes moral distress.
- **Moral distress requires our attention:** Moral distress causes painful feelings and/or psychological disequilibrium that occurs in situations in which the ethically right course of action is known but cannot be acted on. (Dalmolin et al, 2014)
- **Compassionate care reduces suffering of both patients and nurses:** Compassion is about actions to reduce a person’s pain or distress. A patient’s world can be a very frightening place. Compassion is essential to reduce suffering and is at the very heart of all health care.
- **Compassionate care enables healing and recovery:** Research shows patients who have warm, supportive relationships with health care staff recover faster/better than those in aggressive environments. (Smith 2012, Durant, McDermott, Kinney, & Triner, 2015)
- **Compassionate care supports team cohesion and development:** Compassionate team-members help to foster positive and supportive work environments. A compassionate leader promotes care for patients and staff.

What Compassionate Care Looks Like

When we asked nurses and midwives to describe a compassionate nurse, this is what they said.

Treats patients and colleagues with dignity • Accountable • Responsible • Advocates – of both patients and colleagues • Empathetic • Demonstrates care for others • Responding to patients needs • Initiates change to improve patient care • Kind • Sensitive • Willing • Helpful • Listening ear • Loyal • Mentoring and coaching • Proper use of resources • Dependable

Remember, it's the little things that make a difference:

- A warm smile
- A greeting
- A listening ear
- A comforting presence
- A reassuring touch



Billboard of the National Organisation of Nurses and Midwives in Malawi (circa 2010) highlighting the valuable role of nurses and midwives in our communities.

Know the Barriers. Make Change Happen.



Barriers to Compassionate Care

Environmental and personal factors that impact the quality of care

Our research shows key factors prevent compassionate practice. Many factors are organisational which have a negative impact on staff, who are then less able to deliver compassionate care.

- **Severe staff shortages** prevent health workers attending to patient needs and result in exhausted staff, with less capacity to interact with compassion.
- **Lack of equipment and supplies:** When resources are not easily available, health workers spend time trying to source equipment so care less effectively. This impacts staff morale and lowers their capacity to care.
- **Poor staff attitudes and disrespectful communication:** Some staff may treat patients harshly by not taking time to explain things clearly or failing to recognise their suffering.
- **Unsupportive leaders** create huge barriers to compassionate care when they fail to supervise or model supportive behaviour.

Read the research: Msiska, G., Simwaka, A., Munkhondya, B., Kabuluzi, E. & Munkhondya, T.E. (2018). [Factors Militating against the Delivery of Compassionate Care: A Malawian Perspective](#). Open Journal of Nursing, 2018, 8, 889-904.



Nurses can – and do – still care

What we need to enable compassionate care in health settings

It is essential that we address these barriers. To do this, leaders must create an environment to overcome barriers and build capacity for ethical practice and compassionate care, including:

- **Through reflection and mentoring, build awareness of quality care** so all staff recognise and model compassionate care in their relationships with patients and each other. Compassionate care is not just physical, but mental and emotional too.
- **Celebrate people who are demonstrating compassionate care.** Given how challenging the work environment is, staff appreciate regular recognition for quality care.
- **Require leaders to model compassionate care and support staff.**
- **Nurture strong teams.** Compassionate care is more likely in positive and collaborative teams where staff can ask for and get support from colleagues and managers.

See overleaf for more ideas for nurturing compassion in your ward or workplace.

Being a Leader in Compassionate Care

Strengthening Compassionate Care in Healthcare

What can help us address and reduce the suffering of our patients, colleagues and ourselves?

“Any human act which concerns living beings, must be thoughtful and concerned, lest it be trivial, harmful, and destructive or even cruel.” (Kottow, 2001:59)



Care for Ourselves

Treating ourselves with compassion is part of how we expand our capacity to bring compassion to our work with others. Self-compassion helps us manage the challenges and demands of complex care and working within resource poor environments.

Helpful questions

- What can I do today to help take care of my own wellbeing?
- Do I need more support? Who and what could help me get the support I need?

“With self-compassion, we give ourselves the same kindness and care we’d give to a good friend”.
Neff, K.D.(2020) www.self-compassion.org



Care for Patients

“How should the nurse engage in caring conversations with suffering others?” (Fredriksson & Eriksson 2003:139)

By paying attention to our tone of voice and how we explain things we use our skills to give the highest quality of care, reduce suffering and help people recover.

Helpful questions

- What will help me treat each person I meet today with kindness?
- If this patient was a family member or dear friend, how would I be communicating with them in this moment?



Caring Leadership

Everyone is a leader. How we manage and support staff and students matters. When we nurture compassion, our colleagues and students are better able to show compassion towards patients and each other.

Helpful questions

- In what way am I a leader in my workplace?
- How do I model the ‘way of compassion’ towards patients and colleagues?
- How does an understanding of compassionate care help me to support colleagues to overcome poor standards of care?



Care in Our Team

A positive team culture keeps patients at the centre of care and achieves better outcomes. The quality of relationships in our team affects the standard of the care we provide and how we feel about our work.

Helpful questions

- How am I a change maker in my team?
- How do I help to promote a positive team culture?
- What is special about our team that makes patients and staff feel cared for?
- How do we show more care towards our colleagues?



Care in Our Approach

What more can we do?

- **Emotional labour is the process that supports compassionate care.** Establish and document the evidence base of both the emotional labour process and compassionate care outcomes. Document the process and outcomes in our workplace
- **Create a vision statement of compassionate care for your team.** Explore different ideas for how you will make it happen and sustain it.
- **Conduct personal and team reflection:** Keep patients at the centre of healthcare. Value staff and patients. Listen to your heart and mind. Encourage others to listen to their hearts and minds.

Acknowledgements

This resource has been developed in 2021 by colleagues at Kamuzu University of Health Sciences (Malawi) and the University of Edinburgh (Scotland).

- Gladys Msiska (Senior Lecturer, Kamuzu University of Health Sciences)
- Pam Smith (Professor Emerita, Nursing Studies, School of Health in Social Science, University of Edinburgh)
- Wendy Ball (Senior Fellow, Global Health Academy, University of Edinburgh)

It was funded as part of the University of Edinburgh Lower-Middle Income Countries (LMIC) Partnership Fund.

The material draws on research conducted over 10 years, with funding from the Scottish Government International Development Fund and Norwegian Programme for Capacity Development in Higher Education and Research for Development (NORHED).

For further information, please see the **Contact** section below.

References

- Baines C., Evans P. & Neysmith S.N. (eds.) (1991) **Women's Caring: Feminist Perspectives on Social Welfare**, Toronto: McClelland and Stewart.
- Christiansen B. & Jensen, K. (2008) Emotional learning within the framework of nursing education **Nurse Education in Practice**, 8, pp 326-332.
- Dalmolin G. de L., Lunardi V.L., Lunardi G.L., Barlem E.L.D., Silveira R.S. (2014) Moral distress and Burnout syndrome: are there relationships between these phenomena in nursing workers? **Revista Lat Am Enfermagem**, 22, 1, pp 35-42.
- Durant A.F., McDermott S., Kinney G., & Triner, T. (2015) Caring Science: Transforming the Ethic of Caring-Healing Practice, Environment, and Culture within an Integrated Care Delivery System **The Permanente Journal**, 19, 4, e136-e142.
- Fredriksson L., & Eriksson K. (2003) The Ethics of the Caring Conversation. **Nursing Ethics**, 10, 2, pp 138-148.
- Global Compassion Initiative** (at the University of Edinburgh) website: www.ed.ac.uk/global-health/compassion.
- Kottow, M.H. (2001) Between caring and curing. **Nursing Philosophy**, 2,1, pp 53-61.
- Msiska, G., Simwaka, A., Munkhondya, B., Kabuluzi, E. & Munkhondya, T.E. (2018) Factors Militating against the Delivery of Compassionate Care: A Malawian Perspective. **Open Journal of Nursing**, 8, pp 889-904.
- Neff, K.D. (2020) **Self-Compassion website**: www.self-compassion.org/
- Smith, P. (2012) **The Emotional Labour of Nursing Revisited: Can nurse still care? Second Edition**, Basingstoke: Palgrave Macmillan.
- William, G.W. (1963) Illness and Personality. **The American Journal of Nursing**, 63, 6, pp 85-87.

Contact

Kamuzu University of Health Sciences

(Previously University of Malawi, Kamuzu College of Nursing)

Kamuzu College of Nursing website: www.kcn.unima.mw

Kamuzu University of Health Sciences website: www.kuhes.ac.mw

Email: gladysmsiska@kuhes.ac.mw

University of Edinburgh

School of Health in Social Science, Edinburgh Global Nursing Initiative

Website: www.ed.ac.uk/health/subject-areas/nursing-studies/global-initiative

Email: GlobalNursingInitiative@ed.ac.uk