

SOME OF THE BEST
THINGS
IN LIFE ARE FREE



Compassionate leadership

A facilitator's guide

Part of the *DNA of Care* Programme

Acknowledgements

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This guide, together with the accompanying presentation and the other guides and presentations in the series, can be downloaded from www.patientvoices.org.uk/dnaoc.htm

***DNA of Care* guides for facilitators**

This guide, together with the others in the series, has been developed to enable you to make the most effective use of the *DNA of Care* stories. It is not intended to be prescriptive, but rather it is intended to offer some direction on the journey towards improving experiences of care for all those who deliver it as well as all those who receive it. We hope you will find it helpful.

There are five guides in the series:

Bringing your whole self to work

Compassion

Compassionate leadership

Improvement and change

Resilience

We would love to hear about your own experience of using the guide/s and sharing the stories. If you have any questions or would like to share any feedback with us, please contact the authors:

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Compassionate leadership

'If we want to create cultures of high quality compassionate care, then we need to have leaders who embody the value of compassion as part of their continually improving, high quality leadership.'

www.kingsfund.org.uk/audio-video/michael-west-leading-cultures-compassionate-care

Compassionate leaders, according to Michael West, are those who take a genuine interest in their staff, who value diversity, who take time to listen and be with their staff, respond empathetically and are prepared to do something to alleviate distress. These are also the leaders who will be able to share their vision and inspire others to work together to ensure that care is safe, effective, humane, compassionate and good value for money.

Background and context

Given the centrality of compassion in the delivery of care, a key question is: how can we create cultures where staff can deliver compassionate care? Part of the answer involves recognizing that we are all responsible for shaping the culture in which we work. Everything we do, every action we take, every interaction we have contributes to the culture of our teams and our organisations.

Creating cultures of compassion

Leaders make a particularly powerful contribution to the culture of their organizations: what they focus on, what they reward, what they frown on, what they talk about, and all send powerful messages to their staff about what is valued in the organisation. So it is really important that leaders embody compassion in their behaviours. Compassionate leaders pay attention to their staff, seek to understand their pressures and their lives and have a real appreciation of their frustrations and challenges, as well as of their successes and pleasures. Compassionate leaders also model and encourage compassion in their teams and the wider organisation. They encourage employees to talk about their problems and support one another. So compassionate leadership is about being a compassionate person *and* trying to create a culture where seeking to help and support others is the norm.

In 2016, 13 organizations from health, social care and local government came together to create *Developing People – Improving Care* in response to evidence that leadership is the most important factor influencing organizational culture is leadership. This finding is echoed by Professor Sir Mike Richards, Chief Inspector of Hospitals for the Care Quality Commission (CQC) who, in 2017, highlighted compassionate leadership as one of the strongest indicators of high-performing organisations that delivered high-quality care.

It seems clear that leaders who model compassion, inclusion and dedication to improvement in all their interactions are key to creating cultures of continuous improvement in health and care.

What do compassionate leaders do?

Compassionate leadership means paying close attention to people and the challenges they face, both inside and outside of work. It means understanding and responding with empathy by taking thoughtful and appropriate actions. Promoting equality, valuing diversity and challenging power imbalances are also key to compassionate leadership. Compassionate leaders make clear connections between data about patient experience and their team members' personal experiences of work. They help the people they work with to keep this in their line of sight and explicitly use it to guide decision-making. Leaders who consistently work in these ways are able to release their staff's potential to innovate and improve outcomes and experiences of care and this, in turn, is reflected in delivery of care that represents value for money.

Compassionate leadership is not, of course, always easy to do. In times of high pressure, compassionate approaches may be effectively 'switched off' (Beal, 2010) and the resilience of compassionate leaders can become compromised through working in challenging environments under high levels of stress. In these circumstances, compassionate leaders may find themselves with a dual role of both managing the system and fulfilling a duty of care to the teams of people that they manage and lead (Ballatt & Campling, 2011).

Sharing values and vision

'If you want to build a ship, do not start by gathering wood, cutting planks and assigning tasks. Instead, inspire a longing for the wide, endless sea.'

Antoine de St Exupery, 1943

A feature of leadership is the acceptance of the challenge of helping others to achieve their own purpose, while also encouraging them to achieve the organisation's vision. One way of doing this is by sharing stories that connect with peoples' values and motivate or inspire them to make improvements or changes. Sharing your own story, or your responses to, and connections with, other peoples' stories is one way of revealing your values and what matters to you as a compassionate leadership. Good leaders know that a good story engages people, builds relationships, reveals shared values and connects these with the drive for quality improvement.

Public narrative is a leadership practice that draws on personal values and storytelling to galvanise others into action (Ganz, 2010). Ganz's approach to storytelling has three key elements: the story of self, the story of us, and the story of now. In essence these represent steps in the sharing of values, connecting values and creating a sense of hope and possibility for change and improvement. This approach was succinctly expressed by Rabbi Hillel the Elder in the first century BCE thus:

'If I am not for myself, who will be for me?'

'If I am for myself alone, what am I?'

'If not now, when?'

Contemporary compassionate leaders will be able to answer these questions:

Why have I been called (the story of now)?

Why have we been called (the story of us)?

What is the urgent call to action (the story of now)?

Compassionate leadership and quality improvement

Leaders in the NHS are facing tremendous challenges. The following quotes are from leaders in what were described as ‘failing organisations’, where the experiences of both patients and staff fell far below everyone’s aspirations.

A hospital director who was interviewed as part of the CQC *Driving Improvement* work (2017) had this to say:

‘Staff had phenomenal stories about their improvement, but I suppose when I arrived I found quite a fear of sharing improvement...so we needed to do a lot of work with people to improve confidence and help them to understand that their journey of improvement is something that they should be proud of and that they should want to talk about.’

Jackie Daniel, who joined Morecambe Bay Trust as CEO when the organisation was at a real low point and in special measures said

‘We needed to start to tell the story of what had gone wrong and why, so staff could make sense of it and then tell them what we needed them to do, in what order, to put things right.’

Andrew Higham, Clinical Director for Medicine at the same trust said:

‘People feel engaged because they’ve been listened to, not just told what to do.’

Fiona Jones, Divisional Director of Diagnostics and Therapies at University Hospitals Bristol NHS Foundation Trust said:

‘There is value in having an open conversation with staff and understanding what the staff feel. It’s about making sure that we don’t pay lip service to it, but we actually understand what challenges staff are facing and what we are doing to overcome them.’

It seems clear from these quotes that compassionate leadership grounded in listening to, and sharing stories of, people’s experiences and hopes for improvement really can make a difference.

The power of stories: the DNA of Care

'Just as care in the NHS is free at the point of need, NHS staff carry within them a vast reservoir of expertise and experience that is free at the point of telling: their unspoken, unheard stories of care and caring. The intertwined relationship between patient care and staff well-being has been likened to the double helix. And so the stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.'

www.patientvoices.org.uk/dnaoc.htm

In the first half of 2016, NHS England funded five Patient Voices® workshops for staff to create their own digital stories about working in healthcare. The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone.

The *DNA of Care* digital stories have been used in a wide variety of ways and evaluation indicates that they highlight important issues in an impactful way. They have been used in Trust training and induction events, at local, regional, national and international conferences, in multi-disciplinary team meetings, in workshops, as part of reflective activities, in care homes, in digital Schwartz Rounds, as a means of exploring professionalism and values, and in other ways that we don't even know about. Viewers of the stories are reminded of our humanity and our connection, while the storytellers themselves experienced the process of creating their stories as therapeutic, reflective, fulfilling and positive.

Stories of compassionate leadership

You may find the following *DNA of Care* digital stories useful as inspiration and/or as prompts for reflection and discussion. Please feel free to show them from the [Patient Voices website](http://www.patientvoices.org.uk) or use the slide packs that accompany this guide.

Many of the stories are very affecting and your audience may need some time to reflect on each story. It can be helpful to have some questions ready and you may also like to anticipate your audience's response to the stories. We have suggested some possible questions at the end of this guide but please feel free to develop your own questions – and try to prepare for the kinds of questions and comments that you might expect from your audience.

It's a good idea to watch the stories before you present them to others so that you can select the most appropriate story or stories for your audience and your purpose. The stories can affect different people in different ways so you may wish to consider giving a general trigger warning such as 'Many of these stories are very emotional and we are aware that they may trigger strong feelings.'

Touch

The choices we make in our personal and professional lives may be made despite, or because of, our own experiences, but they are always affected by them. A consultant anaesthetist tells of how the discovery of his own physical and emotional vulnerabilities when he became a patient has informed his care for his patients, his colleagues and himself.

The light on the water

The *DNA of Care* project is underpinned by the philosophy that staff and patient stories are intertwined. In a similar way, our personal and professional life experiences and learning are inter-connected and can shape our career choices and approaches to our work. Exploring, better understanding and sharing these connections may be one way of positively influencing cultures, and enabling and sustaining both our own and others resilience, compassion and focus on the art of the possible.

Stay

One of the key tasks of a Supervisor of Midwives is to support other midwives in their professional actions and duties. Sometimes, unfathomable tragedies strike and, when one does, Rachel learns that the hardest and most important thing to do can be to stay, to be with colleagues, with the team through the crisis just as the vocation of a midwife is to stay, to be with, the mothers they support.

Just five minutes more

Working in a mortuary was not an obvious career path for Michelle; she'd been a Redcoat at Butlins. It's a hard, challenging role for staff, that places demands on their humanity and their ability to care for patients beyond the end of life that are personally affecting for staff, and personally important for relatives and loved ones of the deceased. Beyond the doors of 'Rose Cottage' or 'Ward 13', Michelle is welcomed into a supportive community of practice and network of peers by a caring mentor. She, in turn, works to give back into that community through her professional practice and teaching.

Floristy, perhaps?

Speech and language therapy is not all children with lisps or stutters. For some speech and language therapists it means working with people who have suffered major surgery, who have ongoing facial tumours, limited life expectancies. These people's lives have changed beyond all recognition, and a young speech and language therapist feels she is their only chance of some semblance of normality, communication, relationships. But that struggle has been a long, hard and debilitating one. The seeds of change she hoped to sow when newly qualified have not germinated, let alone flourished and bloomed. Exhausted, she may have to look for blossoms elsewhere.

Questions for reflection, discussion and debate

The following questions are suggestions – please do feel free to ask questions that occur to you or that may be more relevant to the session you are delivering.

1. How do the stories illustrate the impact of compassionate leadership in relation to situations inside and outside of work?
2. What actions are illustrated in the stories in relation to modelling compassionate leadership?
3. How might these stories inspire compassionate leadership?
4. How do these stories/this story connect with your own values or the things that really matter to you?
5. How might these stories support leaders to create more compassionate cultures and sharing of stories?
6. How do the stories focus attention on the difference that compassionate leadership grounded in listening, can make?
7. What three things does this story focus our attention on, in terms of what we should do next?
8. Having seen XX story, what is the one thing you feel compelled to do immediately?
9. What concerns does 'Floristry perhaps?' raise about the impact of the absence of compassionate leadership?
10. How does 'Just five minutes more' focus our attention on the value of compassionate leadership?

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