**SLIDE ONE**

Good afternoon, everybody and it is a pleasure to be with you today to talk about compassionate leadership. For those of you that don't know me I'm Debra Padgett I'm the IBMS Past President and my day job is clinical pathology lead and lead healthcare scientist at Northumbria healthcare NHS Foundation Trust and as North East and North Cumbria pathology network operational lead. I have had the pleasure across my career of working within many different team environments some of which I've had an active leadership role in, some of which I have been part of some fantastic teams some of which I've also been part of some dysfunctional teams and I have to take my part in each of those teams and the role I played in either helping them achieve their goals or realise the issues that may have preventing us from achieving those goals.

We know that working in the NHS is probably harder now than it has ever been for a huge variety of reasons.

Our workload continues to rise exponentially, the complexity of the care that we provide for patients is changing and will continue to change, our staff have very different expectations of working life and how they balance that with more complex busy (and hopefully fulfilling) home lives, and we have the excitement of changing technology and innovation that means we work in a more dynamic environment than we have ever done at any time in our history.

It is important however that we recognise how we work together in a multi-generational workplace and how we support one another to overcome the challenges that I've just outlined but we will only do this if we work kindly, compassionately and collaboratively in how we deliver modern healthcare and some of those things I want to take a little bit of time to talk about today.

**SLIDE TWO**

So, before we start, I'd like to pose a couple of questions to you that I'd just like you to consider as we go through the session today firstly, what do you hope to learn from joining today and what assumptions have you made before you even start today's session.

Research has shown a compelling link between compassion in leadership and staff wellbeing, team performance, and better outcomes for patients and service users. The NHS People Plan even recognises compassion as a national priority.

And as well all like a good definition, compassion can be defined as ‘a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it’ ([Gilbert 2013](https://www.hachette.co.uk/titles/paul-gilbert/the-compassionate-mind/9781849010986/)). We can experience compassion in different ways: we can feel compassion for other people; we can experience compassion from others; and there is also the compassion we can direct towards ourselves.

Compassionate Leadership however involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing and resilience, which in turn results in high-quality care ([West 2021](https://swirlingleafpress.com/compassionate-leadership/)).

I’ll reference Michael West, amongst others, several times today and I’ll share some references that you may find useful to read up on after today’s session.

**SLIDE THREE**

I really like this quote from the Dalai Lama

‘When we are motivated by compassion and wisdom, the results of our actions benefit everyone, not just our individual selves or some immediate convenience.’

**SLIDE FOUR**

As I mentioned above, the challenges we face in the NHS are varied and complex. In the process of trying to respond to them we risk damaging the health and wellbeing of the people we ask to deliver our services.  From Michael West’s research he observed that of the 1.4 million people who work in the NHS in England, more than 50% say they’re unable to meet all of the conflicting demands on their time at work.  Nearly 40% say that they’ve been unwell as a result of stress at work in the previous year.  Around 50% more staff report debilitating levels of work stress, compared with the general working population as a whole, and we know that this has an impact on the quality of care, we know that it affects error rates, it affects people ability to be compassionate and it affects the services we provide to our patients.  And sadly only 44% say that they’re able to make improvements happen in their area of work.  So what are we to do?

NHS was set up to be a compassionate and inclusive system.  I firmly believe that no one comes to work to do a bad job, to be grumpy or unkind to one and other or to make mistakes in their work. As staff working in the NHS we have all made a decision to dedicate an enormous part of our lives, to caring for others, so they too have a core work value of compassion.

When staff are able to deliver compassionate care, patients are more satisfied and that in turn affects staff commitment and wellbeing.  We get a virtuous cycle of compassion.

**So how do we develop a culture of compassion?**

We all play our part…..we have to as part of the teams in which we work. I’m sure you’ve all worked in teams where this hasn’t been the case and the impact that can have on the outcome of the team dynamic and the output of any project or day to day task. Every interaction by every individual every day, shapes or nurtures the culture of the organisations in which we work….it is our collective responsibility.

**SLIDE FIVE**

So what is compassion?

This is the cornerstone of Michael West’s work and he outlines the four behaviours of compassionate leadership

**Attending**

This means being present with and focusing on others – ‘listening with fascination’ ([Kline 2002](https://www.hachette.co.uk/titles/nancy-kline/time-to-think/9780706377453/)). Listening is probably the most important leadership skill and compassionate leaders take time to listen to the challenges, obstacles, frustrations and harms colleagues experience as well as listening to accounts of their successes and joys ([West 2021](https://swirlingleafpress.com/compassionate-leadership/)).

**Understanding**

This involves taking time to properly explore and understand the situations people are struggling with. It implies valuing and exploring conflicting perspectives rather than leaders simply imposing their own understanding ([Gallo 2017](https://store.hbr.org/product/hbr-guide-to-dealing-with-conflict/10068)).

**Empathising**

This involves mirroring and feeling colleagues’ distress, frustration, joy, etc, without being overwhelmed by the emotion and becoming unable to help ([West and Chowla 2017](https://www.routledge.com/Compassion-Concepts-Research-and-Applications/Gilbert/p/book/9781138957190)).

**Helping**

This involves taking thoughtful and intelligent action to support individuals and teams. Removing obstacles that get in the way of people doing their work (eg, chronic excessive workloads, conflicts between departments) and providing the resources people and services need (eg, staff, equipment, training) are the most important tasks for leaders ([McCauley and Fick-Cooper 2020](https://shop.ccl.org/usa/direction-alignment-commitment-achieving-better-results-through-leadership.html)).

So for me to be compassionate I first have to be present with you, I have to pay attention, I have to **listen with fascination.** I love that phrase…. It means actively listen to you with all my concentration on that conversation so that I can truly understand the causes of your distress distress and empathise with you so that I feel at some level the feelings of distress that you have, which gives me the motivation then to help, to intervene to make a difference.

**SLIDE SIX**

But leaders play a particularly powerful role. What leaders pay attention to, what they monitor, what they reward, what they talk about, communicates to staff what it is that’s valued in the organisation, i.e. the culture.  So, it’s really important that leaders embody compassion in their leadership, and that means their behaviours.  Leaders who pay attention to staff, who as a consequence have an appreciation of their frustrations, their difficulties, their challenges, their successes, leaders who arrive at an understanding of the causes of the distress of difficulties staff experience.

How do compassionate leaders behave? They empathise with their colleagues and seek to understand the challenges they face; they are committed to supporting others to cope with and respond successfully to work challenges; and they are focused on enabling those they lead to be effective and thrive in their work. Compassionate leaders don’t have all the answers and don’t simply tell people what to do, instead they engage with the people they work with to find shared solutions to problems.

A Compassionate Leader is someone:

* Who is open minded.
* Who balances:
  + Masculine and feminine energy (whether they are a man or a woman).
  + Technology and humaneness.
  + Doing and being.
  + Down-to-earthness and spirituality.
  + Fun and getting stuff done.
* Who is vulnerable (which is a source of strength to be present with someone).
* Who is focused on personal development to raise to their own consciousness and that of their organization.
* Who is curious about differences and offers a safe space for them to be present.

A compassionate leader will never have all the answers but will foster an environment of finding solutions together. A person that creates psychological safety so that staff feel safe to raise concerns about errors, near misses, problems that they perceive in the workplace and they empowered to develop and implement ideas for new and improved ways of doing things. They embrace collaborative and cooperative working to coproduce ideas where everyone’s input is valued.

I would just say though that there will still be times when tough decisions just need to be made but I would hope the team understand that dynamic and can better adapt when those circumstances are required. Not every day can have a committee style approach but can still be delivered with compassion as the bedrock. Compassionate leadership also doesn’t mean everyone having their ‘own way’. But it does mean that everyone has their input.

**SLIDE SEVEN**

Every interaction by every individual every day, shapes or nurtures the culture of the organisation. In order to nurture cultures of compassion, we’re all responsible for culture.

Leaders who then empathise, who have a felt reaction to the difficulties staff face, who are able to tolerate that distress rather than over identify with it, and then leaders who take action to help staff, that after all is what leadership is about, is helping those that we lead to do the job that we want to do.

**SLIDE EIGHT**

Positive inclusion and participation.

Compassionate leadership by definition is inclusive.  It’s about hearing all voices, involving everybody including of course patients and community groups, but diversity of voices must be complemented by positive attitudes to diversity, consistently whether of opinion or demographic background, professional background or experience.  And positive inclusion must exist in every team, in the organisation, not just an organisational aspiration.  So, the difference and voices are valued in every part of the organisation and this in turn nurtures psychological safety, trust, engagements, all of which promote innovation.

**SLIDE NINE**

Support and autonomy.

Engagement and creativity are elicited when leaders support staff to cope with the inevitable negative experiences of healthcare, including when mistakes happen and investigations must be carried out.  When leaders take time to help staff process negative emotions, through the investigation process they enable staff to develop resilience and creativity, to actively problem solve the solution and prevent reoccurrence.

**SLIDE TEN**

Compassionate leadership of teams involves leaders encouraging team members to listen to each other with fascination, to understand each other challenges, to empathise and support each other. These people are also more likely to share their ideas with other teams and can then work effectively across boundaries or traditional siloed styles of working. This in turn helps create more active innovation, enhanced inclusion and participation, supporting each other to develop and do it enthusiastically for the benefit of the patient.

**SLIDE ELEVEN**

Recent studies on doctors ([West and Coia 2019](https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure/uk-wide-review-of-doctors-and-medical-students-wellbeing)) and nurses and midwives ([West *et al*2020](https://www.kingsfund.org.uk/insight-and-analysis/reports/courage-compassion-supporting-nurses-midwives)), including those in training, have shown that the wellbeing, flourishing and work engagement of health and care staff, is affected by eight key factors that can be organised into three core needs. Meeting the core needs of health and care staff can help transform their work lives and in turn, the safety and quality of the care that they deliver.

**AUTONOMY**

The need to have control over one’s work life, and to be able to act consistently with one’s values

1. Authority, empowerment and influence – be heard and feel valued in that conversation
2. Justice and Fairness – ensure consistently in decision making and be fair (warning though that the quest to be fair can often tip into being unfair….there if difference between equity and equality…that’s a whole other session though)
3. Work conditions and working schedules – working patterns that work for the individual and the team. Consider the point above and how that may balance…thoughts about self-rostering patterns??

**BELONGING**

The need to be connected to, cared for by, and caring of colleagues, and to valued, respected and supported. We know we perform better if we feel part of a greater power/team

1. Teamworking
2. Culture and leadership

**CONTRIBUTION**

The need to experience effectiveness in work and deliver valued outcomes….’what have I achieved today and what impact have I and my team had’

1. Workload
2. Management and Supervision
3. Education, learning and development

**SLIDE TWELVE**

Compassionate leadership is not a ‘soft option’ and can help leaders effectively manage the performance of individuals, teams, organisations and systems ([West 2021](https://swirlingleafpress.com/compassionate-leadership/)). Within health and care systems, too often performance problems are not directly addressed and so-called ‘wicked problems’ are avoided or hidden ([Dixon-Woods*et al*2014](https://qualitysafety.bmj.com/content/23/2/106)). The skills of compassionate leadership help in the management of performance problems through encouraging the collective responsibility of teams for solving them, helping to promote a culture of learning, where risk-taking (within safe boundaries) is encouraged and where it is accepted that not all innovation will be successful ([West and Markiewicz 2016](https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780198705109.001.0001/oxfordhb-9780198705109-e-8)).

In safe team environments, there are higher levels of learning and innovation. In contrast, blaming cultures are fearful, inhibit compassion and prevent learning ([Edmondson and Lei 2014](https://www.annualreviews.org/doi/10.1146/annurev-orgpsych-031413-091305)).

**SLIDE THIRTEEN**

Several factors can influence the capacity of people and teams in health and care to be compassionate, including poor working conditions, poor leadership, role confusion, role conflicts and excessive workload ([Gilbert 2017](https://www.routledge.com/Compassion-Concepts-Research-and-Applications/Gilbert/p/book/9781138957190); [Cole-King and Gilbert 2011](https://www.researchgate.net/profile/A-Cole-King/publication/285810818_Compassionate_care_the_theory_and_reality/links/5758076408aef6cbe3626da1/Compassionate-care-the-theory-and-reality.pdf)).

One study by [Reiss*et al*2012](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445669/) has suggested that 56% of health care providers don’t think they have the time for compassion because they need to focus on other tasks including administration, reducing costs and regulation

And TIME!!

Time pressure is clearly a powerful factor in health and care environments but Trzeciak and colleagues stress that the quest for efficiency and a focus on the important human side of health care are not mutually exclusive: I love this next quote……‘You can go through your daily activities with brusque efficiency and let people know how busy you are, or you can go through your day valuing human connection and showing compassion and it actually doesn’t take any longer.’

**SLIDE FOURTEEN**

Through your daily work (whatever your role and regardless of your seniority), you can practise compassion through how you attend, understand, empathise and help.

**Attending**

* Notice suffering at work (your own and others’)
* Ask people about suffering, difficulties, challenges
* Listen with fascination….it’s a real skill and one I’m certainly still working on. We must make time for one and other!!

**Understanding**

* Be curious
* Withhold blame, focus on ‘What’s the learning here?’

**Empathising**

* Be aware of continually changing conditions in yourself and others
* Develop empathic listening and tune in to feelings of concern

**Helping**

* Direct your efforts towards what is most helpful in alleviating others’ challenges – that doesn’t mean taking their challenge onto your own shoulders though
* Create flexible time to enable others to cope with suffering

**SLIDE FIFTEEN**

Leaders need the courage to move away from traditional hierarchical leadership approaches, towards a compassionate leadership approach. It requires a sustained shift in mindset and behaviours of people working in health and care to deliver and sustain this culture change. For the sake of patients, service users, staff and communities, such sustained courage and commitment is essential.

If you would like to learn more about how you can develop your own compassionate leadership practice, The King’s Fund has a free short online course, [An introduction to leading with kindness and compassion in health and social care](https://www.kingsfund.org.uk/courses/introduction-kindness-compassion-health-and-social-care), for anyone working in or interested in health and social care in its broadest sense, regardless of sector, experience or role.

So we started with some questions and as part of the reflection of the session you may want to consider the following….

* What have I learned?
* Who will I discuss this with?
* How can I help to change things for the better where I work?

**SLIDE SIXTEEN**

I always like this one to end on a lighter note and this one always makes me smile as you think about some leaders you may have worked with??

**SLIDE SEVENTEEN**

As a good starting point I would recommend anything by Michael West and this book is particularly good!

Thank you for joining today and I’m to take any questions you may have.