

# Can nurses show compassion?

Sue Proctor warns of the danger to the nursing profession of 'compassion fatigue'

I RECENTLY met a 75-year-old woman called Norma. She recently underwent major abdominal surgery for cancer and has diabetes.

She is otherwise generally healthy and active, although unsteady on her feet. She lives with Jack, her 82-year-old husband, who is in good health, although a little frail.

Norma told me about her recent stay in hospital with great enthusiasm. She mentioned the doctors, the physio and the social worker by name, and said they had all been helpful and kind. But when I asked her what the nursing care had been like, her face fell.

'Well,' Norma said. 'They were so busy, always rushing around, that I didn't really get to know any of them. They took my temperature and used that thing on your arm that squeezes you, but they never had much to say.'

She went on to tell me that, during the three weeks she had been on a ward, no nurses had introduced themselves by name.

Nobody had helped her to have a bath, or had sat down to explain what the doctor had said on the ward round or the reasons why she should take her tablets.

She had felt unable to ask for help moreover because, she said, she 'didn't want to make any trouble'.

To visit her, Jack took two buses to and from the hospital every day. Yet, when he came on to the ward, the staff never offered him a drink or even acknowledged his presence.

In physiological terms, Norma's experience was a success. Her post-operative recovery had gone to plan and there had been no wound infections or complications that would have required her to be re-admitted.

In psychological terms however, it was a failure. She was frightened about not knowing what might happen to her next, she felt uncomfortable and 'grubby', and she thought that asking for help would have made her appear 'troublesome'.

Apart from Jack, who seems to have been ignored, she had been alone during her time on the ward.

Norma's is not an unusual account of a patient's experience. In fact, in light of the accounts of nursing attitudes to patients highlighted by October's Healthcare Commission report into Maidstone and Tunbridge Wells NHS Trust, of patients being told to defecate in their beds rather than being assisted to commodes or toilets, it could be a lot worse. Nevertheless, it is unacceptable.

We all know that there are other patient stories, with different outcomes, and that there are fantastic, caring and compassionate nurses



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throughout the NHS who deliver a professional service consistently and regularly, and who always go that extra mile for their patients.

But, if we are honest, we also know that there are wards on which we would not want to be patients, as well as nurses we would not want caring for our mothers or fathers. So why don't we do something about them?

At this year's chief nursing officer for England conference, in London, I chaired two workshops, entitled

'A social movement for compassion', led by Phil Hadridge and Ross Pow from Idenk Consultancy.

At these sessions, 30 nurse directors joined us to challenge and inspire nursing leaders to reintroduce into their executive roles the qualities of compassion and caring that, in many cases, attracted them to the nursing profession in the first place.

We analysed some of the symptoms of current 'troubling behaviours' such as not being available for relatives

at visiting time, and offered some suggestions for how nursing leaders can prevent them.

We also studied the idea of a 'social movement', and examined some famous historical and contemporary examples such as the campaign to abolish slavery to help us devise a social movement for compassion in nursing.

Initially, we described what we meant by 'compassion', and discussed why some nursing managers at trust board level appear to be

uncomfortable using this word and at expressing a passion for caring.

We concluded that, while trusts focus on becoming financially robust by delivering on targets and 'evidence based care pathways', concepts such as 'compassion', 'caring', 'kindness', 'thoughtfulness', 'reassurance', 'empathy' or even 'love' may be perceived by their staff as, if not alien, then ideas that should not be taken seriously.

Yet nurses must demonstrate these qualities in their core business, which is patient care.

After talking with patients such as Norma and their carers, or even after reading healthcare horror stories in the media, I am clear that the most important issue to patients is how nurses and other healthcare professionals make them feel, both physically and emotionally.

Providing correct treatments and achieving desired outcomes are crucial of course, but these should not preclude other forms of care.

Patients in hospital are often vulnerable, worried, in pain, and missing their families and friends.

They should feel that they are cared for by friendly, approachable, available, helpful and informative staff who can listen to them, offer them advice, protect their dignity, anticipate their anxieties and act in appropriate ways.

My challenge to nursing leaders therefore is to draw on the sense of compassion that motivated them to become nurses in the first place.

This is a timely opportunity to initiate a 'quality renaissance', and put caring and compassion back at the centre of nursing: for all our patients and their carers, not only the lucky few **nm**

**Sue Proctor RGN, RM, MSc, PhD is chief nurse and director of patient care and partnerships at NHS Yorkshire and the Humber**

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