

# Compassion and care work: a contested concept or a much needed policy response?

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SOCIAL  
CARE  
WORKFORCE  
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UNIT



## compassion, *n.*

View as: [Outline](#) | [Full entry](#)

**Pronunciation:** /kəm'pæʃən/

**Forms:** Also ME *compassioun*, *compassione*, ME-15 *compassyon*, ME *compascyon*.

**Etymology:** < French *compassion* (14th cent. in Littré), < late Latin *compassiōn-em* (Tertullian, Jerome), *compass-*) to suffer together with, feel pity, < *com-* together with + *pati* to suffer. [Show Less](#)

†1. Suffering together with another, participation in suffering; fellow-feeling, sympathy

1340 *Ayenbite* (1866) 148 Huanne on leme is zik oþer y-woned. hou moche zorþe heþ þe herte and gr

# Outline

Why has the concept become more high profile? What is the relevance of our Longitudinal Care Work Study for these debates? Where do we go from here?

# Longstanding debates about how we acquire compassion

Having a 'compassionate character' was seen as an essential prerequisite for being a nurse from 19<sup>th</sup> c (Bradshaw, 2011)

*Journal of medical ethics, 1983, 9, 189–191*

## Focus

### Can compassion be taught?

Gregory E Pence *Department of Philosophy and School of Medicine, University of Alabama in Birmingham, USA*

#### Author's abstract

*Socrates (in the Meno) denied that virtues like courage could be taught, whereas Protagoras defended this claim. Compassion is discussed below in this context; it is distinguished from related, but different, moral qualities, and the role of imagination is emphasised. 'Sympathy' and role-modelling views of compassion's acquisition are criticised. Compassion can indeed be taught, but neither by the example of a few, isolated physicians nor by creation of Departments of Compassion. In replying to one standard objection to teaching compassion, it is emphasised that scientific competence and compassion aren't mutually exclusive.*

Socrates and Protagoras long ago discussed whether virtues like courage and temperance could be taught (1). Suspicious of Sophists' claims to teach virtues for fees, Socrates argued that if virtues could be taught, teachers of virtues would be universally recognised. Protagoras countered powerfully that virtues could and indeed are taught by parents, friends, spouses, early childhood stories, and colleagues. Where Socrates appeared to argue that *no one* teaches virtues, Protagoras argued that *everyone* teaches them.

What about compassion in medical education? Can

characteristically focused on a particular person or situation, whereas concern for social justice may be very abstract, legalistic, and not involve any particular situation. Social justice characteristically involves problems of equality among humans, whereas compassion is not paradigmatically concerned with these problems and may even be focused on animals.

*Imagination* plays a key role in compassion in achieving understanding of, and feeling for, suffering people. This imagination involves *self-transposal* into another's situation. However, it is not enough merely to transpose one's own views unto the sufferer because 'selves' and personalities differ. Merely transposing one's own attitudes and beliefs unto the suffering person might be a grave mistake. (One is reminded here of George Bernard Shaw's quip: 'Do not do unto others what you want done to you: their tastes might be different.') Because people in fact differ greatly in what they value and feel, what *creates* suffering differs among people.

The imagination then of ideal compassion is more than imaginative self-transposal, more than the Golden Rule of putting oneself in another's place. A richer, more powerful imagination is needed to understand and feel the suffering of people of different back-

# But....

Increasing number of reports highlighting contrasts between principles and realities of care

## Care and compassion?

Report of the Health Service Ombudsman on ten investigations into NHS care of older people

**'Care and compassion are what matter most'**

NHS Constitution



**'A shabby, sad end to life'**

[Read Mr & Mrs J's story](#)



### Welcome

I have collated this report because of the common experiences of the patients concerned and the stark contrast between the reality of

### Introduction

These accounts present a picture of care that fails to respond to the needs of older people for care and compassion.

**Continue reading »**

# Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)

Highlighted persistent  
warning signs, poor  
leadership and priority  
setting

- 1.122 Patients must be the first priority in all of what the NHS does by ensuring that, within available resources, they receive effective care from caring, **compassionate** and committed staff, working within a common culture, and protected from avoidable harm and any deprivation of their basic rights.
- 1.185 There should be an increased focus on a culture of **compassion** and caring in nurse recruitment, training and education. Nursing training should ensure that a consistent standard is achieved by all trainees throughout the country. The achievement of this will require the establishment of national standards. The knowledge and skills framework should be reviewed with a view to giving explicit recognition to nurses' commitment to patient care and the priority that should be accorded to dignity and respect in the acquisition of leadership skills.
- 1.201 As a part of this mandatory annual performance appraisal, each clinician and nurse should be required to demonstrate their ongoing commitment, **compassion** and caring shown towards patients, evidenced by feedback of the appraisee from patients and families, as well as from colleagues and co-workers. This portfolio could be made available to the GMC or the NMC, if requested as part of the revalidation process.

# Cavendish Review (2013)

## The Cavendish Review

An Independent Review into Healthcare  
Assistants and Support Workers in the NHS  
and social care settings

July 2013

'In social care, it was felt that staff needed to learn how to build relationships with each individual they care for, not just focus on a list of tasks performed mechanically. The future workforce will need not just to be "competent" (the word most commonly used in both sectors), but to start learning from their first day about how to act with compassion and respect '(5.2.1)



# Translating it into action

Buzz word but vagueness about its meaning and how to achieve it

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10 Jul 2013


Bill Mumford, VODG chairman, MacIntyre managing director

27

Tweet

## 'Compassion', 'dignity' and 'respect' in care: we need to walk the talk

Meet Charlie: Charlie, a middle aged man who until recently had a career in the leisure industry, is a care worker in a home for adults with profound disabilities.



Bill Mumford

Charlie recently told me: "Having respect for other people is really important to me. I see everyone as an individual and enjoy taking time to get to know them well. Trying not to pre-judge I know that being respectful means different things to different people. Learning from people and finding about their interests and experiences is really interesting for me. One of the ways I show my respect is by making sure when I cook the food is nutritious, tastes great and, even though it is liquidised to help people swallow and digest, it always looks great on the plate. I wouldn't settle for anything less for myself"

We would all love to be supported by someone like Charlie - every employer would want workers like him. Charlie not only has an intuitive understanding of the value of respect, but he also demonstrates this through his behaviour - the extraordinary care he takes when preparing food, an everyday task in every care and nursing home in the UK.



# Methods

What did we do? How did we do it?



# Longitudinal Care Work Study (LoCS)

- 4 areas in England
- Care homes and home care
- 120 interviews (T1 & T2)
- Older people, mental health, learning disability

Managers



- Same 4 areas
- Recruited via establishments where managers interviewed or elsewhere
- 93 (aiming for 120) T1 and T2

Staff



- Same 4 areas
- Recruited via participating establishments or elsewhere
- 51 interviews (aiming for 60) at one point in time

Service users  
and carers



# Methods (2)

## Other data

- Online survey
- Secondary analysis of National Minimum Dataset for Social Care (NMDS SC)

## Analysis

- Transcripts coded using Nvivo
- Thematic analysis
- Coding agreed within team
- Results discussed with Social Care Workforce Research Unit Service User and Carer Advisory Group

# Salience for Foolan

'The person who takes care of me, I think that [paid] carer should be compassionate'



## Ursula on end of life care

... But again it goes back to the compassion of individuals and I can't leave here knowing that somebody has maybe got two or three hours left. Luckily, my whole staff team have that same thought. I think the only way to summarise it is, we don't want them to be alone at that time, because it must be, ... nobody knows what ... people experience at end of life, but I think, or hope, that they will know that there is somebody with them in that room, regardless of whether they can hear, see or just maybe [having] that presence of somebody else would make that passing over a little bit easier.

## More usually

- Comparatively uncommon to use word 'compassion'
  - More likely to use related terms such as 'kindness'
  - Or to refer to a specific example to describe what they meant
  - More about the way care was delivered rather than what was done
  - Or omissions in care
- Used as a way of describing importance of relational care
- Also used as a way of framing professional boundaries



## Darcy on relationships with workers

... I know years ago, you had the same social worker, you would build up a relationship, you could talk to them, they would give you advice. That is gone. Now, in the two boroughs I've had care, it's a very impersonal system. You had on call duty social workers, who are not rude, but don't know you. You can't really ask them for help .... I think after three to four years, I've more or less [worked out relationship with care workers] .... you have to be kind and nice enough that actually when you get a really good carer, you want to keep them, and they want to be with you. It's a very weird mixture of not quite friends, but very close and intimate, but as well, maintaining your distance, that they know that you're a client. It's a fine balance.

More about  
identifying at  
recruitment  
stage than  
learning

... I still think that it's either a vocation  
for the individuals that apply, and they  
want to do that job for the right  
reasons, and indeed have the right  
values initially...

# 'Values based recruitment'

Large companies had corporate approach to recruitment

Owner managers/small companies had own strategies

The screenshot shows the Bury Adult Social Care website. The header features the Bury logo and the text 'Adult Social Care'. A navigation bar includes links for Home, All about Bury, All about Adult Services, Adult Social Care Opportunities..., and Staff Forum. A search bar is labeled 'Search Bury Social Care...'. The main content area is divided into three columns. The left column lists various services and roles, including 'Bury Adult Care Training Partnership', 'Bury Aces Casual Staff', 'Bury GEMS', 'Workforce Development', 'Personal Assistants Role', 'Development and Training for Personal Assistants', 'Your Adult Care Update e-bulletin', 'Shared Lives Carers Role', 'Adult Social Care Worker Testimonials', and a link to 'Register for FREE to Access the Latest Jobs'. The middle column features a section titled 'Is Care Right For You?...' with a questionnaire. The questionnaire asks users to undertake a short questionnaire to give them an idea about how comfortable and happy they might feel in an adult social care role in Bury. It includes three questions with 'Yes' and 'No' response buttons. The right column features a section titled 'Skill Matrix' with instructions on how to use the questionnaire.

**Bury Adult Social Care**

You are: [Home](#) / [Is Care Right For You?](#)

[Home](#) [All about Bury](#) [All about Adult Services](#) [Adult Social Care Opportunities...](#) [Staff Forum](#)

Search Bury Social Care...

**Bury Adult Care Training Partnership**

Bury Aces Casual Staff

Bury GEMS

Workforce Development

Personal Assistants Role

Development and Training for Personal Assistants

Your Adult Care Update e-bulletin

Shared Lives Carers Role

Adult Social Care Worker Testimonials

**Register for FREE to Access the Latest Jobs**

**Latest Adult Social Care Jobs**

**Is Care Right For You?...**

Please undertake a short questionnaire to give you an idea about how comfortable and happy you might feel in an adult social care role in Bury.

1. I think I'd be able to work as part of a team.

Yes No

2. I am considerate and interested in people and am sociable around people I have not met before.

Yes No

3. I am sensitive to people's needs and am able to be creative in how I help people meet these needs.

Yes No

**Skill Matrix**

This questionnaire is designed to give you a better idea of whether you would be suited to a job in care.

Think about each of the 20 statements carefully and be honest with yourself.

Note down the number of Yes and No answers you decide on.

# Leadership

- Managers identified their role in modelling desirable behaviour
- Workers more inclined to describe their personal attempts to maintain their values

# Take Kelly....



From workinstyle.com

- Generally works a 30-35 hour week from 6am-2.30 pm
- 'Full time' workers are expected to do 70-80 hours a week
- Sees an average of 15 clients a day
- Theoretically paid £6.45 per hour but is actually paid by the minute
- Average pay has gone down as although hourly rate has gone up, weekend rates have been cut
- No financial incentive to undertake QCF/NVQs
-



# Kelly's dilemma

... she'd had a fall and she'd not long been out of hospital. She had been in bed for two days and she'd been washed in bed. On the third day she decided she really wanted to get up because she thought the longer she laid there, the worse she was going to be, the stiffer she would get. So, with a lot of help and encouragement I managed to get her to the bathroom. It took me half an hour. The call was for 45 minutes. I phoned my supervisor and explained and I said it's going to take me another half an hour to get her washed and dressed and into the living room. Could she take a fifteen minute call off of me later on, so that I could catch up. She said, no, we've got too many people off sick. You should have left her in bed. I said, thank you very much for your help. (LAUGHS). I just had to do the best I could and obviously I was running late then, all day, because there was no help.

## ... or Melody



Image from Swansea council website

- Works 6am-3pm, then starts again at about 4 or 5 pm through until 9-11 pm
- Paid £6.50 an hour – did not even know what minimum wage was – earned slightly more than NMW when interviewed
- Mileage is 23p a mile (to cover petrol, cost of car, and services/repairs etc)

# Exit rather than voice as a strategy

They put me on the dementia unit and I was quite taken aback. They didn't seem to do a great deal with them. When they were up in the mornings, their rooms were locked and they was kept in the lounge more or less, watching the TV. There wasn't a great deal of activity, stimulation and I hated it to be honest. I didn't like it. I then was put upstairs and I then worked upstairs in [home], which is more nursing and rehab. I stayed there for eighteen months I think it was. I prefer being in the community and so that's why I came out and came back to the community

# Being human and not a machine

It's difficult because you do feel like you are tied to the phone [reference to the fact that workers have to check in when they arrive and leave] and your time and I don't know. It's hard to explain (LAUGHS). It is like you are part of a machine. You've got to be here at this time and you've got to finish at this time. It doesn't work like that. Some days you could go in and the service user's perhaps having an off day or whatever and they don't want you. What do you do? Another day, perhaps [they are] having a down day and they just want to talk. It takes time. You are running over your time ... We are all human and everybody is different. It's all down to minutes.

# Role of regulation

‘The CQC cared more about the temperature of his fridges than whether his staff were compassionate’

It is not good enough for care homes merely to pass an inspection on technicalities: they must also show a requisite degree of compassion, humanity and patience



From Telegraph editorial 10 August 2014



# Wider context of staffing and other constraints

We were told in the summer that one of the clients had reported the [home] to CQC, stating that they felt that there weren't enough staff on duty and they felt it put the clients at risk and we were expecting an inspection ... and it never materialised so we do wonder what's happened there ... What we rather suspect is they would probably think 'well, if we close the [home], where are we going to put these people?' Oh perhaps it's best to leave it open for the moment, regardless of the problem.'

We failed elderly because we were too scared care home owners would sue us, watchdog admits

Head of watchdog for care homes admits: we failed to protect vulnerable because we feared being sued



Mr Prior said CQC's previous approach had failed too many vulnerable people



# Discussion

What do these findings suggest?

## Social care discourse

- Compassion is a relevant concept but term less frequently used than in nursing or other health contexts

# Tensions

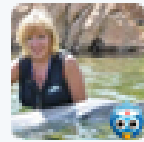
- There are tensions between policy aspirations for compassion and aspects of social care delivery
  - 15 minute care slots
  - Importance of relational care (e.g. role of social workers or continuity of care)

# Changing nature of social care

- Emphasis in past on 'independence'
- Does this reflect reality of care today?
  - More people receiving end of life care
  - More people with long term health problems

# Will it make a difference?

BUT Whitehead et al (2104) discuss risks of not making it explicit in medical guidelines



**elaine bevan-smith** @SmithBevan · 9h

Is it just me or does anyone else find the #6Cs for nursing patronising? Isn't it obvious that nursing is about compassion etc? @WeNurses

Expand

Reply Retweet Favorite More



Followed by EMASB and 60 others



**Mervyn Eastman** @MervChangeAGEnt · 7h

@SmithBevan @Ermintrude2 @WeNurses But too often isn't and we all need to be reminded in Health/**social care** whatever our job re#**compassion**

10:03 AM - 31 Aug 2014 · Details

East, England

# A family carer's summing up

I think that's probably one of the biggest things that's necessary [is] really closely monitored training and to give [staff] knowledge about Alzheimer's and dementia. If you haven't got that then you've not got anything. You need that as well as the general compassion. They're talking about nursing now and teaching them compassion. You can't teach anyone compassion, they've got to have it haven't they?



# Disclaimer

The Longitudinal Care Work study is funded by the Department of Health. We acknowledge funding from the Department of Health Policy Research Programme. The views expressed here are those of the authors and not the Department of Health

# Thank you

Everyone who was interviewed or returned a survey, interviewers, transcribers, SCWRU Service User and Carer Advisory Group, DH for funding, and you for listening



# Links and sources

| Slide number | Source  |
|--------------|---|
| 2            | Oxford English Dictionary   |
| 4            | Ombudsman report <a href="http://www.ombudsman.org.uk/care-and-compassion/home">http://www.ombudsman.org.uk/care-and-compassion/home</a>  |
| 5            | Francis Report<br><a href="http://www.midstaffspublicinquiry.com/report">http://www.midstaffspublicinquiry.com/report</a>   |
| 7            | Bill Mumford blog<br><a href="http://www.vodg.org.uk/cgblog/77/105/Compassion-dignity-and-respect-in-care-we-need-to-walk-the-talk.html">http://www.vodg.org.uk/cgblog/77/105/Compassion-dignity-and-respect-in-care-we-need-to-walk-the-talk.html</a>  |
| 11           | Age UK Leicester Shire & Rutland Services   |
| 16           | Bury Council website  |
| 24           | Laura Donnelly, Telegraph,<br><a href="http://www.telegraph.co.uk/health/healthnews/11021374/We-failed-elderly-because-we-were-too-scared-care-home-owners-would-sue-us-watchdog-admits.html">http://www.telegraph.co.uk/health/healthnews/11021374/We-failed-elderly-because-we-were-too-scared-care-home-owners-would-sue-us-watchdog-admits.html</a> |