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

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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 have been ongoing. Having a ‘compassionate character’ was seen as an essential prerequisite for being a nurse from 19th C (Bradshaw, 2011)

**Focus**

**Can compassion be taught?**

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**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-modeling views of compassion’s acquisition are criticized. Compassion can indeed be taught, but neither by the example of a few, isolated, physically 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-transpositional 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-transpositional, 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
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.
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
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

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

Service users and carers
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’
... 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
... 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
Leadership

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

- 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
... 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

- 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)
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.
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
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.'
Discussion

What do these findings suggest?
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?

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?
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Thank you

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