

Understanding ‘compassionate excellence’ in practice: Haematology department report

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Through knowledge exchange workshops with Oxford researchers, the Haematology department have generated service development initiatives to enhance compassion in their practice.

Why

The Oxford Healthcare Values Partnership (OHVP¹), led by Professor Joshua Hordern, wanted to explore what the Trust’s value of ‘compassionate excellence’ meant for the Haematology team. Knowledge exchange workshops provided a supportive environment to explore what compassion meant to the team, and identify how they could develop their understanding and practice of compassion within the service.

Our aims

- **Understand** what compassionate excellence means to the Haematology department
- **Build** the team’s understanding of compassion with examples from a variety of traditions of thought
- **Expand** ideas of what it means to be compassionate towards patients and colleagues within the service
- **Progress** insights into service development initiatives to foster greater compassionate practice
- **Share** and implement these service development initiatives.

“I really appreciated the value of protected time with a number of disciplines in the room.”
Senior Nurse

Our approach

Building on experience from similar knowledge exchange workshops with OUH Vascular services, Prof Hordern and Dr Graham Collins co-designed three workshops to explore ‘compassionate excellence’, ‘compassion for colleagues and patients’ and ‘responsibility, candour and compassion’ with the team. These workshops were tailored for the Haematology department, as a service that deals with patients whose conditions generally have nothing to do with their lifestyle and therefore seem to be cases of ‘bad luck’. As the OHVP’s previous research has indicated, what compassion means in practice is informed by the narrative of a person’s ill health, including elements of both responsibility and chance.

The workshops

Dr Collins invited a cross-section of the Multi-Disciplinary Team (MDT) to attend three two-hour workshops. Starting by examining ‘compassionate excellence’ as part of the Trust’s values-based practice, participants then took part in a ‘three word exercise’ to sum up what compassion meant to them. Discussion was focused through case studies of difficult situations specific to the Haematology department. Difficult cases and patient complaints were considered alongside ideas of compassion from Aristotle,

Sophocles’ Greek tragedy ‘Philoctetes’, the story of the Good Samaritan, the Buddha’s experience of the ‘life course’, and Jesus’s call to ‘judge not’. This process was designed to support staff members’ exploration of their own ideas of compassion and its diverse possible meanings. By investigating how the patients’ own narratives, notions of responsibility and the importance of honesty inform shared decision-making, the participants arrived at practical ideas to embed compassion into their practice to improve the patient experience and team morale.

What we found

A central theme that emerged was the close-knit and supportive nature of the core team, an achievement to be nurtured and celebrated. However, it was also acknowledged that some staff roles are more transient and so lack some of this support. Despite being confident that their treatment of patients was compassionate, the team was aware that this was compromised when they were understaffed and extremely busy. They also agreed that there was not enough time to care for themselves. Key perspectives and service development initiatives were developed along the following themes.

“We are very good at being compassionate towards patients but the workshops highlighted the challenge of being compassionate towards each other.”
Ward Sister

Compassionate collegiality and ‘the fringe’

There was recognition that the core team is close-knit because many of the consultants and nurses have worked together for a long time in their defined roles. However, short-term staff, such as foundation year (FY) doctors, don’t routinely benefit from the compassionate support and experience of the core team. These transient colleagues should be more thoroughly embedded to improve compassion among the whole team and to enable transient staff to carry this compassion to other settings when they move on.

Service development initiatives

Induction to include emphasis on structured support to new staff members in two ways:

- Shadowing more senior and experienced members of staff when they make formal apologies to patients and break bad news.
- Regular daily check-ins with nurses for FY doctors to make sure that they feel included in the team and can ask the nurses for advice.

¹ www.healthcarevalues.ox.ac.uk - a partnership of University of Oxford researchers and healthcare staff seeking to understand and improve the ethos of healthcare services.

Compassionate, inter-professional training

By exploring philosophical and religious traditions and each other's views, the team considered the importance of different ways of thinking about suffering, dying and death that influence patients' decisions and experience of different stages of the service. Gaining better understanding of each other's perspectives was also seen as an important part of compassion towards each other.

Service development initiatives

- Inter-professional groups/forums to discuss practice improvements and understand each other's roles
- Further similar workshops as a team-building exercise to study different cultural attitudes towards suffering, dying and death
- Training on how to greet patients on arrival for their first treatment
- Compassion as a key component of the Day Unit Education programme.

Compassion and complaints

Examining examples of complaints made participants aware of the experience of other members of the department who could not attend the workshops. Those present mentioned a 'cultural shift' away from formal structures of support when complaints arise. Procedures have become increasingly formal and regularly cite human error, rather than systemic failures, as the cause of problems which result in complaint. At the same time, an ethos of 'the customer is always right' has evolved around patient complaints.

Service development initiatives

- Mapping of support structures for medical secretaries and others outside the core team
- Clearer, earlier, explanation of the complaints process to junior staff
- Ensure that every staff member has informal or formal support during and after complaint processes
- Ask the Trust to seek the staff member's account in the early stages of a complaint investigation
- Ask the Trust to review its process for sending formal letters to bereaved relatives giving information about errors which did not lead to their loved one's death.

Compassion to individual staff and the needs of the service

Many in the group felt that 'compassion' has become interpreted as acquiescence to requests by staff members to accommodate their circumstances. This was seen as undermining teamwork and what it means to take on responsible roles in a demanding profession. Compassionate leadership was seen as embodying fairness of

approach towards team members, taking into account resource allocation and the needs of the service.

Service development initiatives

- Policy statement that requests for accommodating staff members' personal circumstances will be listened to compassionately and balanced with the needs of the service
- Forums to allow staff to explain how they are feeling and to let others know if they are 'off their game'
- Longer term follow-up on a case-by-case basis for individual staff members after errors.

Compassion, responsibility and patient behaviour

As one participant observed: 'Excellence without compassion causes anxiety in patients'. This encapsulates the team's focus on what's best for patients all round. Compassion means consultations in which patients can explain how things are from their perspective. At the same time it was emphasised that patients have no right to be rude, and that compassion involves helping patients to accept appropriate kinds of responsibility for their ongoing treatment.

Service development initiatives

- 'Light touch' department brochure explaining patient's responsibility within the department's integrated compassionate care.
- Ensure that good examples of compassionately hearing the patient's perspective in treatment decisions are shared with the team.

Next steps

To help celebrate what they do well, the team proposed sharing instances of compassionate practice when it was felt to be of benefit. They suggested using the regular Monday morning teaching slot to discuss how they can incorporate teaching and further exploration around compassionate practice across the MDT. It was also agreed that Monthly Operational Guidance meetings would keep the compassionate practice service development initiatives on the agenda, to monitor their progress.

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BEFORE

WARMTH LOVE TRUST CARE OPENNESS
TOGETHER CONNECTION HOPE
DEDICATION APPROACHABLE KINDNESS

AFTER

LISTENING INDIVIDUAL TRUTHFUL
STORIES RESPECT RESPONSIBILITY SUPPORT
UNDERSTANDING DIALOGUE SENSITIVE FAIRNESS

At the beginning of the workshop series, participants were asked what compassion meant to them

For further reading and to see how the initiative is being taken forward with other OUH departments, visit: www.healthcarevalues.ox.ac.uk/compassion-workshops