Poor organisational cultures erode compassionate care

Twenty years ago, my third baby died at 34 weeks. It was a terrible shock, having had two normal pregnancies, one of which was a home birth. That evening, feeling exhausted, emotionally numb with no cot beside me, I wasn’t prepared for the well meaning midwife who came and stood at the end of the bed and reeled off Kübler-Ross’s five stages of grief. I said nothing, let her go on, because it was more than I could do to hold it together.

This is not to be interpreted as having a go at midwives, because overall I have had wonderful care from marvellous women at various stages of all my pregnancies and for our son who arrived three years later. My point is that if one person gets it wrong that event will stand out, get in the way of the good things and remain forever in our memories. What I needed at that moment was not a parade of rehearsed facts, but more the unspoken comfort that can come from presence, acknowledgement of pain and the avoidance of being busy.

In telling this story for the first time, I want to consider the notion of compassion. We know patient satisfaction with nursing care is not as good as it should be. This is particularly true for older people. Although there are always good stories, there is often a darker side to the experience that older people have of care in hospital when they are feeling anxious and unsettled.

We hear of patients being looked after in overstretched and chaotic systems where the fundamentals of care are neglected, such as nurses failing to tell patients their names, meals put out of reach and requests for help to go to the toilet ignored. From my own recent research that set out to learn from older people about their experiences of care, patients are unambiguous about what they see as good care: “If I know what is going on, I feel more positive and in control”; good care is about having time, getting the details right and, when “everything kicks in”, respectfulness, gentleness and inclusivity. These are not big, costly or unreasonable expectations. Why then are there difficulties in getting it right?

It is not new that nursing is being berated for failing in interpersonal relationships with patients. But I for one do not buy into the nostalgia lobby who argue everything was well in the old days. My husband tells of how when he was four and very ill in a leading children’s hospital he lived in fear of being forced to eat his dinner and was paraded around the ward being admonished by a formidable ward sister if he failed. We also need personal support and leadership from the team.

We should shift the direction of the argument in the heated debates about why nursing lacks compassion. It is often blamed on the wrong sort of students, too much theory in universities, out of date academics and not enough exposure to clinical practice for students. Instead, we should look at how far cultures of healthcare organisations are collegial, patient centred and compassionate and what we can do collectively as universities working in partnership with trusts to make that better.

As Mencies Lyth would say, it is nurses who are exposed to the stress of the day to day emotions expressed by patients who are at their most vulnerable, and so it is nurses who experience the greatest emotional pressure within the healthcare team.

Nurses must have good quality leadership and support in order to provide individuals with the right care at the right time. It is absolutely right that the Prime Minister’s Commission on the Future of Nursing and Midwifery highlighted the prominent role of the ward sister and charge nurse in creating a culture of support within which organisational compassion can flourish.

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