



Compassion is the key

Steve Trenchard argues that the NHS has to start valuing managers with people skills rather than target-hitting abilities

THE FRANCIS report into the failings at Mid Staffordshire NHS Foundation Trust was published on my fourth day as chief executive at Derbyshire Healthcare NHS Foundation Trust.

Since then, I have reflected on the leadership challenge and whether it constitutes a 'wicked problem'; that is one that is multilayered and has multiple interdependencies and complexities (Grint 2010) for the wider NHS leadership community. I have also considered the importance of our scientific understanding of compassion in introducing cultural change in the NHS.

Using the framework and criteria of wicked problems, as applied to health care, I concluded that the NHS does have such a problem, especially in light of the Francis report, which highlights that:

- The problems associated with failures in care were multilayered, difficult to define and complex.
- There is no obvious endpoint to the delivery and regulatory problems facing the NHS system and ongoing multilevel systems change is likely to continue for many years.

The Francis recommendations and solutions are neither right nor wrong. However, they

are likely to be expensive and have lasting, unintended consequences that will spawn new problems.

The problem of collective leadership is unique, due to many factors including an ageing population, and changes to health settings and health solutions that are embedded in a changing social context.

According to Iles (2011), the target-driven culture of the NHS has, over the past ten years, led to good people management giving way to performance management. Drawing on literature from psychology, sociology, anthropology, history, moral philosophy and theology, she argues that the NHS needs a new kind of manager, who understands people as well as numbers.

The ability to focus on people instead of numbers links to our understanding of the science of compassion. The psychology of compassion (Gilbert 2010) draws on research showing that people react poorly to 'conditions of threat'.

The human brain responds to threats by raising anxiety levels, tapping into self-survival instincts (fight or flight) and, ultimately, making it harder to be compassionate to others out of fear for our own safety.

In the past ten years, a growing body of literature has focused on the psychology of compassion and emotions in the workplace. Put simply, compassion counts, which means paying attention to the emotions in ourselves and those around us.

Derbyshire Healthcare NHS Foundation Trust is fortunate in having an international expert on compassion in Paul Gilbert, who has researched the subject for more than 20 years and is director of the Centre of Compassion. Drawing on evolutionary psychology, and using qualitative and quantitative approaches, Professor Gilbert has shown how a scientific understanding of how our brains function can help us appreciate the psychologies of compassion.

In particular, he shows that the ability to respond to other people's distress depends on the environmental and cultural conditions in the workplace.

Ballatt and Campling's (2011) fascinating thesis on the culture of the NHS describes the dilemmas faced by staff confronted with financial targets, continual change, and efficiency and cost savings. Essentially, these pressures limit people's abilities to deliver compassionate care and, ultimately, compromise their roles. The science of compassion would hypothesise that these activities trigger threat-based responses in the brain, making it harder for people to feel safe enough to be compassionate. It also shows that the cultures and climates of compassion created in healthcare settings must support and contain the felt anxiety of the workforce.

If NHS leaders use language and approaches that the workforce finds threatening, they will fail to embed the evidence base of compassion in everyday healing relationships.

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