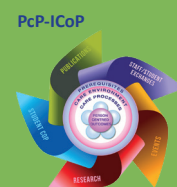


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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

The heart of caring – understanding compassionate care through storytelling

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Abstract

Background: Recent international and national reports have identified that failures of leadership leave patients at risk of not receiving consistent high-quality, compassionate care. Nurses and midwives are trusted with people's most valuable asset, their health, so it is important to understand what factors might lead them to be less than empathetic with those who need their care.

Aim and objective: To capture and understand stories from nurses and midwives and develop a reflective resource that could be used to connect with caring and compassion.

Methods: A qualitative research design was used, with a narrative approach of storytelling that enabled the capture of deeper insights into nurses' and midwives' stories of caring and compassion. A total of 50 stories were shared and a thematic analysis was undertaken of story excerpts to be included in the reflective resource.

Results: The work resulted in the publication of *The Heart of Caring Resource for Reflection* book, the purpose of which was to provide opportunities for reflection on caring and compassion. It also led to the emergence of a 'framework' with four main themes, which became domains 'to lead person-centred compassionate care', in response to the overall message from the stories as a collective.

Conclusion: The book has enabled the stories of nurses and midwives to be shared, and allowed a connection with what caring and compassion means to them and to their teams. Leading person-centred compassionate care needs to be an approach across the whole of the healthcare system, and a focus on the experiences of staff as well as of patients and families is required in order to transform care delivery.

Implications for practice:

- *The Heart of Caring Resource for Reflection* book and framework connects with caring and compassion, aiming to promote a culture of person-centred compassionate care, where human-to-human connections are valued, teams are engaged and self-care and wellbeing are supported. This is essential for the whole healthcare system
- Storytelling and reflecting on nursing practice and the human experience is a powerful way to connect with caring and what matters, to ensure the patient remains the focus of care. This can significantly influence patient safety
- Leading person-centred compassionate care needs to be a systemwide approach in healthcare, requiring a focus on the experiences of staff as well as those of patients and families

Keywords: Compassion, stories, reflection, self-care, workplace culture, team engagement, person-centred

Introduction

There is growing emphasis in policy, practice and research on the caring dimension of healthcare, in an ever-more complex context and amid financial constraints and increasing demand to meet key performance indicators, outcomes and efficiencies. Recent international and New South Wales state reports have identified the need for a caring and compassionate nursing and midwifery workforce that is focused on the delivery of patient-centred care (Garling, 2008; Francis, 2013). These reports detail healthcare services' failure consistently to deliver the high-quality compassionate care that patients should expect and receive, and identify the significant impact of a lack of effective leadership on the delivery of person-centred, compassionate care.

The authors would argue that the role of nurses and midwives in ensuring the person is the focus of care is critical to patient safety. The promotion of models of care that focus on relationships and the need to develop and sustain fundamental person-centred skills and values has been an important step towards a culture that demonstrates compassion (Dewar and Nolan, 2013). However, many nurses working at the bedside struggle with the basic step of seeing things through the patient's eyes and treating them with the empathy and compassion they should receive. This is not because nurses aren't caring but because the realities of the current healthcare environment are contributing to a highly technical and often task-oriented way of working that can inhibit nurses' ability to be empathetic and compassionate towards their patients. Compassion should not necessarily be seen as simply being gentle and considerate; it includes honesty and at times courage (Cornwell and Goodrich, 2009). Courage as a nurse is about standing up for one's innermost values and is essential to the delivery of compassionate, relationship-centred care (Dewar, 2013; Dewar and Nolan, 2013).

Compassion revolves around the way in which people relate to each other. It is less about what people choose to do for each other than what they choose to do together; it requires a level of reciprocity and interdependence (Dewar, 2013). As a concept, it implies a sense of recognising the other as a being of worth, and of a depth of care that goes beyond a simple professional relationship to be empathetic and loving (Hall, 2013). Bramley and Matiti (2014) found a strong connection between care and what patients perceived as compassion. Dewar et al. (2011, p 32) define compassionate care as:

'The way in which we relate to other human beings. It can be nurtured and supported. It involves noticing another person's vulnerability, experiencing an emotional reaction to this and acting in some way with them, in a way that is meaningful for people. It is defined by the people who give and receive it, and therefore interpersonal processes that capture what it means to people are an important element of its promotion.'

Leading compassionate care and health policy

The *New South Wales State Health Plan: Towards 2021* (NSW Government Health, 2014) provides a strategic framework and sets priorities across the healthcare system for the delivery of 'the Right Care, in the Right Place, at the Right Time' (p 4). The plan aims to transform patient care delivery across the state, highlighting the need to deliver 'respectful and compassionate' care. It states that:

'Patients and staff should be treated with care, compassion and dignity and NSW Health has a strong, positive culture, embodied by their CORE values of Collaboration, Openness, Respect and Empowerment' (NSW Government Health, 2014, p 8).

Compassionate care is seen in relationships based on empathy, respect and dignity, and is dependent on how people relate to each other (Dewar, 2012). Integral to it is the recognition of the patient as an individual and the way in which nurses and midwives communicate with each other and with patients, families and carers (Dewar, 2013). Caring with compassion involves seeing the person in the patient at all times and at all points of care (Cornwell and Goodrich, 2009).

Nurses and midwives are entrusted with people's most valuable assets, their health and that of their parents, spouses and children. No nurse or midwife would ever wish to be less than empathetic to anyone who needs their care. Studies of good role models show that their important qualities include compassion and integrity as well as clinical competence and the emphasis they place on the importance of the relationship with the patient (Paice et al., 2002). Identifying the critical factors that impact on the ability to provide person-centred compassionate care is essential so that leaders can focus their actions to create environments that support this. Role modeling compassionate care is a vital way of demonstrating its importance to junior staff and peers, both nursing and medical.

Practice development

Essentials of Care, an NSW statewide programme to support the development and ongoing evaluation of nursing and midwifery practice and patient care, has been in place since 2008 (NSW Government Health, 2011). The programme is underpinned by practice development methodology, which emphasises the embedding of evidence-based care and workplace cultures within person-centred processes, and learning in and from practice. It aims to enhance the experiences of patients, families, carers and staff involved in care delivery (McCormack et al., 2013). Essentials of Care uses approaches that are collaborative, inclusive and participatory and, through ongoing evaluation using observation, auditing and the collection of patient and carer stories, is used to inform practice and the development of safe, effective and compassionate workplace cultures (NSW Government Health, 2011). Stories are a powerful way to connect with the experience of care and can be used to inform practice change. To enable and sustain the delivery of compassionate care, there needs to be a greater understanding of the perspective of the nurses and midwives providing that care. Sharing the human experience of everyday life is powerful and often unavoidable; in nursing and midwifery it is an important part of reflection on clinical practice and the degree of caring, and why working at the bedside matters (Hudacek, 2008). Hearing and sharing stories provides the opportunity for dialogue and reflection; they can heal and soothe the body and spirit, and they can provide hope and courage to explore and grow (Wang and Geale, 2015). Therefore, the use of storytelling to understand the perspectives of nurses and midwives on the delivery of compassionate care can be highly valuable.

Aim

To capture and understand stories of caring and compassion from nurses and midwives and make them available across the local health district by developing a resource book that can be used for reflective practice. This would enable nurses and midwives to consider what compassionate care means to them and how it relates to their experiences in practice.

Method

Design: storytelling, a narrative approach

The qualitative methodology of storytelling – narrative inquiry – was used for the project. To use narrative inquiry is to adopt a particular view of experience of the phenomenon under study (Clandinin and Connelly, 2000). It is a methodology through which the researcher attempts to illuminate the meanings of personal stories and experiences. Stories were sought (the inquiry) to gain nurses' and midwives' perspectives of compassionate care (the phenomenon) and this approach enabled valuable experiences to be described and captured. The use of narrative inquiry provided the opportunity to consider specific instances when nurses and midwives felt they made a difference to a care experience and what compassionate care meant to them. They shared their explanations, experiences and perspectives. To ensure the quality of this qualitative research, the standards for reporting qualitative research checklist was used (O'Brien et al., 2014).

The focus was on gaining an understanding of nurses' views on caring and compassion, and the narrative approach of storytelling enabled qualitative data and deeper insights into nurses' stories of caring to be captured. Storytelling can promote a culture of caring because stories value the voice not

only of the storyteller but also of the listener (Bochner, 2001). The telling of stories is an important way to convey messages that are central to the development of effective cultures of caring. Stories from the heart carry weight and create connections in ways that survey responses, directives and policy cannot. The ability of stories to compel us to pause, reflect and reposition ourselves is what makes them an important and potentially powerful research tool (Carter, 2007). The sharing of experiences in nursing generates thinking and enlightens the complexity and enormity that is characteristic of the profession, and is an important approach to improve overall experiences of care (Hudacek, 2008). The underlying principle of storytelling of this nature is that it requires reflection and that it will stimulate focus on nursing practice.

Setting and sample

Nurses and midwives from across the health district (eight facilities) were invited to share their stories of compassionate care through the distribution of an expression of interest by the District Director of Nursing and Midwifery. The aim was for 50 nurses and midwives to share their nursing stories and an extremely positive response meant the authors succeeded in attracting this number to participate in the project. Their length of nursing experience ranged from three months to more than 40 years and every designation of nurse and midwife was included in the project.

Story collection and reviews

The participants were extremely generous with what they shared of their stories of compassionate care and of times when they felt they had made a significant difference to a patient's care experience. For some, the telling of their story was an emotive experience, and the participants were fully supported by the project facilitator (SM). Stories were taken in an environment that was peaceful and where privacy was assured. Questions to guide and probe the storytelling process were used, having been approved as part of the ethics submission.

All stories were transcribed, and a review of each story was coordinated by the project facilitator. Each story had three reviewers, who independently highlighted excerpts that could enable nurses and midwives to reflect on practice as an individual or as a team. This was a collaborative process by a team of senior nursing and midwifery managers. Reliability was addressed by using three reviewers per story for all 50 stories. Once excerpts were highlighted and agreed as potential content for a reflective book, they were collated as a first draft document. Ten sections emerged within the book, and a reflective activity was developed for each section.

Thematic analysis

Further exploration of the data was undertaken by the project leads (SM, KT) using thematic analysis of the identified story excerpts (Braun and Clarke, 2006). Figure 1 shows the six phases of this analysis, from familiarisation with the stories through development of subthemes and themes to extraction of excerpts. A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the dataset (Braun and Clarke, 2006). Figure 2 represents the mapping of subthemes to themes and includes the overall message that emerged. The clear themes that emerged from the stories became the domains within a framework for leading person-centred compassionate care. The need for such leadership was the overall message from the stories as a collective.

Figure 1: Phases of thematic analysis

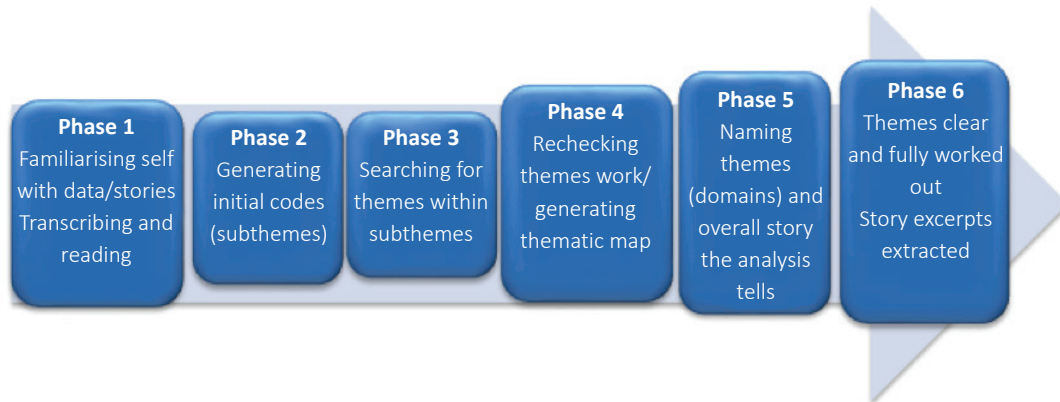
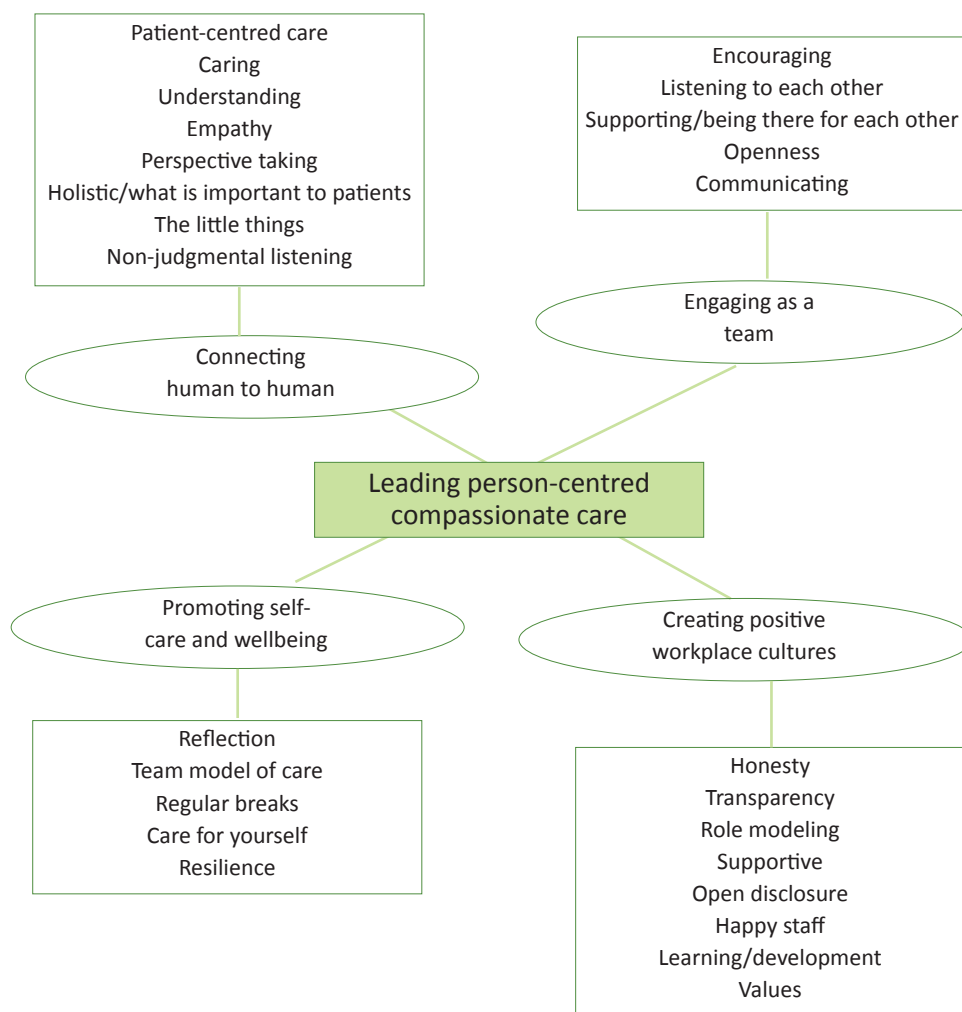


Figure 2: Subthemes and mapping to themes (domains)



Ethical consideration

The ethics process included the provision of written participation information and gaining written consent. There was a clear understanding that anonymity would be maintained, although participants agreed that roles and years of experience could be shared. The consent included a willingness to be digitally recorded to enable verbatim transcription. Ethics approval was granted by the Human Research Ethics Committees of all the local health facilities within the health district.

Results

Reflective resource development

The project's aim of using nurses' and midwives' stories to help understand caring and compassion was achieved through the publication of *The Heart of Caring Resource for Reflection* book (South Eastern Sydney Local Health District, 2015). The book includes 10 sections, with each containing story excerpts with a different focus to enable reflective practice. Subtheme headings and reflective activities are incorporated into each section (Figure 3). A 'facilitator session exemplar plan' is included to guide facilitators; this provides a clear purpose and learning objectives for the reflective activities. Figure 4 shows a page from the book sharing excerpts from stories.

Figure 3: Reflective activity

REFLECTIVE ACTIVITY

Capture your responses individually and as a group

- ♥ Reflect on the stories. What does being a nurse or midwife mean to you?
- ♥ *Capture your own thoughts and feelings, then share with a small group. What themes do you find emerging?*
- ♥ Share your thoughts, feelings and themes with others
- ♥ *Identify someone to share what being a nurse or midwife means to you. Be aware of how you are feeling while sharing and how your listener responds*
- ♥ How can you use this reflection in the context of your work environment?

Figure 4: Book page of story excerpts

NURSES & MIDWIVES SHARED WHAT COMPASSIONATE CARE MEANS TO THEM | 31

"YOU PUT YOURSELF IN THE PATIENT'S PLACE; YOU CAN ONLY EXPERIENCE COMPASSION IF YOU TRY TO KNOW WHAT OTHER PEOPLE ARE GOING THROUGH AND THINK ABOUT WHAT THEY ARE EXPERIENCING RIGHT NOW. YOU HAVE TO KNOW THEIR BACKGROUNDS AND KNOW WHERE THEY ARE COMING FROM, AND THEN YOU ARE ABLE TO PROVIDE COMPASSIONATE CARE EVERY TIME THAT IS INDIVIDUALISED".

EN 2 YEARS EXPERIENCE

CARING

"Compassionate care means care with thoughtfulness, being present and thinking about what you are doing and staying in the moment. Being sensitive to how the patient may be feeling and their responses to you. It is what is said to them and what they see around them. Trying to treat them the way you would like to be treated yourself. It can be easier to be compassionate towards some people more than others. Those you find difficult you go through the motions, try to act compassionately even if you are not feeling it. When I think about it, I find feelings follow external displays. We owe it to our patients to act compassionately even if you can't find it in your heart to feel that".

RN 40 YEARS EXPERIENCE

"COMPASSION MEANS HAVING A CARING ATTITUDE. WE WANT TO DO THE BEST WE CAN FOR OUR PATIENTS. WE WANT THEM TO SUFFER LESS, BY OFFERING THE BEST TREATMENT. IT IS LOVELY MEETING PEOPLE. THEY LET US INTO THEIR LIVES, WHICH IS SOMETHING SPECIAL. WE TALK TO THEM AND THEY TELL US ALL THESE THINGS THAT THEY WOULDN'T NORMALLY TELL OTHER PEOPLE. NURSES ARE VIEWED IN THAT LIGHT OF BEING COMPASSIONATE AND OPEN AND HONEST, AND I THINK WE SHOULD ALWAYS BE MINDFUL OF THAT".

CNS 34 YEARS EXPERIENCE

PERSON CENTRED

"Compassionate care means looking at the patient as a person, as opposed to an illness or as a list of jobs. Seeing each one as a whole person and each a little different. Individual care is the goal, rather than grouping everyone together. I like to take the time to listen and understand their needs, not just physically, but holistically. It's about doing the little things that can really make a difference such as spending

five minutes just listening or making them a cup of tea. I also love to involve the family, making sure I address their needs as well as the patient's. The family might be going through a lot, especially when they visit every day".

RN 3 MONTHS EXPERIENCE

"Compassionate care means treating others the way you would like to be treated. The way you would look after your own needs, your child's, or your mother's needs. If you think about how you would care for those you love the most, that is the care you need to provide to others because they are somebody's daughter, they are somebody's mother, they are somebody's 'only person in the world'. They are a 'somebody'. They are just like me, and if I am providing care that is not what I would want to get, then I am not being compassionate. That doesn't mean you have to over step boundaries or become over close, it is just having respect for the person'. By keeping that in mind, compassion is the motivation and inspiration I want to demonstrate to the nurses I work with. Even though we have a lot going on in our minds, and we have a lot of tasks to complete, we need to treat our patients with dignity and respect. We can get stressed, but we need to be able to continually focus on the patient in everything we do".

CNC 23 YEARS EXPERIENCE

The book includes a 'strengths' exercise and 'compassionate care visioning' exercise, and all activities are designed to be considered for individual or group work when reflecting on person-centred compassionate care. Schon (1983) proposes that reflective practice is the ability to reflect on one's actions so as to engage in a process of continuous learning. The use of reflective practice is known to be essential for ongoing development of nurses' and midwives' practice. It is a crucial skill taught within education and a central component of all types of clinical supervision identified as essential for improvements to patient safety and care (Health Education and Training Institute, 2013).

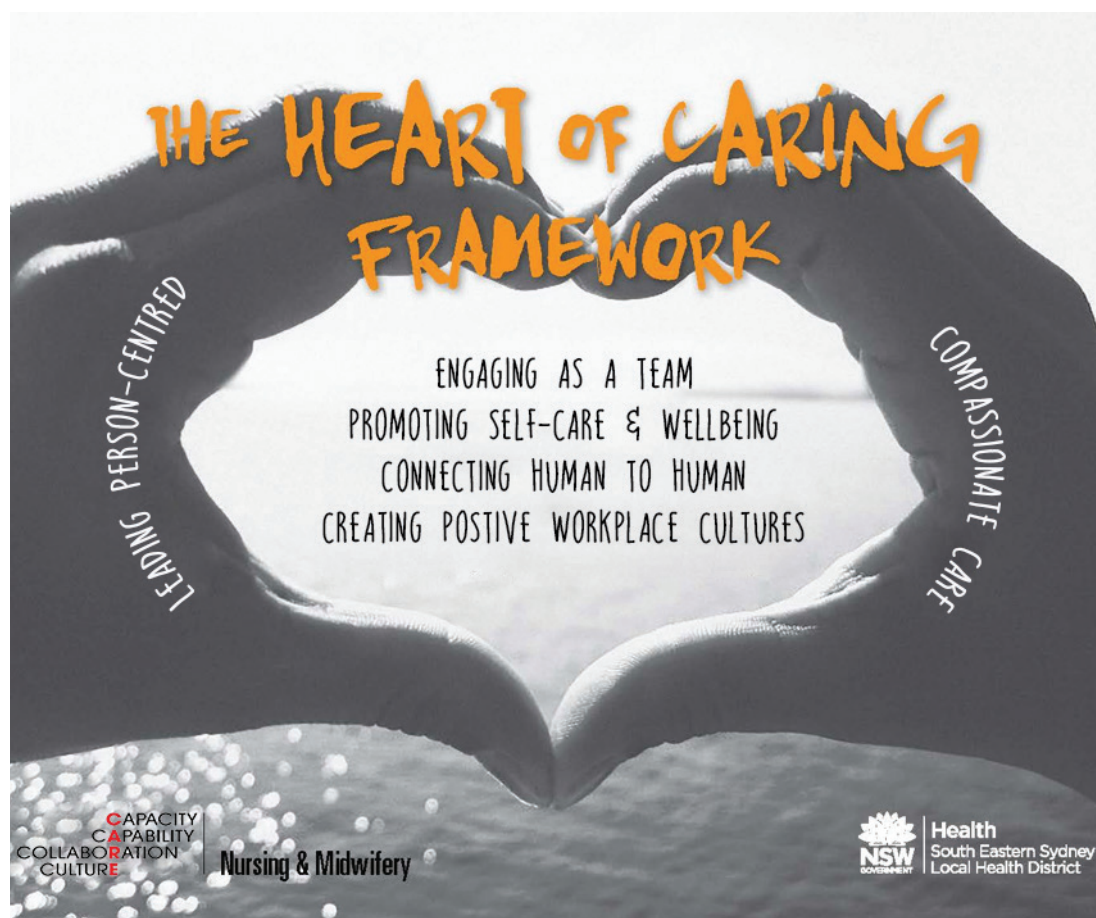
The Heart of Caring Framework

During further exploration and thematic analysis of the story excerpts, the possibility emerged of a 'framework' identifying key themes (domains) for leading person-centred compassionate care. This strong message of what the nurses and midwives thought necessary to support and lead person-centred compassionate care was then conceptualised as the Heart of Caring Framework (Figure 5). The nurses and midwives revealed that the 'heart of caring', signified providing 'person-centred compassionate care' that makes 'a difference to the care experience', supported by 'teamwork' and that 'self-care and wellbeing' are essential to enable its sustainability. The four key domains that would influence the provision of compassionate care were:

- Connecting human to human
- Engaging as a team
- Self-care and wellbeing
- Positive workplace cultures

Subthemes within each of these four domains (main themes) are presented above in Figure 2.

Figure 5: The Heart of Caring Framework



'Connecting human to human' story excerpts

The stories captured a strong theme of human-to-human connection, represented by excerpts describing the need for respect, empathy, understanding others, perspective taking, the little things that matter, remaining non-judgmental, listening and seeing the person as a whole.

'Compassionate care means looking at the patient as a person, as opposed to an illness or as a list of jobs. Seeing each one as a "whole person" and each a little different. Individual care is the goal, rather than grouping everyone together. I like to take the time to listen and understand their needs, not just physically, but holistically. It's about doing the little things that can really make a difference, such as spending five minutes just listening or making them a cup of tea. I also love to involve the family, making sure I address their needs as well as the patient's. The family might be going through a lot, especially when they visit every day' (Registered nurse, three months' experience).

'Compassionate care means treating others the way you would like to be treated. The way you would look after your own needs, your child's or your mother's needs. If you think about how you would care for those you love the most, that is the care you need to provide to others because they are somebody's daughter, they are somebody's mother, they are somebody's "only person in the world". They are a "somebody". They are just like me, and if I am providing care that is not what I would want to get, then I am not being compassionate. That doesn't mean you have to overstep boundaries or become over-close, it is just having respect for the person. By keeping that in mind, compassion is the motivation and inspiration I want to demonstrate to the nurses I work with. Even though we have a lot going on in our minds, and we have a lot of tasks to complete, we need to treat our patients with dignity and respect. We can get stressed, but we need to be able to continually focus on the patient in everything we do' (Clinical nurse consultant, 23 years' experience).

'Compassionate care is developing relationships with your patients. It is a relationship where you show respect. It also involves empathy towards them and protecting their dignity. With support and compassion, we show love to them. They cannot see this instantly, but they will feel it once they are in a stage of wellness and free from disease' (Registered nurse, seven years' experience).

'Compassionate care to me is allowing people to have emotions and giving them permission to grieve that situation. It's just listening to them, having a quiet space for them to go to and giving them the box of tissues. It's saying "I'll leave you quietly but come and find me if you need me". Letting them know that they're not on their own and there is help there. It's just being there, listening and answering questions. Being a human, being nice to someone' (Clinical midwife specialist, 26 years' experience).

'Patients expect us to treat them as a person and not as a patient' (Nurse educator, 20 years' experience).

'Engaging as a team' story excerpts

The need to engage as a team to support the delivery of compassionate care was evident throughout the stories, and enablers of teamwork focused on encouraging and listening to each other, supporting through being present, openness and effective communication.

'We meet every morning as a team and discuss what the challenges may be for the day, for individuals or as a team. We ask who needs what, which team may want more support, who shall relieve who and anything anyone needs. We have team lunches and routine team meetings and we have a good giggle' (Nurse unit manager, 27 years' experience).

'We do teamwork and if the other nurses are quite busy we give a helping hand. We show them that we care for them as well. In the end we are not only looking after our own patients, but we

are looking after the wellbeing of everyone in the ward and in this hospital. By working hand in hand and having good camaraderie we are able to provide good compassionate care to everyone' (Registered nurse, seven years' experience).

'In the health environment the clinical units are always very busy. You have to work as a team. It's very difficult to come to work as an individual as you can soon stress yourself out. You are interdependent on each other. It is important to acknowledge that it's not just a work environment, but a learning environment as well. There are always so many things going on. Providing care for the patients requires you to work as a team and be able to depend on each other' (Clinical nurse consultant, 30 years' experience).

'Promoting self-care and wellbeing' story excerpts

The need for self-care and a focus on wellbeing was identified within the stories as essential to supporting the delivery of person-centred compassionate care. The excerpts highlighted the need for regular time and space for reflection on practice, agreed models of care, having time for self-care within the workplace and the development of strategies that would build resilience within the workforce.

'If you need a break, walk away, take a deep breath then come back and start again. Don't ever give up, just start again' (Clinical nurse consultant, 20 years' experience).

'I think you need to look after yourself and need to recognise when you cannot and say "I actually cannot go in there today". That's what I do now. When there was a different group of nurses working here we had a really good way of managing that and you were able to say "I can't face that patient or family today can you visit for me and I will attend the next visit?" I think looking after ourselves is the most important thing, otherwise we cannot do our jobs. Having those boundaries helps' (Clinical nurse consultant, 30 years' experience).

'I talk to my team regularly about how the patients are. Their comfort levels, warmth as well as their clinical aspects. The little touches are important. I talk to the staff and ask them how they are going. If they are stressed, I suggest they take some time out. I like team nursing for this reason, and we are trying to get this model in place to support each other' (Nurse unit manager, 32 years' experience).

'Creating positive workplace cultures' story excerpts

The importance of developing a positive workplace culture that supports person-centred compassionate care was evident within the story excerpts. There was specific focus on learning and development, effective role modeling, values-based ways of working, transparent and honest communication, and key approaches to support staff and their happiness.

'To actually umbrella compassionate care, it would include everyone that is involved in the hospital as a whole. You can have the best experience on the ward with a nurse and then the worst experience with the receptionist. We should be making sure that every aspect of the teams and the hospital is well supported and know how you would want to be treated, this is what you should believe, that when you walk in to any department you should be treated with respect' (Clinical nurse consultant, 23 years' experience).

'We are such a beautiful family here and all support each other. We've all had our ups and downs in our personal lives, like divorces and heartbreaks and all sorts of things, but we've got this really strong foundation where we look after each other and trust each other. We have support when we come to work, we've had girls that have been pregnant, and we support them and take on some of the extra load because we genuinely care about each other and then we're taking better care

of the patients because we keep each other strong. The patients say that as well, they are always commenting on how lovely we all speak to each other here and how friendly and happy we all seem to be, especially the patients that come back. You can see the smile on their face when they come back you know that they feel so comfortable here' (Endorsed enrolled nurse, two years' experience).

'Compassionate care means having empathy and some insight into the people you are caring for by looking at where they are coming from. I think that compassionate care in a hospital setting is also providing quality and safe care. I think compassionate care is being within the team and having a team mentality when looking after patients. It is also respecting and looking after your colleagues. You cannot separate one from the other, nor can you be compassionate towards parents and then turn around and be rude and hurtful to other staff members' (Certified nurse educator, 19 years' experience).

Discussion

Following publication of *The Heart of Caring* book, workshops were developed and facilitated throughout the local health district by the project team, with key nursing and midwifery leaders being the target audience. The workshops' aim was to provide a clear understanding of the purpose of the reflective resource and how to use it in practice, creating a reflective space for stories from the book to be shared so as to give participants the confidence to facilitate the introduction of the resource for reflection into their local units. A key purpose of the workshop was to highlight the role leaders have in enabling the delivery of person-centred compassionate care by focusing on 'human-to-human connections', 'creating effective workplace cultures', 'engaging as a team' and 'promoting 'self-care and wellbeing'.

Connecting human to human

Healthcare professionals want to be able to care for patients with humanity and decency, and to give to patients the same kind of care that they would want for themselves or their own family and loved ones – 'connecting human to human'. For many, such a desire may have been a motivating factor in their decision to enter the healthcare professions; practitioners want to be able to show compassion to the patients under their care (Cornwell and Goodrich, 2009). When asked what influenced their decision to become a nurse or midwife, excerpts from stories included:

'My mum was a nurse, so it's one of those old clichés where I used to see her going to work and say, "when I grow up I'm going to be a nurse". If I think about it, I probably have always been someone who has cared for people and someone who has wanted to make sure things were ok. I guess it's part of my personality. I thought I could go and make a difference to people and their lives. That was one of the reasons why, or probably the main reason why, I became a nurse' (Nurse manager, 19 years' experience).

'I'm not entirely sure what influenced my decision other than I've always wanted to be a nurse. There are no other nurses or doctors in the family so I'm not sure where it came from, but I knew from the age of 10 or 11 that is what I wanted to do. I've never regretted it or had that feeling of, "gosh I've got to go to work". I've always promised myself that if ever I feel that way, that will be the day I'll go, but I don't think that will happen' (Clinical nurse midwife, 26 years' experience).

Creating positive workplace cultures

A fundamental underpinning of practice development methodology is the creation of effective workplace cultures that have embedded within them person-centred processes, systems and ways of working (Manley et al., 2008). Leadership, particularly compassionate and inclusive leadership, is the most powerful factor influencing culture in healthcare organisations because it determines staff engagement and commitment to high-quality care (The King's Fund, 2011; West, 2013). In order to cultivate a culture of person-centred compassionate care, organisations need their leaders

to exemplify compassion in their leadership (Shipton et al., 2008; The King's Fund, 2014). However, a clear message in the literature is that compassionate leadership is everyone's business and that everyone in the workplace contributes to creating a climate of compassion for staff and patients (The King's Fund, 2011). Manley et al. (2011) propose that organisations can support the development of effective workplace cultures by investing in the development of transformational leadership and facilitation skills through skills development and the provision of ongoing supervision, support and peer review. The challenge is the need to ensure the focus on workplace culture happens at all levels within an organisation and that investment in leadership capacity and capability development remains a priority. This needs to be a common strategic priority shared by policymakers, clinicians and leaders of healthcare organisations (Manley et al., 2011).

Engaging as a team

Organisations need to develop individuals and teams to work collaboratively for the greater good of the populations they serve (King's Fund, 2014). Manley et al. (2016) suggest that clinical leaders working at the microsystem level need to be equipped to establish effective teamworking and workplace cultures that are supportive, caring and compassionate, and which enable and sustain staff wellbeing, adaptability and creativity. A theme from the nurses and midwives stories supports the view that leaders are more able to influence team engagement if they establish an effective way of working with their team, share their vision for person-centred compassionate care and role model compassionate leadership behaviours. Cornwell and Goodrich (2009) agree that those in leadership positions can enable compassion among their team by modeling compassionate behaviours towards their staff and patients, and themselves. Compassionate and inclusive leadership encourages everyone in an organisation to take responsibility for their work and through their actions to show dedication to a shared vision and values focused on continuous commitment to high-quality care (West, 2013).

Promoting self-care and wellbeing

Compassion requires that health professionals give something of themselves. When fatigue, personal factors and organisational circumstances conspire to create workplace stress, it becomes more difficult for staff to feel and show compassion, creating a gap between their intentions and their capabilities (Cornwell and Goodrich, 2009). Staff who are constantly giving without support in challenging work situations risk burnout (Yoder, 2010; Mollart et al., 2013). Important links have been made between staff wellbeing and the quality and safety of care delivered to patients (Boorman, 2009; Dawson, 2009; Cornwell and Goodrich, 2009).

Current and future direction

The Heart of Caring Framework is an important component of the strategic direction of the local health district and has informed relevant strategic plans towards leading person-centred compassionate care.

The emergence of the framework through the storytelling process has enabled local health district leadership programmes to be underpinned by the framework's four domains (Figure 2). At the microsystem level, the value of clinical leadership and the need for these leaders to be equipped to establish effective teams and engaging workplace cultures has been recognised (Manley et al., 2011, 2016). To enhance and support compassionate leadership further, a 'Leading person-centred compassionate care – nursing and midwifery leadership team workshop' has been developed by the local health district and facilitation is under way. The aim is to enable participation as a whole leadership team in an interactive day informed by the Heart of Caring Framework. The goal is to equip them to work towards establishing effective ways of working, engaging further as a leadership team and revisiting their shared vision to lead person-centred compassionate care and influence the workplace culture within their units. Leadership teams are supported by external facilitators with follow-up team sessions to continue to develop their Heart of Caring leadership action plans.

The Heart of Caring Framework has been adopted by a local education provider and embedded within the curriculum of both undergraduate and postgraduate programmes. The framework is used to

explore person-centred compassionate care and the *Heart of Caring Resource for Reflection* book used by students to stimulate reflection on practice. Further engagement and evaluation of the use of both the framework and the book is under way.

Future work will focus on understanding caring and compassion from the perspectives of all healthcare staff, using peoples' stories to contribute to a systemwide approach to leading person-centred compassionate care.

Conclusion

The development of the reflective book has enabled the stories and perspectives of nurses and midwives across a large metropolitan health service to be captured and shared to connect with caring and compassion. Creating reflective space for the Heart of Caring stories to be shared has been critical to emphasise the importance of the Heart of Caring Framework's four domains, as a focus on the experience of staff as well as patients and family is necessary to transform care delivery.

For further information on how to purchase *The Heart of Caring Resource for Reflection* book, please contact the SESLHD Nursing and Midwifery Practice and Workforce Unit by email, at SESLHD-NursingandMidwifery@health.nsw.gov.au.

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