

## Care & Compassion in Nursing – Dec 2012

We have heard a lot recently in the media about the standards of care and compassion in nursing. There have been allegations from many, including some high profile individuals regarding a lack of care shown to, particularly elderly, patients in hospital. Alleged behaviours include: not ensuring patients eat meals or take sufficient fluids; not cleaning up the results of incontinence; failing to wash patients or provide basic personal hygiene; and, not responding to requests for pain relief. These are the behaviours that have been interpreted as demonstrating a deterioration in care and compassion – two core values that have always been considered to be at the heart of the nursing profession.

We have long recognised that the behaviours displayed by a group of people is determined to a large extent by the culture in which they live and work, and by culture we mean the collective attitudes, values and beliefs. So do these alleged behaviours suggest that the culture within nursing has changed within the past few years? After all, even the Chief Nursing Officer has recently called for nurses to show more compassion.

I find this hard to accept and I have some insight into this world. Not only through all the patient safety work we have done in a number of hospitals recently but more intimately through living with a district nurse and hearing about the growing challenges faced every day within our health service. I believe that those working in nursing and those only just entering the profession do so because they have a genuine desire to help others. They certainly don't do it for the money or an easy life!

If this is the case then we must look further to try and explain the apparent deterioration in caring behaviours. As in any situation, such as in other workplaces, the behaviours exhibited by one individual are greatly affected by that of others around them and in particular by those with the most influence. This is usually our seniors. This is why leadership is so critical when it comes to ensuring a safe and healthy workplace. If nurses find themselves working in an environment in which the managers and administrators display all the behaviours to suggest that what is most important to them - their core values, are getting patients out of the hospital to free up a bed; ticking all the boxes on a checklist that only other managers and administrators are interested in, then we should not be surprised when some of these values are translated into the behaviours of frontline staff. This happens in every workplace. If the Manufacturing Manager only ever talks about output targets, only celebrates and recognises exceeded production targets and skips over the safety section of the team meeting with a bored look on his face – we can expect his staff to take short cuts on safety.

In the health service there are currently greater demands than ever before coupled with less real resources to meet that demand. We all have a part to play in this. Nursing staff are driven by their managers, their managers in turn are driven by the politicians – and we chose our politicians. If we really value the standards of yesteryear, we must all be prepared to pay for them. You get what you pay for and currently we are not paying enough.

So, a reduction in care and compassion in healthcare? We should first look at a lack of care and compassion in healthcare management, a lack of moral fibre in politicians to state the unpalatable truth and unrealistic expectations from us, the public.