

Compassionate Leadership Training Programme for NHS and Social Care Leaders

Background

Drawing on our review of definitions and measures of compassion (Strauss et al., 2016 – see below for more information), we suggest that compassion involves five interacting factors and encompasses compassion towards ourselves and to others, where suffering refers to any level of difficulty from mild to extreme:

1. Recognising suffering
2. Understanding the universality of human suffering
3. Feeling for the person suffering
4. Tolerating uncomfortable feelings
5. Motivation to act/acting to alleviate suffering

Our definition does not distinguish between people – compassion is compassion – whether this is compassion for ourselves, patients/service users and their friends and family members, colleagues, people we lead or manage or people who lead or manage us. At the heart of compassion is the notion that everyone experiences difficulty, that everyone is equally deserving of compassion, and that we can all play a role in alleviating the difficulty of ourselves and others.

If we believe this, then we can take the first and most essential step towards compassionate action, which is to build the intention to actually alleviate the difficulty of others whenever and in whatever way we feel we can (Marx, 2022 - see below). We won't always feel like helping. We will sometimes be tired or overwhelmed or feel unable to connect. Although it helps to have positive feelings, we do not have to feel compassionate to be compassionate. We can recognise our physical and mental state, resource ourselves as best we can, and return to our firm compassionate intention, and respond from it, rather than from impulse or intense emotion or confused thinking.

How does this translate into compassion in health and social care organisations? How might we think about compassionate leadership, management and working with colleagues, service users and their friends and families? Prof Michael West has spent his career answering this question, has written widely on it and delivered the keynote at the 2015 Sussex Mindfulness Centre conference on Mindful Leadership for Cultures of Compassionate Care. He is clear that compassion is not some inessential component of health care. Rather, he points to research that shows that compassionate leadership is linked with improved learning and innovation, reduced staff stress, injuries and absenteeism, and even patient mortality. His recent book (West, 2021 - see below) is a practical, accessible guide and we ask that you read sections of the book as an accompaniment to this course.

Drawing on our definition we have designed a 6-week programme of 90 minutes per session.

Programme

Week 1: Introduction

Week 1 covers definitions of compassion, an overview of the course and the research evidence behind it, building group safety, exploring objections to organisational compassion and strengthening our motivation for compassionate leadership.

- Welcome and introductions
- Breathing Space practice
- Purpose and structure of the course
- Research evidence on compassion in organisations
- Addressing misgivings and scepticism
- Leadership intentions practice
- Home tasks

Week 2: The universality of human difficulty: understanding and resourcing

Week 2 explores the universality of suffering and difficulty as an inevitable part of everyone's experience of what it is to be human, and introduces a practice for bringing compassion to that experience. We emphasise how difficulty isn't only experienced by service users but by healthcare staff too, and in so recognising, we let go of the mental divide between us (healthcare staff) and them (service users) or between managers and managed, and meeting people as people, with human stories, qualities and vulnerabilities.

In order to meet this difficulty compassionately, we need to start with ourselves, with self-compassion, so we feel resourced to do this compassion work for others. Therefore, it is also important we remind ourselves of our capacities as leaders to respond to difficulty both in ourselves and in others. We are not arriving at this as a blank screen but come with a lot of experience already of working with difficulty.

- Welcome
- Resourcing
- Self-compassion break
- The human leader
- Obstacles to compassion
- Home tasks

Week 3: Recognising difficulty

Week 3 takes further the recognition of human suffering to the main means of doing that: to the fine art of listening – to ourselves and others – deeply, freshly, with all our senses. This is an essential component of compassion. Listening, rather than the fixing or advising that we often reach for when we encounter distress, is where we need to start with compassion, and it is this that allows us to empathise, and then respond.

- Affectionate breathing practice
- Humble Inquiry

- Compassionate listening practice
- Home tasks

Week 4: Connecting with suffering and tolerating difficult feelings

Week 4 zooms in on one of the key aspects of being able to listen, empathise and respond, and that is staying with what is difficult. Sometimes we need to look after ourselves and move away from difficulty, and we can do this in healthy ways by noticing that we need to close and attending to what we need. We also have less healthy ways through the many options for dissociation that our society offers us – for example, social media, internet, alcohol, drugs and food. We might also ruminate, or get continuously busy which as a habit, doesn't allow others to feel heard or ourselves to feel replenished.

However, if we are sufficiently resourced, we need some ways to be able to stay connected to people going through difficulty do that which are kind and effective and which allow us to connect. This week explores how we might connect with others in difficulty, learning to be with whatever feelings arise in response to suffering and difficulty, not trying to change our responses, and not cutting off or becoming overwhelmed wherever possible but using the responses to deepen our connection.

- Review
- Being with difficulty
- Allow Soften Soothe practice
- Home tasks

Week 5: Responding to alleviate suffering

The key difference between empathy and compassion in many of the definitions is that compassion involves a response, and it is that sense of responding that makes compassion connecting rather than draining as it might be if it were just empathy. This week, having established and empathic connection, we consider how we can respond to suffering in ourselves, colleagues and service users, and their carers.

It's important we know that we do not need to feel compassionate to act compassionately. Compassion is more than just a feeling state; what is key is our intention to alleviate suffering. We have limited control over our feeling states, but we can decide to ally ourselves in any moment with our compassionate intention to help others and ourselves.

How we respond might come intuitively, or this might involve some time to think through. There may be times when acting to alleviate suffering for one person might seem to come into conflict with acting to alleviate suffering for another person or for ourselves.

- Compassion for self and others practice
- Reflective exercise
- Walking practice
- Home tasks

Week 6: Moving forwards

In the final session, we add a final compassion with equanimity practice, emphasising that the work is not all down to only us to sort out but is a shared systemic endeavour. We also balance our good qualities as leaders and our desire to help with a humility about what is humanly possible. We consider what we have learnt, how we will use it and what we need now. And we say goodbye.

- Compassion with equanimity practice
- Review and reflection - learning
- Next steps – actions
- Appreciating colleagues
- Feedback

Key Reading

Hamilton, D. (2010). Why Kindness is good for you. London: Hay:

<https://www.waterstones.com/book/why-kindness-is-good-for-you/dr-david-r-hamilton-phd/9781848501782>

Marx, R. (2022). Kindness and Compassion Practice. Mindfulness. DOI. 10.1007/s12671-022-01839-1.



Marx 2022 Kindness
and Compasison Prac

Strauss, C., Lever Taylor, B., Gu, J., Kuyken, W., Baer, R., Jones, F & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review*, 47, 15-27.



strauss et al 2016 -
what is compassion :

Trzeciak, S. & Mazzarelli, A. (2019). Compassionomics: the revolutionary scientific evidence that caring makes a difference. Chicago: Huron. <https://www.compassionomics.com/>

West, M. (2021). Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care. UK: Swirling Leaf Press: <https://swirlingleafpress.com/a-new-book-on-compassionate-leadership/> - THIS IS THE KEY TEXT – PLEASE BUY THIS IF POSSIBLE.

Worline, M. & Dutton, J. (2017). Awakening Compassion at Work. Oakland, CA: Berrett-Koehler. <https://awakeningcompassionatwork.com/>

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