CRITICAL
Briefing
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Centre for
Critical Research in
Nursing & Midwifery

Compassion in Practice (CiP): evaluating the '6Cs' – what next?

Background

The Compassion in Practice: Nursing, Midwifery and Care Staff Vision and Strategy (CiP) was launched in England by Jane Cummings, the Chief Nursing Officer for England (CNO) at NHS England, and Viv Bennett, Director of Nursing at the Department of Health in 2012.

The aim of the strategy was to deliver high quality for care patients, the public and staff. It was divided into 6 action areas in which to develop and communicate the values and behaviours of the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment.

While there is discussion of CiP as a response to the Francis Report (2013), there is little critique of the Vision and Strategy. Evaluations of interventions related to CiP in individual Trusts (more often recruitment innovations in nurse education) are largely process evaluations with no robust outcome measures.

CCRNM work in this area

National Health Service England (NHSE) developed the CiP online survey in 2014 to evaluate CiP across England. Following completion of the survey they commissioned Professor Helen Allan, Mr Mike O'Driscoll, Dr Kevin Corbett and Dr Liang Liu at CCRNM in 2015 to undertake an evaluation of CiP which would include analysis of the online survey. The research team from Middlesex designed a phased mixed methods study where qualitative telephone interviews and online survey data from the selected case study sites and quantitative data from secondary sources were embedded within an overarching mixed methods pragmatic framework. The four phases included:

1. NHS England CiP online survey. The sampling frame consisted of all acute, community and mental health NHS Trusts in England as listed on the NHS Choices website (n= 235). A 25.5% sample (n=60) was randomly selected, stratified by speciality and 37 out of 60 trusts agreed to participate in the survey by distributing the online survey link to all health professionals in their trust. Some 2,267 responses were obtained.
2. Literature scoping to inform online forms and telephone interview schedule
   - Ten qualitative telephone interviews from a purposively selected sample of staff in the selected 10 case study sites
   - Completion of online qualitative forms by self-selected sample in 10 case study sites x 11
3. Collection of Patient Family & Friends Test (PFFT) for 4 trusts in our sample Quarter (Q)3 2013/2014 to Q1 2015/2016, and Staff Family and Friends Test (Staff FFT) for 10 trusts in our sample Q1 2014/2015 Q4 2014/2015. Collection of NHS Staff Survey (NHSSS) data selected items [Q6d, Q9a, Q9c] 2011 to 2014.
4. Integrated analysis of all data

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Findings

Overall just under 59% of respondents were aware of CiP. Awareness varied significantly by seniority, profession, region and specialty of respondent's Trust. Awareness at senior management level was almost unanimous (95%) but was much lower at middle management level (69%) and less than half (47%) of ward level respondents were aware of CIP.
Just 28% of respondents had been involved in any aspect of CiP and patterns of involvement closely followed those of awareness with senior management participation (84%) being more than twice as high as that of middle management (34%) and more than five times as high as ward level (15%). Lack of awareness of CiP was the biggest barrier to participation.

The work streams with the highest levels of involvement were FFT and Staff FFT. The next most popular initiatives, in terms of involvement, were Making Every Contact Count; 6Cs Live; Dementia Challenge; NHS Leadership Academy and the Safer Nursing Care Tool.

The most common source of learning about CiP overall was email then journals and social media although this varied by seniority and role; senior level staff were much more likely than middle management or ward level staff to have heard about CiP. The vast majority of senior managers feel that CiP has been discussed or highlighted in meetings but little more than a quarter of ward level staff agreed. The majority of those aware of CiP felt it supported nurses and midwives although this varied again significantly by seniority and role.

Importantly, the findings suggest that although a large proportion of respondents were unaware of the CiP strategy most felt that they were already delivering care in ways which are consistent with CiP. Respondents saw considerable potential in CiP to improve patient care however they felt that its impact had been limited. Responses to the open ended questions which indicated that:

- Structural issues (high workload, lack of resources, paperwork) limit, influence and shape the delivery of compassionate care
- Cultural change (preventing bullying, supporting ward level staff) is required to support compassionate care delivery
- Trust leadership teams need to build into the next strategy a plan for change which role models compassionate care for staff to support the embedding of compassionate care delivery at ward level

FFT and SFFT data showed very little change over the period. A key finding from the NHSSS 2015 reports suggest that just 30% of respondents felt that there was good communication between senior management and staff.
The interview findings confirm to a large extent the results from the CIP survey. The online data from the same interviewees show self-reporting of a wide range of examples of good practice which include:

a) Embedding of the 6Cs
b) Dissemination of good practice in response to CiP and
c) Demonstration of ways in which staff had put CiP into practice.
d) Good examples of how staff had actively listened to patients.

Limitations

Two main limitations require flagging:

1) The overall response rate from the online survey cannot be calculated as although the sites were chosen randomly there was no sampling per se within trusts and no record of the total number of staff to whom survey links were sent
2) The number of responses varied by professional group and seniority and it

is likely that middle and senior nursing management over-represented in the total number of responses.
This is self-reported data and the extent to which that is an accurate reflection of the way respondents actually work or deliver care cannot be determined reliably from a survey. The fact that some of the questionnaire items were explicitly linked with CiP outcomes is likely to have unintentionally created a considerable 'prompt' or bias in the questionnaire i.e. it signals what the 'correct' answer is.

Conclusions

Compassion is valued in nursing although there is disagreement over whether it can be taught or is innate. Significant work already exists to embed and deliver compassionate care and there is resentment, even anger amongst many respondents that this appears unrecognised. The next strategy needs to rebrand compassion to address the cynicism and low morale expressed across all data sets in this mixed methods study.

The findings show that there are continuing reports of a bullying culture in the NHS and that a strategy to address this is required. A suggested future strategy is to embed a co-production model of policy implementation where ward staff work with managers to co-produce the next strategy.

Finally, our findings describe the effect of 'top-down' (or 'trickle-down') osmosis of CiP within the organisations sampled. This is not unexpected where centrally planned policy initiatives are rolled out, due to the difficulties of effecting change and supporting existing good work at grass roots i.e. ward level.

Our findings suggest that such centrally rolled out policies influence NHS Trust 'stratospheres' (Chief executives, Executive Boards, Directors of Nursing and Midwifery) but have less effect closer to 'land' (staff nurses and midwives, health care assistants). This reality of ward life needs to be accounted and planned for in the development and dissemination of the new strategy and vision for nursing and midwifery.

The Centre for Critical Research in Nursing & Midwifery was founded in December 2015. Its core members are:

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Kevin Corbett, Senior Lecturer
Sue Dyson, Professor of Nursing
Patricia Jarrett, Research Fellow
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