Measuring compassion in nursing

Date of acceptance: July 4 2008.

Summary

This article considers the implications of recent proposals to score nurses according to the level of compassion that they provide.

Author

David Sturgeon is lecturer in applied health sciences, Department of Nursing and Applied Clinical Sciences, Canterbury Christ Church University, Canterbury. Email: david.sturgeon@canterbury.ac.uk

Keywords

NHS: political aspects; Nursing: quality; Professional standards

These keywords are based on the subject headings from the British Nursing Index. This article has been subject to double-blind review.

For author and research article guidelines visit the Nursing Standard home page at www.nursing-standard.co.uk. For related articles visit our online archive and search using the keywords.

IN AN INTERVIEW with The Guardian, the health secretary, Alan Johnson, revealed that he wants nurses to be rated according to the levels of care and empathy that they provide (Carvel 2008). He said: ‘If your [hospital] experience involves nurses looking grumpy, or someone being rude, or not getting people there when you need them, then it ruins the whole experience.’

The initiative appears to have the backing of the Royal College of Nursing (RCN). Peter Carter, RCN general secretary, remarked that measuring nursing quality was not only ‘an extremely good idea’, but also opened ‘nurses’ performance up to real scrutiny’ (Carvel 2008). Johnson plans to use surveys of patients’ views to compile a ‘compassion index’. He suggested that the results could be displayed on an official website, but ruled out rating individual nurses and stated that it would not affect pay (BBC News 2008).

A survey published by the RCN (2007a) revealed that more than one in four nurses (28%) would leave the profession if they could. Another survey exposed significant cuts in staff and services leading to nurse shortages (RCN 2007b). In 2006, data obtained under the Freedom of Information Act 2000 showed that a quarter of nursing students in the UK quit their training courses before they qualified (Waters 2006a). To introduce what amounts to a compassion target for nurses at such a time seems at best misguided and at worst perverse.

Consumer preference

Patients are being encouraged to view themselves as consumers of health care who undertake a hospital or care experience. The government proposes to publish each trust’s overall ‘nursing quality score’, to inform patients when they are choosing where to be treated (Carvel 2008). This promotes an environment in which individuals view their concerns as more important and legitimate than those of others (Stock 2003). Nursing can be difficult and challenging work. It requires emotional sensibility, wide-ranging knowledge of pathology and pharmacology and comprehensive managerial skills. If a nurse appears to be ‘grumpy’ or is unable to respond to a patient’s needs immediately, there is probably a legitimate explanation. In her study of the Beth Israel Hospital in Boston, United States, Dana Weinberg described how nurses were expected to work (Weinberg 2006): ‘[The] nurses worked non-stop changing [intravenous] bags, administering pills, taking vital signs, helping patients to the commode – all while chatting with the patient and their families’ (Weinberg 2006).

The fact that patients are frequently unaware of the important work that nurses do for other patients is testament to their skill, clinical judgement and discretion. Patients are entitled to complain if they believe that their needs are not being met, but this may prove to be a subjective view. Is it fair then, that patients will be encouraged to rate a nurse’s perceived level of compassion without a thorough understanding of the clinical and emotional needs of other patients, staffing levels and the nurse’s managerial responsibilities?

Responding to Lord Mancroft’s recent speech in the House of Lords, in which he criticised the attitudes and professional conduct of some nurses, Richards (2008) remarks that simple explanations and apologies for delay should be encouraged. Whyte (2008) points out that some of the recent substantial changes in nursing have not been understood fully by the public. She observes that nurses are increasingly caring for more acutely ill patients with conditions of greater complexity than before and, despite the fact that workload has increased over the past ten years, it has not been matched everywhere by the addition of extra staff.
Nursing quality

Carter’s assertion that the health secretary’s new standards will directly recognise nurses for “the kind of care that patients really value” is also of concern (Carvel 2008). Patients rightly expect nurses to demonstrate high levels of consideration and compassion when providing care, but these qualities do not exclusively define the nursing role. Nurses should feel comfortable talking about their knowledge of applied science and technical skills, as well as the many interpersonal and relational aspects of their work. To be fair to Johnson, his compassion index also seeks to measure standards of nutritional care, minimisation of pain, handwashing and safety on the wards. This is to be applauded but it is already part of the mandate of the modern matron as outlined by the Department of Health (DH 2001).

The acting chief executive of the NHS Confederation, Steve Barnett, warns that it will be ‘very difficult to measure and benchmark compassion, particularly at the level of the ward’ (BBC News 2008). If the government plans to publish the results of each trust’s nursing quality score, then it should ensure that the contribution of healthcare assistants and support staff is also recognised. Since qualified nurses are increasingly being asked to adopt advanced practice roles, it is to be expected that a greater amount of basic care work will be handed over to other healthcare workers. One consequence of this process may be that because qualified nurses will spend less time performing visible, hands-on care, the perception by patients will be that they are less compassionate or caring than their non-qualified colleagues.

While this analysis fails to take into account the abundance of unseen care that nurses provide, it may undermine the public perception of the modern nursing role. This is only of concern if compassion is considered to be the chief consideration by which ‘nursing quality’ is calculated. Compassion may be viewed as an integral part of the nursing process, but nursing cannot be viewed in those terms alone. It has to be acknowledged that nurses are members of a highly skilled, knowledge-based profession where, at times, there are competing demands on them.

Conclusion

Plans for the implementation of a quality measurement framework are outlined in the final report of health minister Lord Darzi’s review of the NHS (DH 2008). Measures will include patients’ own views on the success of their treatment, the quality of their experiences and the compassion with which they were treated. The RCN has promised to work with the government to establish ‘a scientific measure of compassion and quality’ (Carvel 2008). How this measure will quantify compassion in terms of a reliable index across nursing’s many areas of professional specialism remains to be seen. All healthcare professionals are expected to acknowledge and work towards fulfilling national targets which measure performance against government requirements of NHS trusts.

It would be unfortunate, however, if Johnson’s proposed compassion index became another target that nurses were required to satisfy to avoid local and national censure. Nurses perform a difficult job, often unappreciated by the casual observer. Much of what they do is necessarily private, undisclosed to the public and therefore immeasurable in qualitative terms. For every patient who rates a nurse for attending to them in a timely fashion, there may be several others who, for legitimate reasons, have to wait longer than they expected. Johnson acknowledges that ‘in the majority of cases… care and compassion, that smile, that welcoming atmosphere, that ambience is there all the time’ (Carvel 2008). Why then impose artificial criteria to measure something that is inherent and largely inestimable?

This article is not a call for the abandonment of compassion and empathy as a fundamental and integral part of the nursing process. It simply asks the question of whether these proposals will enhance or detract from nursing’s status as a knowledge-based profession that already adheres to rigorous professional standards and values.

References


