



The compassionate organisation

The Francis Inquiry into the Mid-Staffordshire Hospital Trust makes sobering reading.¹ *'Patients were routinely neglected'*, says the press release, *'by a Trust that was preoccupied with cost cutting, targets, and processes and which lost sight of its fundamental responsibility to provide safe care.'*

Largely as a result of profound staff shortages, basic elements of care were neglected. Patients were left in soiled sheets or sitting on commodes for hours; food and drinks were placed out of reach, and so on.

Like Robert Francis, I find these stories deeply shocking. But I am also shocked that having framed the problem squarely as one of lack of compassion, almost all his recommendations relate to documents or procedures. For example:

'The Board should institute a programme of improving the arrangements for audit...'

'The Trust should review its record-keeping procedures...'

'The Board should review the Trust's arrangements for the management of complaints...'

When my demented, dying father was admitted to hospital a few years ago, I drew great comfort from the relationship he developed with one particular nurse. It was characterised not by formal procedure or excellent records (although these may have existed) but by mutual positive regard, frequent laughter, some mischievous mutual teasing, and a great deal of physical touching. The nurse once showed me Dad's smooth, sweet-smelling, pressure sore-free buttocks and said he'd spent hours polishing that bum.

This was compassionate care, and it illustrates a paradox. Francis' recommendations are hard to contest. Yet by requiring more staff time to be spent following procedures and documenting tasks, they unwittingly leave less time for laughter, mischief, and bum polishing. Whereas Francis appears to know his onions for analysing the problem, his bureaucratic solutions have never struck me as evidence based.

I was delighted, therefore, to find a series of articles in the October 2012 issue of the *Academy of Management Review* (see

for example, this introductory overview to the special issue²) on 'the compassionate organisation'. The authors of this review begin by carefully defining compassion not as a set of rules but as a virtue and the moral basis of society. They ask, 'What does an organisation look like when its organising principles are based on the logics and principles of caring and compassion?'

The research community have only begun to address this question. The compassionate organisation humanises both its staff and its clients as people who suffer, people who care, and people who individually and collectively may respond with emotion to adversity. The compassionate organisation supports and shapes compassionate behaviour by its members, partly through appropriate incentives, rewards, and procedures but mainly by recognising that emotions — feeling, caring, loving, yearning — are an integral component of our rationality, not something that distorts or detracts from it.

The compassionate organisation, suggest Rynes *et al* views its staff not as independent, self-sufficient actors but as inter-related and interdependent. It fosters narrative practices — depicting telling moments, contextualising struggles, and constructing future-oriented stories — among team members that serve to institutionalise an ethic of care. Psychological studies link such narrative practices with constructs such as team resilience (so lacking in Mid Staffs).

Across the collection of research papers runs a common conclusion: rather than a tightening of procedure, the solutions to lack of compassion in an organisation centre on people, relationships, and generating collective narratives. As we all try to find time in our busy lives to implement procedures and complete our quality tick-boxes, let us also make time to celebrate and nurture the human foundations of our compassionate organisations.

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2. Rynes SL, Bartunek JM, Dutton JE, Margolis JD. Care and compassion through an organizational lens: opening up new possibilities. *Acad Manage Rev* 2012, **37**(4): 503–523.