



## LETTERS

## COMPASSION

## Nurturing compassion

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Chadwick is only partly correct.<sup>1</sup> There is something ineffable about compassion, so attempts to force it on staff will probably be clumsy and counterproductive, but it shouldn't be left at this.

We know quite a bit about the effect of different situations on human relationships and that ordinary people can behave callously, cruelly, or abusively under certain conditions.<sup>2-4</sup> Although it is unclear exactly how this happens,<sup>5,6</sup> if the NHS wishes to create situations in which compassion thrives, it must avoid overwork and understaffing and a culture in which powerful figures preferentially reward non-clinical organisational goals. It must also strive to overcome the "them and us" hostility between staff and patients.

We also know that good care can flourish in the unlikeliest of places. Patterson and colleagues report on an "enriched ward" existing in the midst of a failing trust, probably as a result of the ward manager's strong leadership<sup>7</sup>; we have all met somebody like this. The NHS needs to ensure high quality leadership on all wards and on all shifts. To change the culture in clinical care we need to invest seriously in leadership at staff nurse and ward manager level<sup>8</sup>—these are the people who can make a Mid Staffordshire event less likely to occur again.

Compassion is like a delicate plant that needs constant care and attention to thrive. Although it mainly comes from within individuals and their relationships with particular patients, the situation in which this occurs is crucial. The NHS can nurture compassion or not. Chadwick is correct, compassion cannot be mandated but it can be supported.

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