Appreciative enquiry into the development and evaluation of a ‘train the trainers’ approach towards cultivating compassion

EXECUTIVE SUMMARY

University of Brighton, University of Surrey & University of Brighton and Sussex Medical School
PROJECT BACKGROUND
The Cultivating Compassion project was developed in response to a call for bids from Health Education Kent, Surrey and Sussex (HEKSS) to provide ‘compassion awareness training’ in the NHS. The impetus for the project was in response to the Francis reports which detailed numerous care failures that resulted in the avoidable distress, neglect and deaths of patients. Such reports indicate that the values of the NHS Constitution are not always enacted.

The project team comprised members from: 3 universities (University of Brighton, University of Surrey and Brighton and Sussex Medical School); from 4 NHS organisations (Brighton and Sussex University Hospitals Trust, Surrey and Borders Partnership NHS Trust, Ashford & St Peters Hospitals NHS Foundation Trust & Costal West Sussex Clinical Commissioning Group); and service user representatives.

The overall project aim was to develop an awareness of compassion and investigate how compassion can be recognised, developed and sustained within the healthcare workforce.

METHODOLOGY AND METHODS
The project design was underpinned by appreciative enquiry, an approach which recognises that everyday acts of compassion are occurring and need to be recognised, and built upon. A ‘train the trainers’ model was utilised to enable individuals in NHS organisations to assume the role of ‘compassion leads’ and to cascade insights and strategies to their wider teams across the organisations. A Cultivating Compassion Toolkit was developed to provide resources to assist the trainers. Qualitative evaluation data were collected from project participants and a ProQOL questionnaire was administered to project participants. Following feedback at the project launch conference in September the project name was changed from Compassion Awareness to Cultivating Compassion. This change was well received.

THE TOOLKIT
The Cultivating Compassion Toolkit was constructed on a Wordpress platform and housed a range of resources that can be utilised by individuals or groups. Digital stories and values-based indicators were designed specifically for the project. Activities relating to mindfulness, noticing acts of compassion, quotations and compassion pledges were included. There were also links in the Toolkit to national compassion networks and key documents related to compassion.

FINDINGS
There were four overall themes from the qualitative data (from training days, monthly meetings and individual interviews): shifts in perspectives; project implementation enablers; project implementation inhibitors;
and value of project resources. Sub-themes were identified in relation to each theme as discussed below.

Figure 1 – Cultivating Compassion Project - Themes and Sub-Themes

THEME 1 - SHIFTS IN PERSPECTIVES
The majority of participants interviewed or who participated in focus groups reported changes in their thinking. These changes or shifts in perspectives related to participants’ views of self-compassion, compassion towards others and of the potential of compassion initiatives to impact on practice.

Despite a belief that they already understood compassion and it’s that word again, the exposure to a toolkit of materials raised awareness of the breadth of self-compassion:

This has made me think I need to try and realise when I am being compassionate and praise myself for it.
Exposure to training increased awareness of a responsibility to recognise compassionate acts towards others:

*Congratulating people on compassion where I've recognised it [...] changing people's mindset to be compassionate to each other.*

Another ‘shift’ related to the change in project title. The project team had raised questions regarding how ‘compassion awareness’ would be received by the workforce in the participating organisations. Concerns were raised at the launch conference in September and the GP practice away day on the 1st October. Participant comments indicated an irritation and undercurrent of hostility to the idea that the project was questioning their capacity, understanding and expression of compassion in their working lives. The change of project name from ‘Compassion awareness training’ to ‘Cultivating Compassion’ was viewed positively:

*This has made me think I need to try and realise when I am being compassionate and praise myself for it.*

**THEME 2 – PROJECT IMPLEMENTATION ENABLERS**

An important project enabler was the commitment of individual participants and also of the leadership in participating organisations. Participants who engaged with the project reflected on their experience of the project in relation to their professional and personal background. Such a background may influence a participant’s commitment to the project. One said:

*My view of compassion is one that probably most people have, of it being about viewing others as being humans and, you know, your kin, your fellow kin, showing kindness and noticing other people’s suffering and also their achievements [...] Compassion has been important in my training as a psychologist, in that compassion focused therapy is something that has sort of developed in the last 10 years or so [...] And also in my own upbringing and life experience compassion is very important.*

Positioning in the organisation greatly helped the participant’s perceived ability to cascade the cultivating compassion activities. A leadership role in a clinical position with access to many different staff was associated with the more active participants who were in roles such as ward manager, team leader, professional development trainer or head of education for nursing and midwifery. These participants had authority, reach, and could negotiate time slots where compassion activities could be “squeezed in”. They also had the capacity to have some control over the use of their time and to integrate the compassion activities within existing mandatory training initiatives:

*Nothing was sacred. We could use 5 mins, 10 mins, 20 mins we could use bits of other meetings. We have band 5 development. We are developing a band 7 programme so one of the key things they will now get a cultivating compassion session.*
THEME 3 – PROJECT IMPLEMENTATION INHIBITORS
Some participants expressed scepticism regarding the compassion project objectives and the organisations’ interest in, and commitment to, the project. There was a belief that some people were ‘volunteered’ for the project and suspicion regarding the motivation of the organisational leadership:

*The Trust has a tendency to do this thing which is to present it all happy clappy. And people think, that’s not real life [...] There’s absolutely that thought, who is trying to tell us what to do when we do it every day. We know because we’re on the coal face, every day, day in, day out. Them up there, they don’t know because they’re not here with us where it’s happening. So there’s an element still of suspicion about the senior echelons of the organisation and what they’re actually trying to do.*

Lack of direction from senior management within participating organisations was a prevailing factor in areas where compassion leads expressed uncertainty about how to progress the toolkit activities beyond the self to the team or wider organisation. Another pressing concern expressed by participants was how to integrate the compassion activities into their everyday work:

*I was hoping to ease it into induction as I facilitate the HCA perspective but the day is very structured... there isn’t the opportunity on that day at the moment.*

Other organisational factors include the timing of the project (over a busy winter period) and the need to recoup the financial cost of project participation when time out had to have, for example, locum cover. This latter factor had not been considered by the project team and revealed the difficulties of engaging in project work with individual GP practices within the new CCG structure.

THEME 4 – VALUE OF PROJECT RESOURCES
There was a general enthusiasm amongst those participants who had accessed the Toolkit. Those who attended the Cultivating Compassion training days shared many examples of how they would use the Toolkit resources, for example, to stimulate reflection by using quotations, to recognise and celebrate compassion in the team and to stimulate discussion drawing on the digital stories and compassion indicators. The value of many of the Toolkit resources was expressed as follows:

*They are just fantastic to have as something we can use anytime, that is really useful as a bank of skills.*

The participants found the digital stories were a quick and really easy way of instigating a conversation about compassion. Some who expressed initial anxiety about introducing the idea of compassion gained confidence from using the Toolkit. When used, the compassion indicators have proved useful for highlighting existing good practice, generating critical dialogue within teams and emphasising the multiple and diverse ways in which compassion is lived out in practice. However, some participants have found them challenging to use, both in terms of the time needed to put them into context and facilitation required.
There were examples of **individual creativity** where participants had built on the Toolkit developing complementary activities, for example an idea from Facebook of 100 days of happiness:

*I wasn’t sure about it but we came up with a compromise 100 days of doing this [mindfulness, sharing acts of kindness, displaying quotes on compassion, forming a reflective space]..... and then reviewing it... not stopping, but reviewing and that seems to work quite well.*

**DISCUSSION**

Project findings support the conclusions that individual, organisational and wider NHS factors enabled and inhibited wider engagement with project implementation. The timing of the Cultivating Compassion project coincided with one of the most demanding winter periods in the NHS and with significant changes (such as restructuring) in some of the organisations we worked with.

It is encouraging that positive shifts in individual perspectives were reported and that, in one NHS organisation, integration of the project appears to have been achieved through embedding the Cultivating Compassion Toolkit alongside an existing organisational values project. The commitment and positioning of the project leadership within the organisation and the creativity of compassion leads were contributory factors. In some of the other organisations, positive change was introduced on a smaller scale, for example, in teams with supportive management. One of the most positive outcomes from the project related to the increased awareness of self-compassion and the importance of recognising and actively valuing the compassionate acts of others.

Dissemination and integration across the wider organisation was challenging and was attributed to organisational change, high demand on the NHS, leadership gaps and, perhaps also financial considerations making staff development initiatives burdensome for NHS organisations. Overall, the project provided NHS staff with opportunities and resources to prioritise compassion in their relationship with themselves, patients, families and colleagues. However there is more to be done to integrate compassion-related initiatives more widely. Engaging with appropriate organisational leaders at the outset is crucial. The timing of this initiative over a winter period seems also to be a factor so a roll-out of similar projects should avoid this. Leadership commitment and integration are also key elements of the success of future activity so that time and space can be allocated.

**CONCLUSIONS AND RECOMMENDATIONS**

The project supports the importance of self-compassion and team compassion and an organisational culture that is receptive to compassion. This was recognised as a welcome shift in perspective on compassion by most participants. Findings suggest that discourse on workforce development related to compassion needs to be supported from the inside of NHS organisations. Outside imposed models can be greeted with scepticism. The train the trainer model also requires systems embedded support as the project rolls out to encourage and support
individuals to cascade compassion activities in their workplace. There is also a need for named leadership positioned in various levels of the organisation to initiate, support and evaluate toolkit activity. The project findings also highlight the need to integrate compassion activities with existing training initiatives and suggest the need for staff support systems to enhance resilience and manage the stresses of high demand working.

**Recommendations** for future compassionate care activity are as follows:

- Increase awareness among leaders in healthcare organisations of the importance of demonstrating commitment to compassion in their everyday activity;

- Utilise a bottom-up approach, alongside strong leadership – practitioners told us that they would have benefited from fuller engagement with the project at an earlier stage. This proved successful in one of the organisations;

- Integrate learning approaches with existing ethics and values-based developments – the organisations we worked with already had a wide range of values-based activity in place however it was not possible to engage with these at an earlier stage due to challenges in some organisations;

- Engage with organisational leadership to negotiate time and space for staff to participate in self-compassion and receive recognition for compassion towards patients, families and colleagues;

- Explore ways to disseminate the Toolkit to the NHS workforce more widely including to GP practices; and.

- Expand the concept of compassion to a fuller engagement with ethical values (for example, justice, dignity, integrity and courage) and professionalism in staff development
THE PROJECT TEAM, TRUST PARTNERS & ACKNOWLEDGEMENTS

PROJECT TEAM

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator &amp; University of Brighton Project Lead</td>
<td>Dr Charlotte Ramage</td>
</tr>
<tr>
<td>University of Surrey Project Lead, International Care Ethics Observatory</td>
<td>Professor Ann Gallagher</td>
</tr>
<tr>
<td>Brighton and Sussex Medical School Project Lead</td>
<td>Dr Julia Montgomery</td>
</tr>
<tr>
<td>Project Research Fellow</td>
<td>Dr Catherine Theodosius</td>
</tr>
<tr>
<td>Project Administrator</td>
<td>Dr Kit Tapson</td>
</tr>
<tr>
<td>Project Team members: School of Health Sciences, University of Brighton</td>
<td>Annie Chellel, Angela Glynn</td>
</tr>
<tr>
<td>Project Team members: School of Health Sciences, University of Surrey</td>
<td>Dr Kathy Curtis, Jane Leng</td>
</tr>
<tr>
<td>Project Team Members; Brighton and Sussex Medical School</td>
<td>Jim Price, John Anderson</td>
</tr>
<tr>
<td>Learning technologies advisor, University of Brighton</td>
<td>Craig Wakefield</td>
</tr>
<tr>
<td>Values and Sustainability Research Group, University of Brighton</td>
<td>Elona Hoover, Gemma Burford, Professor Marie Harder</td>
</tr>
<tr>
<td>Service User representatives</td>
<td>Janet Holah, Alan Parker</td>
</tr>
</tbody>
</table>

NHS Trust Partners

<table>
<thead>
<tr>
<th>Trust</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton and Sussex University Hospitals Trust</td>
<td>Claire Martin</td>
</tr>
<tr>
<td>Surrey and Borders Partnership NHS Foundation Trust</td>
<td>Pam Frost, Becca Lander</td>
</tr>
<tr>
<td>Coastal West Sussex Clinical Commissioning Group</td>
<td>Sarah Henley, Lizzie Izzard</td>
</tr>
<tr>
<td>Ashford and St Peters Hospitals NHS Foundation Trust</td>
<td>Martha Wrigley</td>
</tr>
</tbody>
</table>

ACKNOWLEDGEMENTS

This project was made possible by funding from Health Education Kent, Surrey & Sussex and by the commitment and generosity of Trust colleagues who worked with us on the project as compassion leads and participants. Thank you also to Laurence Leng who assisted with photography for the digital stories and Felix Gonzales who assisted the team with the design of the digital stories.