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Building compassion literacy: Enabling care in primary health care nursing

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Summary This paper introduces the concept of compassion literacy and discusses its place in nursing within the general practice setting. Compassion literacy is a valuable competency for sustaining the delivery of high quality care. Being compassion literate enables practice nurses to provide compassionate care to their patients and to recognise factors that may constrain this. A compassion literate practice nurse may be more protected from compassion fatigue and its negative consequences. Understanding how to enable self-compassion and how to support the delivery of compassionate care within the primary care team can enhance the care experienced by the patient while improving the positive engagement and satisfaction of the health professionals. The capacity to deliver compassionate care can be depleted by the day-to-day demands of the clinical setting. Compassion literacy enables the replenishing of compassion, but the development of compassion literacy can be curtailed by personal and workplace barriers. This paper articulates why compassion literacy should be an integral aspect of practice nursing and considers strategies for enabling compassion literacy to develop and thrive within the workplace environment. Compassion literacy is also a valuable opportunity for practice nurses to demonstrate their key role within the multidisciplinary team of general practice, directly enhancing the quality of the care delivered.

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1. Introduction

Compassion is a fundamental element of nursing care. Lazarus (1991, p. 289) describes compassion with profound simplicity as “being moved by another’s suffering and wanting to help”. Compassion extends beyond merely seeing (sympathy) and acknowledging (empathy) suffering (Von Dietze & Orb, 2000). The compassionate person feels compelled to take action to relieve the suffering (Nouwen, McNeill, & Morrison, 1982; Schantz, 2007; Straughair, 2012b). This influences the person to do something in response to the observed and acknowledged suffering.

Little has been written about compassion in practice nursing. Previous researchers have investigated the scope of practice and roles of the practice nurse in Australia, and the role of the practice nurse continues to expand. The current National Primary Health Care Strategic Framework strengthens the role of primary health care in Australia (Department of Health & Aging, 2013) and identifies the practice nurse as a key member of the primary health care team in the general practice setting (Australian Primary Health Care Nurses Association; Department of Health & Aging, 2013). It is timely to explore the role of compassion in the primary care setting, specifically contextualising this with the increasing demands being placed upon the practice nurse.

This paper specifically aims to introduce the concept of compassion literacy in practice nursing, recognising the unique nature of the primary health care setting. It identifies the importance of compassion and challenges current assumptions regarding the delivery of compassionate nursing care. Compassion literacy is presented as a valuable work-life competency for practice nurses. The potential personal and workplace challenges that may inhibit engagement with compassion literacy are explored and recommended strategies to enable compassionate care are identified.

2. Compassion – core business in nursing

Compassion in the delivery of health services is highly valued (Straughair, 2012a). Nurses have traditionally embodied compassion within the clinical space which may appear to prioritise the treatment of illness over healing of the person (Straughair, 2012b). Health consumers expect safe and appropriate care delivered with compassion when they are ill (Frampton, Guastello, & Lepore, 2013; Straughair, 2012b). It is disappointing that recent evidence would suggest that compassionate care is not a certainty despite this expectation.

The concept of compassion was catapulted into the media headlines with the release of the findings of the investigation of the Mid-Staffordshire NHS Foundation Trust (Francis, 2013). The Francis report identified compassion as the key missing component in health care delivery that enabled the increased morbidity and mortality at the Stafford Hospital. It highlighted real dangers to patient safety when compassion was found lacking. A media tsunami of blaming and shaming ensued as the findings of the Francis Inquiry unfolded. Articles and commentaries exposed entrenched workplace culture and working conditions that had stripped compassion from nursing care (Curtis, Horton, & Smith, 2012; de Zulueta, 2013; Freshwater & Cahill, 2010).

The tragic consequences of this glaring omission of compassion and the resultant cost are still being realised. However, this opening of the discussion of the delivery of compassionate care has identified a number of assumptions regarding care and compassion. Simply knowing that health care *should* be practised with compassion did not ensure that care *was* delivered compassionately. The common priority of recording completed tasks in the delivery of health care, reflected in the mantra “not recorded, not done” (Miscoe, 2008; Teytelman, 2002), illustrates how easily a critical gap in care delivery can develop. Documentary evidence is generated in conventional ways, including tick boxes and times, which make it difficult to record the delivery of compassionate care. While the documentation is considered essential to ensure patient safety, the Francis Report (2013) highlighted how other essential aspects of patient safety, such as compassion, may not be as easily documented. The current culture of health care has framed the practising of health care with compassion as an aspirational ideal rather than the foundation of care. The traditional work of fostering healing through compassion has simply become an adjunct to “real” health care.

3. Compassion – a key element of primary care nursing

General practice is a busy, task-oriented, outcome-focused environment. The scope of nursing in general practice is broad, including for example health promotion, illness prevention, rehabilitation and palliation (Australian Primary Health Care Nurses Association, 2012). Many practice nurses fill multiple roles and often alternate rapidly between them throughout the day (Phillips et al., 2009). Practice nurses operate at multiple levels providing direct patient care and overseeing the quality of care (Pearce, Hall, & Phillips, 2010). Nurses often work independently in general practice, bearing significant responsibility (Joyce & Piterman, 2011; Keleher, Joyce, Parker, & Piterman, 2007). They provide regular care for patients, many of whom have complex chronic conditions. Managing chronic disease is an increasingly important aspect of this work (Halcomb, Davidson, Salamonson, Ollerton, & Griffiths, 2008; Pearce et al., 2010). The nurse’s caseload includes the provision of ongoing support for patients and their family carers, enabling them to engage with their management plan in order to achieve a better quality of life. Practice nurses are ideally placed to provide this support and patients often look to nurses rather than doctors for compassion in general practice (Redsell, Stokes, Jackson, Hastings, & Baker, 2007). Patients can feel more comfortable to raise important issues with the practice nurse than with their doctor (Phillips et al., 2009).

These positive patient interactions can enhance the work satisfaction experienced by the practice nurse. However, it seems logical that this intense and often intimate engagement with the long-term complex social and medical health problems of multiple patients can also be draining. The very factors that make the practice of nursing in primary health care rewarding may potentially result in compassion fatigue, as others have found in nurses who work in different settings (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Potter et al., 2010; Abendroth & Flannery, 2006).

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