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Meeting today's healthcare leadership challenges: Is compassionate, caring and inclusive leadership the answer?

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Abstract: The delivery of high-quality, compassionate care is imperative for all healthcare organisations and systems. Current thought leadership explores the necessity for compassionate and inclusive leadership as a prerequisite to develop the culture within which this can be achieved. In this article, we explore the background to this thinking and how it might work in practice.

INTRODUCTION

"The key challenge facing all NHS organisations is to nurture cultures that ensure the delivery of continuously improving high-quality, safe and compassionate care" [1].

Over the last five years, several high-profile inquiries (including the Francis Report into failings at the Mid Staffordshire NHS Foundation Trust [2]) have re-emphasised the centrality of good leadership and compassion to the provision of safe, effective and caring public services. These reports have strengthened the call for putting the patient back into the heart of healthcare (putting 'care' back into 'healthcare') and empowering cultural change to deliver safer, committed and compassionate services [2]. In its broadest sense, 'care' involves 'attending to the needs of others to whom we feel close and for whom we are prepared or expected to take responsibility' [3].

Recent publications referring to the UK National Health Service (NHS) highlight 'compassionate care' as one of the four main elements of an excellent healthcare organisation, alongside the delivery of continuously improving, high-quality, and safe care [1, 4, 5]. Compassionate and inclusive leadership is the leadership style required [4], it must be deliberately and purposefully designed-in and prioritised at every level if we are to reassert compassion as a central goal of our healthcare organisations and systems [5].

This article aims to explore compassionate, caring and inclusive leadership in greater detail. To grasp the breadth, depth, and complexity of compassionate and inclusive leadership and how it might play out in practice, it is helpful to consider some of the debates and approaches that have preceded it.

COMPASSIONATE CARE, CULTURE, AND COMPLEX SYSTEMS

First, it is important to define what we mean by 'care'. Care is not an attitude or virtue, but is a set of practices that work on building and maintaining relationships within our own 'world' [6]. Compassionate care emphasises a progression from sympathy and empathy, to the motivation and action required to try and alleviate the suffering of another [7]. It should also be smart, offering the most appropriate intervention, not just the easiest or most obvious and can only be delivered within a supportive organisational culture [8].

Often described as 'the way we do things around here', organisational culture underpins how staff behave and influences the care that patients receive (for good or ill). The toxic culture described by Francis (2013) [2] found that the goals of the system were put before those of the patient [9]. He advocates putting the patient back at the centre of everything we do by creating a culture based on a core set of patient-focused values: a culture of compassion that would deliver high quality, compassionate care [2], see also Box 1.

Box 1. Cultural characteristics needed to deliver high quality compassionate care:

- "Inspiring vision and strategy
- Positive inclusion and participation
- Enthusiastic team and cross-boundary working
- Support and autonomy for staff to innovate" [10]

Caring to change (West et al, 2017)

At Mid Staffordshire, Francis (2013) found that the leadership was focused on targets and performance rather than on compassion [2]. Leadership is the most influential factor determining organisational culture [11] and patient safety is linked to both compassion and leadership [12]. It would seem logical then that compassion needs to be reasserted as a central goal of both the organisation and its leadership. Of particular importance to this cultural reorientation are the values and behaviours espoused by leaders and embedded into the fabric of all aspects of the organisation, including assimilation of new staff [10, 13].

From an 'ethics of care' perspective, healthcare leaders working in complex systems are presented with a number of challenges in establishing a 'culture of care', as individual leaders cannot be everywhere, but must rely on large numbers of followers (staff) to care for those whom they feel responsible (patients and other colleagues). So 'good' clinical leaders offer personalised care that goes over and above the call of duty [14], caring leaders fight to defend those for whom they are caring, and are willing to take personal risks to discharge their responsibilities to others [3].

NHS Improvement (NHS I), one of the regulators for healthcare providers in England, has proposed a national framework, *Developing people – improving care* [4] for leadership development, where compassionate and inclusive leadership is encouraged (Box 2). Underlying this framework, a guiding principle emerges that the desired culture of compassion can be delivered through the leader's approach towards staff and that in turn, this will be reciprocated from staff to patient. Similarly, through positive inclusion, leaders can nurture a culture conducive to innovation and quality improvement, helping to empower staff to lead and develop their own solutions to problems that they face [10]. Whilst these 'softer' approaches to leadership are less easy to introduce and measure than more managerial, performance-led approaches, a range of examples from within and outside healthcare indicate that in complex, dynamic systems, authentic, adaptive and inclusive leadership can reap many rewards – both cultural and financial [1, 12-14]. We explore this further in the next sections.

Box 2. Compassionate and Inclusive Leadership:

Compassionate leadership: "paying close attention to all the people you lead, understanding the situations they face, responding empathetically, and taking thoughtful and appropriate action to help" [4]

Inclusive leadership: "progressing equality, valuing diversity, challenging power imbalances" [4]

Developing people – improving care (NHS Improvement, 2016)

SHIFTING CONCEPTS OF LEADERSHIP

Over the last decade, partly as a response to inquiry and other reports, NHS frameworks and guidance have been underpinned by an increasing emphasis on leadership theories and perspectives which have shifted from the notion of the individualist, 'hero leader' [15], through considerations of transformational leadership and emotional intelligence [16], to those which reflect servant, shared, distributed and collaborative leadership. Most recently, the concepts of collective [11, 17] and compassionate and inclusive leadership have been introduced [4].

Complex healthcare environments need to overcome external and internal pressures through shared leadership-based solutions and adaptive leadership [8, 18, 19]. Collective leadership should be facilitated through a flattened hierarchy which empowers individuals to self-identify as leaders (and active followers) and contribute to the overall success of the organisation [20, 21]. As de Zulueta [8] states, 'development for compassionate leadership means fostering leaders, who embody and enact the qualities of servant leadership: altruism, integrity, humility, and wisdom' where leaders serve others above themselves through appreciation and empowerment, which in turn helps the organisation evolve [22].

Developing people – improving care [4] was further developed into *Caring to change* [10] which introduced a strategy for translating this approach into action, and further explored the importance of compassion and inclusion as necessary constructs to drive high-quality, compassionate care where innovation can flourish [10]. It is suggested that increasing staff engagement and empowerment [4] and encouraging meaningful conversations within and across organisations will help to drive high-quality care 'top to bottom and end to end' [11], and from 'the Board to the ward'.

This more inclusive approach has echoes of transformational leadership, where individualised consideration is used to provide followers with the autonomy, mastery and purpose which will deliver satisfaction and intrinsically motivate them to deliver high quality care and continuous improvement [8, 23, 24]. Gabriel, in his discussion of 'caring leaders', suggests that "the moral standing of leaders – always in the eyes of their followers … [is] linked to the ethics of care… that emphasises the inter-relatedness of human beings and highlights the importance of attentiveness, empathy, responsiveness and responsibility for others" [3]. Such relational leadership [25] would expect a leader to work on building and maintaining relationships with followers, but also from an

inclusive leadership perspective, to have an awareness of their unconscious or implicit biases and listen to different voices and views: a delicate balance in complex, turbulent environments.

Where the demands on a team are high, compassionate and inclusive leadership will be crucial in preventing or reducing the emergence of 'learned helplessness' and its associated negative effect on innovation [10]. However, the leadership –followership relationship is not static but is a constantly shifting dynamic set of relationships. Tensions arise in the separation between leaders and followers, that leaders and followers might have to be sacrificed for the 'greater good', and that followers need leaders to reduce their anxiety, whereas those above leaders want followers' resistance, emotion and voices to be minimised [26]. From a compassionate, caring, inclusive approach, it is suggested that it is largely through leaders proactively caring for their followers that compassionate care for patients will result. However, this may require leaders to make tough decisions, challenge authority and handle conflict for the greater good.

Box 3. Effective followers:

- exhibit engagement and commitment
- display critical and constructive thinking
- interact as equals; support, challenge and influence their leaders
- can act independently and even substitute for their leader
- have the courage to voice concerns
- ideally should reflect upon their followership skills [26-28]

THEORY TO PRACTICE

How do we achieve it?

Compassionate, caring and inclusive leadership should be enacted at four levels: the self, the team, the organisation and the system.

Systems leadership

A major theme of the Francis Report was inadequate oversight, and the need for a clear focus on compassionate care has been made a top priority [2, 9]. National agreement should be re-affirmed from all stakeholders, including politicians, that the primary goal of the NHS is to put patient care and experience back at the heart of everything we do aligned to the values of compassionate leadership [4, 8, 9].

Frameworks, such as *Developing people – improving care* [4], are important at a systems level to deliver a clear, evidence-based, and effective strategy for those responsible for leadership development at an organisational level to follow. At the same time, NHS I [4] recognises the importance of a framework that allows organisations the freedom and flexibility to develop leaders according to local needs and so have attempted to create a less centralised and prescriptive leadership strategy. NHS I allows "local organisations and systems time and space to establish continuous improvement cultures" [4].

Organisational leadership

Organisations must embody compassionate and inclusive leadership through their relationship with staff, and in their leadership development strategy. Within the context of the organisation's wider needs, staff should be motivated to engage and empowered to innovate, identifying themselves as part of the decision-making process within the organisation [11].

The Board should make it clear that compassion is at the heart of the organisation's vision and communicate this in a consistent and authentic manner throughout all levels of the organisation [9, 11]. Specific actions include incorporating compassionate and inclusive leadership behaviours alongside the organisation's values into staff appraisals, and supporting this with good mentorship, which is an important part of good leadership development [2, 4, 9, 11]. Team-level compassionate and inclusive leadership also applies at the executive level, helping to create a Board with a compassionate ethos. The importance of relational leadership is emphasised throughout generic leadership literature [25]. In healthcare, one example of the relational aspect of compassionate and inclusive leadership is described in the executive team development section of NHS Improvement's (2017) culture and leadership toolkit which focuses on team structure and on building and maintaining relationships [29]. Such high performing teams can more easily establish smart, clear and challenging objectives centred on the delivery of high quality, compassionate care. A lack of clarity around goals is one of the biggest factors detracting from establishing the required culture and behaviours [11, 30].

Furthermore, compassionate relationships should extend across boundaries to promote connectivity and engagement between teams, specialties and organisations, helping both parties to succeed by working together [5]. Through openly sharing information and ideas, organisations can help one another to learn and lead innovations and improvements in care. For example, fourteen NHS organisations in England joined together to form NHS Quest, collectively aimed at achieving relentless improvement in quality and safety [11]. Combined with clear objective outcomes, indicators for the quality of care can promote engagement amongst staff and strengthen the practice of compassionate care [9].

Organisations must also support 'psychological safety' where staff feel encouraged to report learning events through a just culture which heralds trust, learning and accountability [31]. A culture of fear was a main component of the toxic culture in Mid Staffordshire [2] and so leaders need to listen, react to signs of failings at the earliest opportunity, and learn from their mistakes [9]. When staff feel confident in the processes lying behind the organisations and that their voices are heard, they feel more comfortable about identifying problems and speaking out, and more empowered to develop solutions.

Team leadership

Team cultures can vary significantly within organisations, and sub-cultures exist which can have a significant and direct impact upon staff. As described by Mountford and Powis (2017), leaders must therefore be able to set the standard of behaviour for themselves and others, ensure these align with the organisation's and hold individuals accountable if these are not met [5]. They must ensure they are authentic and consistent in their behaviours, embodying the values of inclusive and compassionate leadership, and encouraging this in others [11]. Evidence shows that compassion is inherently reciprocal and when people experience compassion it makes them better able to show compassion to others [8]. Leaders must therefore create positive and supportive environments for

staff who in turn will create caring, supportive environments and deliver higher-quality care for patients [11].

To achieve this successfully, leaders must understand the barriers to compassionate care in order to recognise and alleviate them:

- burnout or overload (especially time pressures)
- bureaucratic requirements (especially for nursing staff)
- 'difficult' patients and relatives
- difficult clinical situations (uncertainty, treatment failure)
- inadequate staffing and resources[8, 9]

When leaders listen to, empathise with, and support their team: motivation, commitment, engagement, creativity, innovation, resilience, and learning from mistakes are all strengthened [10]. The inclusive leader motivates and empowers staff to seek and take opportunities for continual learning and improvement where they can develop local solutions to local problems.[11] They recognise when staff are overburdened, share and celebrate success, and create environments that, irrespective of seniority, encourages concerns to be raised.[9-11] They encourage staff to work with patients, reflect, learn from feedback, and improve quality by finding out how they are performing and what really matters to who they are caring for.[4, 11] However, care must be taken in terms of how leaders are perceived or constructed by their followers because this tends to be very 'black and white' or 'all or nothing'. A 'good' (caring, compassionate, inclusive) leader will therefore need to be seen as caring for the collective good, looking after, supporting and recognising subordinates and being capable of sacrificing themselves for the greater good. This is a hard ask when leaders may also have to be accountable for meeting targets, budget cuts, making people redundant and service changes. Followers may then come to see leaders as selfish and on the 'dark side' of management, become resentful and, because they do not feel cared for themselves, behave less compassionately.

Although these are difficult responsibilities, leaders at team and organisational levels may be developed to better perform such tasks compassionately. For example, as part of a wider leadership development initiative, Northamptonshire Healthcare NHS Foundation Trust implemented a 'Leadership matters' training programme tailored to the organisation's specific needs. This included 'disciplinary, capability, and grievances' and 'managing sickness' modules [29]. Leaders may find out how others are dealing with such challenging responsibilities via the NHS Improvement's Culture Community, a hub for the sharing of practical NHS-focused ideas on the development of compassionate and inclusive leadership [29].

Targets could be reconsidered to monitor patient-centred outcomes rather than production, as in the Buurtzorg model in the Netherlands [32]. Buurtzorg is a relatively new organisation and care delivery model designed around providing the conditions for peer-based professional teams to self-organise [10]. This involves rethinking how we measure leadership success, taking into account leadership actions as well as a team's performance indicators [29]. Developing clear goals for staff and promoting their autonomy and accountability will help staff to hold themselves accountable for the attainment of goals. Leaders may then act as coaches enabling staff to achieve these objectives, rather than as managers holding people accountable [32]. The compassionate and inclusive leadership element of this approach is for the leaders to role-model and emphasise compassionate values and (with team members) to co-create and maintain a vision for collective leadership.

Self-Leadership

From an intrapersonal perspective, the 'caring leader' in history goes over, above and beyond the call of duty; is concerned for their charges; bound to followers with a bond that reaches beyond expedience and mutual benefit, and is accessible and visible (especially in times of crisis or stress) [3]. Gabriel suggests that the caring leader is a powerful archetype which is the opposite of the 'hero leader' and which mirrors the "rise of interest in care and compassion as core elements of organisational life" [3] particularly with an ageing and increasingly dependent population. However, whilst compassion is displayed to others, compassion must also be reflected internally. Winnicott's (1965) idea of being *good enough* [33] helps us accept that we cannot be perfect, not everything is down to one individual and we must work as a team. This approach helps prevent burnout and ultimately patients suffering: "adopting a kind and compassionate attitude to oneself is a prerequisite for being kind to others" [34].

CONCLUSION

Establishing a widespread culture that delivers high-quality, compassionate healthcare is a high priority for health leaders and practitioners alike. Building on and incorporating other leadership approaches (such as distributed, collaborative or shared leadership) , some more recent approaches are those of caring, compassionate and inclusive leadership. Collaborative and shared leadership emphasise the need for individuals, teams and organisations to work together to achieve common goals and share responsibility for health outcomes. Compassionate leadership add to this, requiring leaders to foreground caring and compassion (for both patients and health workers alike) as an underpinning value and practice. Inclusive leadership emphasises the importance of establishing and maintaining consistent, authentic interactions and relationships, which engage and empower diverse individuals within teams to focus on patients and lead innovation. Through harnessing individuals and teams, organisations can embrace this type of approach and be supported at a systems level to build a compassionate healthcare culture that learns from its mistakes, and constantly seeks improvement. Modelling compassionate, inclusive leadership when the prevailing organisational and political rhetoric is about financial constraints, austerity and increased privatisation, and staff are stressed and anxious, is a huge challenge but can reap many rewards in terms of improvements in healthcare and the well-being and satisfaction of staff.

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