An Introduction to Compassion in Healthcare Practice

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WILEY Blackwell

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This edition first published 2025

Registered Offices
John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA
John Wiley & Sons Ltd, New Era House, 8 Oldlands Way, Bognor Regis, West Sussex, PO22 9NQ, UK

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Library of Congress Cataloging-in-Publication Data
Names: McGonagle, Ian, author.
Title: An introduction to compassion in healthcare practice / Ian McGonagle.
Description: Hoboken, NJ : Wiley-Blackwell, 2025. | Includes index.
Identifiers: LCCN 2024045767 (print) | LCCN 2024045768 (ebook) | ISBN 9781394220458 (paperback) | ISBN 9781394220472 (adobe pdf) | ISBN 9781394220465 (epub)
Subjects: MESH: Empathy | Attitude of Health Personnel | Professional-Patient Relations
Classification: LCC R697.A4 (print) | LCC R697.A4 (ebook) | NLM W 62 | DDC 610.73/7–dc23/eng/20241203
LC record available at https://lccn.loc.gov/2024045767
LC ebook record available at https://lccn.loc.gov/2024045768

Cover Design: Niall McGonagle
Cover Image: © Loïc Fürhoff/Unsplash, adapted by Niall McGonagle

Set in 10.5/13pt STIXTwoText by Straive, Pondicherry, India

Contents

Preface

Compassion is fundamental to effective health and social care delivery. A simple review of complaints about health and social care practice will clearly indicate that 'not being treated as a person' or being 'a number rather than an individual' is the most cited reason for dissatisfaction with care giving. Therefore, while being compassionate seems obvious, maybe it is a little more challenging than we first think.

There has been a significant interest in "compassion" as being the basis of all formal therapeutic approaches. Additionally, there is an interest in the scientific understanding of compassion and how it affects human behavior. This book is **not** a book about being a compassion focused therapist or a compassion scientist. There are many fine books that will help with your therapy and scientific endeavors based on compassionate approaches. I hope you will find many key texts referenced throughout.

What this book **is** about rests on a concern to identify the core components of helping (of being compassionate and self-compassionate) so that we may be in a better place to attend to our health and to engage in helping others. It is a book that has a focus on our intention to help, and that we are best served by understanding what "helping" means. It is an attempt to view the therapeutic arts and healthcare practice (both art and science) through a compassionate lens.

A note on style: There is a very extensive scientific literature on compassion, and at times, it can be dense. Therefore, I have purposefully sought to try and write this book in a style that is true to the title – "an introduction." It is intended to be a springboard to additional and deeper reading – and so in order to achieve this I have attempted to present the material in an easy reading, somewhat "conversational" style and to simplify concepts.

AN IMPORTANT APOLOGY

In offering "an introduction," there is always the possibility of misrepresenting important compassion science concepts. While I have always sought to minimize these and be as explicit as possible, I have tried to make sense of what this word means for me and used my years of practice, in a range of settings to illustrate and contextualize theory. At times I have sought to be integrative and utilize other theoretical models (e.g. polyvagal theory, Values-Based Practice, and behavior change models such as the COM-B approach) to illustrate ideas. This integrative approach runs many risks of claiming definitive theoretical links where such links may be tenuous. Again, I have done this to support illustrations or attempt to make sense of the topic. Any errors remain my responsibility.

Effective health and social care rests on compassion being at the heart of what we do. Yet our understanding of compassion as a concept may be quite partial. The word "compassion" is just a word if it is not understood in terms of our practice. The Chief Nursing Officer, I am sure, had good intentions when she identified "Compassion" as one of the 6 Cs. Unfortunately, I never met a nurse who could really tell me what compassion really meant. Usually they tell me, it is a substitute for "being kind" – it isn't!

This book is aimed at people in healthcare provision, and it is drawn significantly from my practice as a mental health nurse. However, it also informed by many years working with colleagues from different health and social care professions and those who have none. Over the past 10 years, I have spent more time with wonderful students who work in nonprofessionally affiliated roles in health and social care. The whole health and social care sector would collapse without such people!

To support this introductory text for a broad readership, I have drawn on the work of Seedhouse (2009) who noted that we are all "*workers for health*" and as such we are engaged in a moral endeavor. We should examine our practice and reflect upon it to seek better ways to provide care and support to patients*. Part of this would also entail reflecting on our core concepts, such as "*compassion*."

This book reviews compassion from a number of viewpoints. It begins with an overview of one particular frame of compassion, as viewed through an evolutionary science perspective. In this view, we are "programmed" to be compassionate – but social forces may throw challenges or obstacles in our way. It maybe our upbringing creates barriers to being compassionate (enough) when engaged in caring behaviors. It may be our current life

circumstances or the work environment and associated stressors. There is much interest in the science of compassion and how being compassionate affects our physiology. The opening chapter is important as it seeks to provide the foundation work for chapters that follow.

My aim is that the reader will examine compassion as a core element of their practice and consider how they can utilize a deeper understanding of the word/concept to care for their own health, the health of their colleagues, and most importantly, the health and need of people who use services.

REFERENCE

Seedhouse, D. (2009). *Ethics: the Heart of Healthcare*, 3e. London: Wiley.

Biography

Ian McGonagle (PhD) is a mental health nurse and an associate professor at the University of Lincoln. He began his nurse training in 1983 at Pastures Hospital in Derby. He has worked in a variety of roles in the NHS as a clinician, manager, and educator. He spent a number of years working on the New Ways of Working programs for the National Institute for Mental Health in England before accepting a position at Lincoln University.

Acknowledgments

Ar scáth a chéile a mhaireann na daoine –
We live in the shadow of each other.
(Irish proverb)

No man is an island,
Entire of itself;
Every man is a piece of the continent,
A part of the main.
John Donne (1623)

There are a number of people I would like to acknowledge in helping this book happen. First, to my sons Niall and Ryan, such beautiful people of whom I remain eternally proud. My brothers and sister and their families, who also fall into the category of beautiful people! There are so many of them, but they know who they are (I am acknowledging my bias here).

The BSc (Hons) Health and Social Care students at Lincoln who have endured so many lectures but allowed me to refine my ideas over many years. I have such fond memories of so many students as they make their positive mark on the world. My chapter co-authors, Jess, Michael, and Lyndsay, and Dave, Dr Lindsey Hampson and Dr Amanda Super for letting me make use of their impressive work, thank you all for your helpful contributions. Thank you to Debbie Craddock from Rauceby Primary School in Lincolnshire, who was a wonderful help and possesses supreme editing skills.

My colleagues at Lincoln University and my close friends and international colleagues in the Udine-C nursing network, who all have been steadfast, fun, and utterly fabulous over many years.

While working for the National Institute for Mental Health in England, Barry Nixon, Gill Walker, Professors Tony Butterworth, Christine Jackson, and Ian Baguley, all gave me opportunities to develop this work which has

continued over many years. Professor Bill Fulford was very welcoming and supportive in developing a deeper understanding of Values Based Practice, which has stood me in good stead. In 1984, I started my mental health nurse training in Derby and was in the fortunate position to be in the same hospital as Professor Paul Gilbert. Paul was always welcoming, informative, and encouraging in my development as a Mental Health Nurse. He was particularly helpful with his comments on Chapter 1 of this book.

I have also been blessed to know expert nurses (sort of), who have provided me with so many laughs and so much wisdom over many years, so thank you Annette, Trisha, and Marcia, I have learned so much about compassion from you. My friend Gary has been a steadfast confidante over many years and along with his family have been sources of wonder and inspiration.

I also acknowledge H, Biggley, Jude, and Hope for being ever gorgeous and kind. Lastly, but not least, to Julia for all her encouragement, cups of tea, and resilience. I would not have been able to complete this without your compassionate love and support.

THE COVER

I have had a long fascination with bridges and stairs as such structures serve the purpose of connecting people. These structures help you move from one place (familiar) to another place that maybe not so familiar. They can take you from where you are to where you might want to be. They can help you learn new things from new people, you can imagine what life is like, 'over there' (empathy) but stairs or a bridge can take you there to be alongside people and be a purposeful aid (compassion). Seeking a deeper understanding of compassion means making a connection and travelling with, or to, someone. Sometimes it might be uncomfortable, strange, and unfamiliar. By taking the steps we can learn about being self-compassionate and experiencing the unfamiliar can only add to our sense of self-worth and the worth of others.

*Footnote*s I will use the word *patient* throughout the text while noting we could be talking about people as service users or clients (but never "customers"!). But everyone seems to be stuck in finding the right word to describe the desired relationship we wish to have with people which accurately defines the partnership in care. In the absence of such a word, I have chosen to use the word "patient."

Cover design adapted by Niall McGonagle (email: HYPERLINK "mailto:nallmcgonagle@hotmail.com"niallmcgonagle@hotmail.com / Instagram: nialldraws).

Ian McGonagle
Lincoln, 2024

CHAPTER 1

A Compassion Primer

INTRODUCTION

Being 'compassionate' is at the core of healthcare work, isn't it? There seems no place in our services for non-compassionate people. How could anyone possibly function in a hospital or any care giving setting, where their care was not based on the basic tenet of being 'compassionate'?

However, and sadly, we have too many cases (that continue to grow) where care has been found to be lacking in compassion. How can this happen? How can a healthcare worker go to work with the desire or the intention to be non-compassionate to patients? I don't believe they do. Yes, there have been professionals who have been found to act criminally and murderously. But while always regrettable and unfathomable, they are rare.

What is sadly less rare, is routine practice that is found to be uncaring.

Consider the following:

Mrs H was a dignified woman who lived in her own home until the age of 88, needing relatively little support. She was deaf and partially sighted and

(*continued*)

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(*continued*)

although she could still read large print, communicated through British Sign Language and deaf-blind manual.

Following a fall at home, Mrs H was admitted to the Elderly Care Assessment Unit with acute confusion. Whilst Mrs H was in hospital she had a number of falls, one of which broke her collar bone, but her niece was not informed. Several additional injuries and falls were not included on her discharge summary. Poor nursing records were kept and no personalised plans for her non-medical needs were developed and although at low risk of malnutrition at admission, Mrs H lost about 11 lbs during her first three months in hospital.

Communication with Mrs H was difficult, and her specific needs were not met. No activities or stimulation were provided for her. The discharge arrangements for this lady were confused and no effective handover to the care home was completed.

When Mrs H arrived at the care home, the Manager noted that she had numerous injuries, was soaked with urine and was dressed in clothing that did not belong to her which was held up with large paper clips. She had with her several bags of dirty clothing, (most of which did not belong to her), and few possessions of her own. Mrs H was bruised, dishevelled and confused. She was highly distressed and agitated and the following day was admitted to a local hospital due to concerns about her mental state and her physical condition.

Sadly, Mrs H died soon after in August 2010.

Source: Parliamentary and Health Service Ombudsman (2011).

The above is clearly shocking, but this desperate situation needs to be understood at a deeper level. To achieve this, we need to reflect on the reasons why there was seemingly, a lack of compassion or care. Do I believe those involved in the care of this poor lady wanted to be unkind and careless? No, I don't. I do however, think we, as workers for health, may fail to seek what lies behind the experiences of Mrs H. This book seeks to create opportunities for discussion and deeper understanding of how such care can result and to promote compassionate responses to minimise their future occurrence.

The Chief Nursing Officer (Department of Health/Chief Nursing Officer 2012) instigated the 6C's which eventually formed a direct response to the Francis Inquiry into care and treatment at Mid Staffordshire NHS Trust (Francis 2013). These 6C's (Care; Communication; Courage;