

Address – Worcester Royal infirmary Nurses' League. 18th May 2013

I've been asked to speak about 'compassion' and, I would like to link this to nursing in particular. I thought at first that I'd been given a reasonably benign topic but then it became clear that I hadn't! Compassion in nursing has generated quite a lot of words recently.

I am a minister of religion and a chaplain to a hospice. No-one at St Richard's is about to let me loose with the drugs trolley but they know that the words I use make a difference to patients. I am very interested in words. They are my stock in trade. Words are powerful. So, when I see a word like 'compassion' being batted around, rather loosely, my first reaction is to hold it still for a moment, look at it and try to understand it.

And when you look at it, 'compassion' is an interesting word. We have to split it in two really to see it. In English, 'passion' has a number of roots most of which major on the Passion of Christ – a Christian term referring to the crucifixion. Passion more generally came to mean, suffering, hurt, pain. In more recent centuries it has come to mean also, 'intense desire'. Put together with 'com' it means 'to suffer with', 'to feel pain with' or, my favourite, 'to hurt with'. It is an intense word and it is, most naturally, a verb. A doing word. If you have compassion on someone you hurt with them, if they cry, you feel the tears not far behind your own eyes. You are compelled to do what you can to help them. This is what the word means.

The Francis Report on the mid Staffordshire NHS Foundation Trust Public Enquiry questioned the compassion of some nursing behaviours, and commentators filled the ether with demands for compassion. It seems to me though that they weren't thinking about the word properly. And it seems to me that their thinking is based in a fantasy. Some mornings I don't feel smiley, or kindly. Some mornings I feel I have nothing to offer. But I do my job – not as well as usual – maybe with a rather fixed expression – but I do it. That is true for all of us. However, nurses, apparently, should be endlessly cheerful EVERY DAY. They must be people who are never depressed and whose private lives (marital problems, worries about children, personal health) never disturb them. They must never feel overwhelmed by the extreme distress they frequently encounter in under staffed, over-crowded wards. They will cope serenely with increasing paperwork (when the IT systems allow it) and all while being told they won't be receiving a pay rise. They will do this whilst being smiley, kindly and above all, compassionate: actively hurting with all those they engage with.

A few questions occur to me at this point:

Firstly, has a nurse who has done a competent, professional job but just didn't feel terribly smiley that day, or just isn't someone who smiles easily (as a child I remember a district nurse who fitted that description), has that nurse shown a caring attitude by doing a competent job, or does it only count if you smile as well? And if you think I'm being flippant a minister has already defined compassion as 'empathy and smiling'.

Secondly, isn't there an irony in demanding compassion from nurses and then showing them little? Compassion for nurses would mean an intense attempt by healthcare managers and politicians (and indeed everyone who has felt the need to comment on this topic) to empathize deeply with, to hurt with, the nurses they employ and deploy. That would be a very good thing - it might produce some really interesting outcomes.

Thirdly, isn't it the case that the community of healthcare needs to be schooled in compassion if it is to encourage individual acts of compassion?

Fourthly, is it even humanly possible to be consistently compassionate? You can't draw from an empty well. Even saints can only manage the intensity of compassion for relatively short

Address – Worcester Royal infirmary Nurses' League. 18th May 2013

periods at a stretch without the need for a change of pace and activity. Jesus needed huge periods of time alone and in prayer in order to power those intense moments of compassion.

The bible provides a wonderful story, an image of compassion. In the parable of the Good Samaritan which we heard earlier, a badly beaten man is lying by the side of a road notorious for robbery with violence. This man was a Judean, and Judeans, for complicated historical reasons I won't go into, despised Samaritans. The Samaritan responded to the human need and not the label of 'enemy'. He helped his enemy rather than rejoicing in an enemy's discomfiture. But let's be clear, he was also afraid – and with good reason. This was a lonely road: there were clearly some dangerous men nearby, maybe watching him already. If he were to stop for any time to help this man, he would be putting himself at risk. If he were to carry the man out of there, he would slow himself down. What overcame his fear was powerful, intense compassion. Compassion that made him hurt with this man: that compelled him to help. Once moved by compassion to act, though, his work became more business-like. He dressed the wounds in proportion to his resources, transported the man to a place of safety and provided for his recuperation.

Compassion is the power that drives us into caring professions and occasional exceptional intense caring. But day to day, our caring is naturally more business-like and in proportion to our resources. Is brisk competence less valuable than compassion? This is a false question: they are not to be compared. They are two parts of the same economy of caring.

Of course compassion is part of nursing. It's part of being a decent human being. But it can't be switched on and left on for a working shift. It is most emphatically not a professional competence.

Compassion brought you into nursing: a compulsion to help those who were suffering regardless of who they were. But day by day, hour by hour, patient by patient, your caring inevitably, humanly, had to be more business-like, dressing wounds in proportion to the resources available.

By my observation nothing has changed in nursing in relation to compassion. Nurses are still drawn by compassion to be nurses. Perhaps we need to look elsewhere in the system to find where compassion, that true, intense hurting for the other, is really lacking?

Amen