



THE HEART OF CARING

STORIES FROM OUR PEOPLE | A RESOURCE FOR REFLECTION



Health
South Eastern Sydney
Local Health District

Acknowledgements



The South Eastern Sydney Local Health District (SESLHD) 'Heart of Caring' Project Leads:

Suzanne Murray

Kim Olesen

Margaret Martin

**SESLHD Nursing & Midwifery Practice and Workforce Unit Team
and the many health professionals who collaborated on this resource**



A special thank you to those who generously shared their stories of 'The Heart of Caring'

Thanks also to the nurses who provided the photographs:

Elizabeth Schlossberger, Karen Tuqiri, Kate Martin, Suzanne Murray & Shrijana Chhetry

2nd Edition 2019 | First published in 2015

© SESLHD Nursing & Midwifery Practice and Workforce Unit 2019

ISBN : 978-0-646-80509-2

All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law. For permission requests, email the author at SESLHD-NursingandMidwifery@health.nsw.gov.au

Design and artwork: Steve Thurlby M: 0412 101 783 E: stevethurlby@mac.com

Front Cover Artwork: Brenden Broadbent

Brenden's artwork is named "South Eastern Sydney Boundaries" and replicates the locations of the facilities from Sydney's Central Business District in the north to the Royal National Park in the south.

THE HEART OF CARING

LEADING PERSON CENTRED

COMPASSIONATE CARE

CONNECTING HUMAN TO HUMAN

ENGAGING AS A TEAM

PROMOTING SELF CARE & WELLBEING

CREATING POSITIVE WORKPLACE CULTURES



Health
South Eastern Sydney
Local Health District



WE ARE IN A PRIVILEGED POSITION TO BE ABLE TO MAKE A POSITIVE DIFFERENCE TO THE CARE EXPERIENCE. THE TELLING OF STORIES IS AN IMPORTANT WAY FOR MESSAGES THAT ARE CENTRAL TO THE DEVELOPMENT OF EFFECTIVE CULTURES OF CARING TO BE CONVEYED. STORIES FROM THE HEART CARRY WEIGHT IN WAYS THAT DIRECTIVES AND POLICY CANNOT.

THE UNDERLYING PRINCIPLE IN STORY TELLING OF THIS NATURE IS THAT IT REQUIRES REFLECTION AND THAT IT WILL STIMULATE BOTH FOCUS AND REFLECTION ON PRACTICE.

SESLHD NURSING & MIDWIFERY PRACTICE AND WORKFORCE UNIT TEAM

Foreword



In 2014 the Nursing and Midwifery Directorate published a reflective resource aimed at enhancing compassionate care – The Heart of Caring. From this work a framework was developed to lead person centred compassionate care. Within the framework are four key concepts which emerged from the thematic analysis of the nurses and midwives stories. These are: engaging as a team, connecting human to human, positive workplace cultures and self care and wellbeing. These themes have been embedded into key bodies of work, including leadership development programs and reflective and clinical supervision.

In 2018 the directorate initiated another piece of work to include stories from health care professionals, workers, volunteers (including a Board member) and consumers. The aim was to produce a reflective resource that would be relevant to all of us working in SESLHD, and to see if the same underpinning principles applied to all professions other than nursing and midwifery. Analysis of the data has shown that the same four concepts

within the Heart of Caring framework apply equally to this broader group.

This second edition shows that all of us working in health share the same concern for our patients and clients and we are bound together by our commitment and passion for person centred compassionate care.

My thanks to those who so generously shared their stories. Reading them is empowering and gives me a huge sense of pride to be part of an organisation that strives to do the best for people at their most vulnerable.

Thank you for the care you give, the kindness you show and the skill you bring to work every day. You really do make a difference.

KIM OLESEN
SESLHD DIRECTOR OF NURSING & MIDWIFERY



COMPASSION IS HOW CARE IS GIVEN THROUGH RELATIONSHIPS BASED ON EMPATHY, RESPECT AND DIGNITY, AND IS DEPENDENT ON HOW PEOPLE RELATE TO EACH OTHER. INTEGRAL TO COMPASSIONATE CARE IS THE RECOGNITION OF THE PATIENT AS AN INDIVIDUAL AND THE WAY IN WHICH WE COMMUNICATE WITH EACH OTHER, OUR PATIENTS, THEIR FAMILIES AND CARERS.

DEWAR 2013

Foreword



I am delighted to be able to contribute this foreword to the second edition of The Heart of Caring.

I have seen in action and outcomes the wonderful value of the first edition and am pleased to see that a wider group of people working in our district have had the opportunity to share their stories of compassionate care.

We are in the privileged position to work with people who share a common purpose and strive to deliver the best care in the most person centred way, every day.

Compassion is at the heart of caring. I am not surprised that this collection of stories has shown that the four concepts within The Heart of Caring Framework resonate with all of us and, regardless of our roles, show we have the same goal of delivering person centred and compassionate care.

I am confident that the second edition of The Heart of Caring will provide opportunities for all of us to reflect individually and collectively on the work we do and the difference we make to the lives of others.

I sincerely thank you for your dedication to our community. I encourage you to celebrate the many things you do so well and I acknowledge the contribution you all make to patients and their families, and to their experience of being cared for in our district.

With every best wish to each and every one of you.

A handwritten signature in blue ink, reading 'M. Still'.

MICHAEL STILL
SESLHD BOARD CHAIRMAN



"WHAT I LOVE ABOUT NURSING IS THE DIFFERENCE YOU CAN MAKE IN A PATIENT'S LIFE, EVERY DAY. USUALLY WHEN A PATIENT IS IN HOSPITAL THEY ARE IN THE WORST POSSIBLE PLACE IN THEIR LIVES. YOU CAN BRING JOY AND SOMETHING TO THEM JUST BY A SMILE AND THE CARE THAT YOU GIVE. YOU CAN MAKE A HUGE DIFFERENCE, WHICH IS WHAT I LOVE ABOUT NURSING."

REGISTERED NURSE 3 MONTHS' EXPERIENCE

Reflective Practice

The purpose of this resource is to provide opportunities for reflection through the stories of our people. Activities have been incorporated in each section to facilitate reflection and discussion about the 'heart of caring'. The resource is suitable for individuals or groups to use when considering their role in the provision of person centred care that is both caring and compassionate.




"Reflective practice in health care is a valuable part of professional practice and development. Bulman and Schutz (2008) describe reflection as 'reviewing experience from practice so that it may be described, analysed, evaluated and consequently used to inform and change future practice'. There are a large number of reflective practice tools and models to choose from. Price (2004) recognises that there are several reasons why a health care practitioner would engage in reflective practice: to further understand yourself, motives, perceptions, attitudes, values and feelings associated with patient care; to provide a fresh outlook to practice situations and challenge existing thoughts, feelings as well as actions; and to explore how the practice situation may be approached differently. The use of reflective practice is known to be essential for ongoing development of practice and is a central component of all types of supervision that have been identified as essential for improvements to patient safety and care."

HETI 2013

The New South Wales (NSW) State Health Plan Towards 2021 provides the strategic framework and sets priorities across the health care system for the delivery of 'the Right Care, in the Right Place at the Right Time'. The plan aims to transform patient care delivery in NSW highlighting the need to deliver 'Respectful and Compassionate' care. It states that patients and staff should be treated with care, compassion and dignity and NSW Health has a strong positive culture, embodied by their CORE values of 'Collaboration, Openness, Respect and Empowerment'.

NSW HEALTH 2014



*Our people shared what
their role means to them*



ENGAGEMENT AT ALL LEVELS AND ACROSS ALL EMPLOYEE POPULATIONS IS ESSENTIAL: WHEN WE CARE FOR STAFF, THEY CAN FULFIL THEIR CALLING OF PROVIDING OUTSTANDING PROFESSIONAL CARE FOR PATIENTS

WEST & DAWSON 2012

"BEING A MIDWIFE TO ME MEANS WORKING WITH WOMEN AND THEIR FAMILIES AT A REALLY SPECIAL TIME OF THEIR LIVES. I FEEL REALLY PRIVILEGED TO BE ABLE TO DO THAT. FOR THEM TO HAVE THE BEST EXPERIENCE THEY CAN HAVE AT THIS IMPORTANT TIME BECOMING A FAMILY AND BECOMING A MOTHER. I DECIDED TO BECOME A MIDWIFE TO BE ABLE TO MAKE A DIFFERENCE AND TO PROVIDE HOLISTIC WOMAN CENTRED, FAMILY CENTRED CARE, ALONG WITH GOOD CLINICAL CARE."

REGISTERED MIDWIFE 1 YEAR EXPERIENCE

Making a Difference

"When I first started nursing I didn't have much of an idea and it was just one of the options back then. For me now, it is actually making a real difference in people's choices, advocating and caring. The biggest thing would probably be empowerment for patients while working in the community. You get a very different picture when you are outside and we are in a privileged position to offer choices and support them in those choices. I think it is about making a difference about where people want to be and where they want to be cared for and how they want to do it. They may not take our advice and that is OK. It's about supporting them in whatever they want to do and where they want to be."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

"I consider the attributes of the St George Nursing Vision of compassion, advocacy, teamwork, kindness, respect to be core human values. I love people, love making a difference in people's lives. Nursing is my second career and I love the science aspect because it is very stimulating intellectually but still with the personal contact, and over the last four years doing more on the education side, and even

being in my late 40s, really wanting to mentor and have an impact on the generations to come. I loved nursing from the start; I always wanted to do it although had my family quite young."

NURSE EDUCATOR 15 YEARS' EXPERIENCE

"I can tangibly perceive there is a value I can add to make a difference in the lives of individuals living with disability or with a significant poor quality of life. Experiencing that change and that transformation over a period of time gives a lot of meaning to the role, and that change could be in a small aspect of their life, or it could be a much more significant aspect - seeing that transformation come through gives a lot of satisfaction."

MEDICAL DIRECTOR/CONSULTANT 15 YEARS' EXPERIENCE

"Really trying to make a difference to their life and support them and laugh and cry with them and hug them, as appropriate, and just be a person where they feel they can be themselves and they can be comfortable, that there is someone there that is listening to them and, even though I haven't personally gone through their journey, hopefully I have enough experience and empathy that can support them."

SPEECH PATHOLOGIST 20 YEARS' EXPERIENCE

"Being a health care employee means everything to me. It has been my whole life. I have not worked outside health care except when I was studying and working in hospitality etc. I feel it has been a meaningful job and that is why I have stayed working in health for so long because you get so much back; it is really helping people every day in little and big ways and I think it gives back as much as you give. You get a lot of satisfaction and of course you don't get thanked for everything you do but a lot of the time you do and it can be for the small things you don't even realise that you make a difference to people when they are in hospital. That is what I really value and why I have changed into the role I have now because I feel I can help with the environment that we need for us to be able to deliver compassionate care and look after ourselves so that we can keep

"NURSING IS A REALLY BIG PART OF WHO I AM. I BECAME A NURSE TO MAKE A DIFFERENCE AND I SEE IT AS THE WAY YOU CAN CARE AND INSPIRE OTHERS TO CARE."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

“TO ME IT MEANS CARING ABOUT WHAT YOU DO AND TRYING TO DO THE BEST JOB YOU CAN TO ACHIEVE THE GOAL THAT YOU ARE WORKING ON WITH THAT PARTICULAR PATIENT OR CLIENT AND THAT IS ALSO MAKING SURE YOUR STAFF FEEL THAT THEY CAN OFFER THE CARE THAT IS COMPASSIONATE TOWARDS CARING, AND CARING WITH DIGNITY AND TRUST. YOU CAN COME TO WORK, TICK A BOX AND GO HOME AGAIN, OR YOU CAN COME TO WORK AND TRY AND MAKE A DIFFERENCE. I TRY AND MAKE A DIFFERENCE.”

PHYSIOTHERAPIST 36 YEARS' EXPERIENCE

doing that. Obviously after working for 30 years, I know that if you don't look after yourself you either burn out or leave. I feel now I can give back to the people I have worked with as well which is very nice. Caring for the carers physically and psychologically so that we can deal with what we see every day and still be able to put yourself in other people's shoes and see things from their perspective and not just start treating people like a number ... or a leg or an arm, which some may do. I used to speak like that and I am now conscious that that is not very patient centred, you would not want to hear someone speaking about you like that.”

LEARNING CONSULTANT 31 YEARS' EXPERIENCE

“That I can use my experience to advocate for others; what I have found is that when I speak about my experience, others connect to me. When you do have a voice and people are listening to you and you are making a difference and that actually lifts your self-esteem, it is such an amazing transformation for you. It means actually representing the views of others so they can improve services for everybody in general.”

CONSUMER REPRESENTATIVE 35 YEARS' EXPERIENCE

“I have about 30 years' experience in the medical and health care profession, I have been a medical administrator for most of that time with about seven years in a hospital setting, working with patients directly. The reason I love what I do is you can actually change systems and improve things for patients and make things work differently.”

DISTRICT BOARD MEMBER 30 YEARS' EXPERIENCE

“It doesn't matter what position I am in or what is next for me, there is no grand plan other than wherever I am at any moment, I am at the right place at the right time and there to be able to influence and make a positive difference in whatever that looks like. One of my most important pillars is leading with the heart and, for me, that essentially overrides everything – keeping that human touch and that human aspect, and that is also right through management, having a little bit of humour but really going back to the basics as to what we are really here for and that is what gives us satisfaction and that is what we stand for. For me I hope that ends up also being able to define the legacies that I leave wherever I am and with whatever positions I am in.”

GENERAL MANAGER 3 YEARS' EXPERIENCE

“TO BE A HEALTH CARE WORKER FOR ME I AM JUST A DEDICATED PERSON AND I AM HERE TO MAKE A DIFFERENCE, TRY TO KEEP MY PEOPLE STRONG AND KEEP THEM OUT OF HOSPITAL, TRY TO EMPOWER THEM TO LOOK AFTER THEMSELVES, GIVE THEM TOOLS TO HELP WITH THEIR CONDITIONS AND TO KEEP THEM HEALTHIER. YOU DO IT FOR THE LOVE, DEDICATION AND THE CARING AND BECAUSE YOU WANT TO MAKE A DIFFERENCE. ABORIGINAL HEALTH CARE WORKERS HAVE A SPECIAL GIFT AS WELL – WE CAN READ OUR MOB.”

**ABORIGINAL HEALTH WORKER
19 YEARS' EXPERIENCE**

"I ALWAYS WANTED TO BE A NURSE. IT WAS MY ONLY PASSION GROWING UP. I GUESS IT'S ABOUT CARING FOR PEOPLE, GIVING THEM A BETTER DAY AND GETTING THEM THROUGH THE ORDEALS THEY EXPERIENCE IN HOSPITAL."

ACTING CLINICAL NURSE CONSULTANT
11 YEARS' EXPERIENCE

Being Person Centred

"Nursing to me initially meant providing clinical care for sick people or taking the time to sit and chat about things that aren't related to the illness. It meant providing holistic care to the person. Now I feel it's more about caring about the person physically and emotionally and providing as much support as they need from a resources point of view, as well as information provision."

CLINICAL NURSE CONSULTANT 25 YEARS' EXPERIENCE

"Women always put themselves second behind their babies, and when somebody takes the time to care for them, they are very appreciative. I think things like that make a difference. Sometimes you have to put yourself out a bit. In nursing, I think people aren't always looking at how the patient feels in the situation. For example, patients waiting two hours for an appointment or when clinics are cancelled. I think the patient is sometimes the last person instead of the first. I work with some very compassionate nurses, but others need to look at why they are nursing, it isn't all about them."

NURSE MANAGER 40 YEARS' EXPERIENCE

"Helping people help themselves with the goals they have identified so you are not taking away people's agency to act for themselves. It is a very person centred profession – it means helping people who are vulnerable in the same way that you would hope someone helps a loved one of yours. A lot of it is about helping empower people to live the best life they can."

SOCIAL WORKER 7 YEARS' EXPERIENCE

"Being a health care worker always makes me think of the word 'ally'. You are there to be the client's ally, to advocate for them; you want the best for them and you have the knowledge or the experience where you can help that person get a better quality of life."

OCCUPATIONAL THERAPIST 9 YEARS' EXPERIENCE

"Putting people first is really important and making things individualised and less about 'this is what we do so hopefully it fits in with what you need' – we are trying to change that way of doing things because everybody is different. The idea is that recovery is individual and everybody is a unique person and therefore the service needs to be more flexible and be able to meet that challenge and being a more human face really of mental health. For me, it is all about the person."

CLINICAL NURSE CONSULTANT 16 YEARS' EXPERIENCE

Giving and Giving Back

"To me nursing is about understanding yourself, your value, your worth and being able to give that to other people. It is about empowering young nurses and doctors, or older ones, to provide patients with respect and dignity. It is about giving what I would expect."

CLINICAL NURSE CONSULTANT 25 YEARS' EXPERIENCE

"IT MEANS GIVING SOMETHING BACK. IT'S ABOUT THE WAY I LEAVE MY LEGACY ON THE WORLD."

NURSE EDUCATOR 20 YEARS' EXPERIENCE

"BEING A MIDWIFE IS SUCH A POSITIVE THING. IT'S A PRIVILEGE TO ACTUALLY BE THERE WITH A COUPLE WHEN THEY GIVE BIRTH. TO BE A PART OF THAT PROCESS IS QUITE SPECIAL."

CLINICAL MIDWIFERY SPECIALIST
26 YEARS' EXPERIENCE

Feeling Privileged

"Being a nurse to me is an honour and a privilege. I have been involved in people's lives at one of their most critical times of crisis and have also been involved in times of great happiness. Sharing those kinds of emotions with people you don't know is one of the privileges of being a nurse."

NURSE MANAGER 19 YEARS' EXPERIENCE

"It's an enormous privilege. We get to see people at the most vulnerable time of their lives and assist them through it."

ANAESTHETIC STAFF SPECIALIST 24 YEARS' EXPERIENCE

"Nursing is a privileged position. It is very rewarding in that you get close to people and families; you are able to help them through some really difficult times. It is a very honoured position and can be very influential and that's a crucial position to have in health. Nursing to me is also funny, sad, exciting, thrilling, hard yakka, hard tiring work, and emotional. There are a lot of words to describe it."

NURSE MANAGER 32 YEARS' EXPERIENCE

Understanding

"Nursing is so diverse. The purity of nursing comes with being able to help patients. It is all about patients, and being given the opportunity to help people who need it. Being able to help them recover or help in whatever way they need, which is really looking from a clinician point of view. For nurses in any position this still applies, it is our core business, no matter how far removed we are from the clinical area. The intent is still about the patient, it is about giving the best care we can give, with values underpinning that care."

NURSE MANAGER 32 YEARS' EXPERIENCE

"NURSING FOR ME MEANS TO EMPOWER THE PATIENT, TO BE THEIR VOICE SO THEY CAN BE HEARD."

REGISTERED NURSE 16 YEARS' EXPERIENCE

"NURSING MEANS TAKING CARE OF PEOPLE. AS A NURSE UNIT MANAGER I TAKE CARE OF MY PATIENTS, MY STAFF AND MY DEPARTMENT AS AN ENTITY. TAKING CARE OF IT ALL AND MAKING SURE EVERYONE GETS LOOKED AFTER IN THE WAY THEY DESERVE TO BE LOOKED AFTER."

NURSE UNIT MANAGER 16 YEARS' EXPERIENCE

Empowering

"In broad terms it feeds my soul to help my people who particularly need it, for a million different reasons."

ABORIGINAL HEALTH WORKER 10 MONTHS' EXPERIENCE

"Being a nurse means that you are there to help people, be a facilitator, empower people and to help them to use their current knowledge to improve their self care. A nurse to me is being a helper, a carer, an empowerer, a facilitator. They show compassion and are good listeners. Those are the main aspects of being a nurse."

NURSE MANAGER 23 YEARS' EXPERIENCE

Supporting

"I was so focused on being a nurse. To me it's my whole world, it is what drives me and gets me up in the morning. I have always loved being a nurse and am proud to be a nurse. I love the feeling you get by helping people. My role now is more supporting nurses, but at the end of the day it is still helping people and I still have some patient contact. It makes me feel good when they say 'thank you for your help'. You still get to feel good as you know you have helped somebody. I like going home feeling good because I have made a difference."

NURSE MANAGER 28 YEARS' EXPERIENCE

"I think it is such a valuable role in society and for me it is about how we provide better care to our patients in what is usually a stressful time for people. Even if they are coming in for elective surgery most people do not understand the health system and for me it is really important that we as health care professionals are there to support families in that time of need."

GENERAL MANAGER 5 YEARS' EXPERIENCE

"I have had a particular situation where a family member said, 'it's not worth going through the patient's medications with them, they won't

"IT MEANS TO SUPPORT AND TRY AND NOURISH PEOPLE WHO ARE IN A REALLY HARD SPOT, WHO HAVE TRIED TO DO IT FOR THEMSELVES BUT AREN'T COPING, AND SUPPORT THEM THROUGH THEIR ABILITY TO TAKE ON THAT ROLE FOR THEMSELVES AS THEY GET BETTER, AND TO KEEP THEM SAFE."

REGISTERED NURSE 2 YEARS' EXPERIENCE

remember it, they won't take them anyway, you can go through it with me, leave my mum out of it'. When I had been speaking to the patient, they really still wanted to be involved in their medication and, ethically, they are entitled to be involved in their medications. To bridge that situation, I sat down and went through it with the patient and then I went through it separately with the carer and, before discharge, I went through all the medications with the patient and the carer. Every patient is different and you need to figure out the best way to communicate with the patient, even if that means going through it a couple of times."

PHARMACIST 1 YEAR EXPERIENCE

Caring

"Being a nurse to me encompasses all the things I'm interested in. It's about caring for people as individuals. It's humanistic but it's also scientific. I like listening to patients stories, meeting with people and working in the community has enabled me to do that. People have shared life experiences, ordinary people do extraordinary things and I've learnt from that."

NURSE UNIT MANAGER 30 YEARS' EXPERIENCE

"It means that I can work in a job to which I can give not just my skill and knowledge, but also my heart which is involved in every single case. That is quite specific to health care because I cannot think of any other job that gives as much heart."

SPEECH PATHOLOGIST 9 YEARS' EXPERIENCE

"Nursing to me can mean both fulfilment and frustration. Some days I feel I don't have enough time and become frustrated and dissatisfied. Other days I feel quite euphoric that I have achieved something or maybe taught something. I feel many things within nursing."

ENROLLED NURSE 33 YEARS' EXPERIENCE

"It's not just about making people better, it's about doing something within your power and limits to comfort them and making their stay in hospital comfortable. In aged care there are a lot of people that might be at the end of their lives and it's about doing what you can to make that period of their lives a little bit better. It's making even the smallest aspect of their lives a little bit more tolerable."

REGISTERED NURSE 4 YEARS' EXPERIENCE

"NURSING IS SHOWING COMPASSION TO PEOPLE, BEING A CARING PERSON AND ENJOYING GIVING. CARING IS PART OF THE JOB BUT IT'S ALSO SOMETHING THAT GIVES YOU GREAT SATISFACTION. I THINK IT IS FULFILLING IN A WAY BECAUSE IT'S CARING NOT ONLY FOR THE PATIENTS, BUT FOR THEIR FAMILY AND EXTENDED FAMILY."

REGISTERED NURSE 19 YEARS' EXPERIENCE

"NURSING TO ME IS THE OPPORTUNITY TO WORK WITH PEOPLE, GET TO KNOW THEM PERSONALLY AND SHARE THEIR STORIES. IT IS TO GIVE THEM SUPPORT, COMFORT AND HELP THEM GET TO A BETTER PLACE, AND TO SHARE THEIR JOURNEY. NURSES UNDERSTAND WHAT IS GOING ON AND THEY DEVELOP EMPATHY."

CLINICAL NURSE CONSULTANT 24 YEARS' EXPERIENCE

Compassion

"Being a nurse is being able to help patients along their journey, whatever their illness is. If I can make their life a little bit easier or smoother, then I am doing my job. One of my passions is to make their lives a little bit easier. I had a conversation with a patient and his relative this morning and he said to me 'you have a heart'."

CLINICAL NURSE CONSULTANT 20 YEARS' EXPERIENCE

"I like caring for people and I get great pleasure out of making someone comfortable. Caring for others and making them feel better when they're in a position of being vulnerable themselves has always given me great satisfaction."

NURSE UNIT MANAGER 29 YEARS' EXPERIENCE

Advocacy

"Being a nurse to me means being responsible and responsive to an individual person who has multiple needs. It means caring and being understanding, giving time to the patient and giving time to the family. It means that I am on their team, I am on their side, and I am their advocate"

REGISTERED NURSE 18 YEARS' EXPERIENCE

Empathy

"For me being a nurse is providing holistic care and making sure our patients' needs are met in all areas: emotionally, psychologically and health wise. I like to focus on their emotional wellbeing, after all of the basic things are done, like showers and wound dressing, to make sure they understand what is happening with their care and that they feel comfortable with us and trust us. It is about having empathy and trying to understand how they feel, especially dementia patients and stroke patients. It is hard for us to understand how they would feel. It is just having empathy and caring."

ENROLLED NURSE 2 YEARS' EXPERIENCE

"To me, it is important to take care of the carers as I was once one of them. I know the long journey and the time it takes for caring for your family and your parents; you are constantly visiting hospitals and you know the people working at the hospital care and show they care, it makes all those visits worthwhile. With so many people working in a hospital, I feel we all have a duty of care to people who attend our hospitals; my opinion is no matter what team you belong to, whether domestic, admin, allied, medical, we all have a part to play in our workplace. At least one day in our lives we are going to be an inpatient so always think of that."

"I LOVE IT AND HONESTLY DO BELIEVE IT IS THE BEST PROFESSION. IT IS A GREAT PROFESSION AND A LUCKY PROFESSION WITH SO MANY DIRECTIONS. IT'S SO EASY TO HAVE A CAREER CHANGE AND GO IN A DIFFERENT DIRECTION."

CLINICAL NURSE CONSULTANT 13 YEARS' EXPERIENCE

I think carers would say that I talked to them, I listen and I do the simple things like get them a cup of tea, a chair, and that they mattered. Just the simple things."

WARD CLERK 2 YEARS' EXPERIENCE

Pride

"It is pride, a sense of satisfaction, being the best that I can be and knowing that's what I want to do. That's my profession and it's what I want to do. I was out of nursing for a few years, so coming back into it I feel complete. I am happy and proud to be a nurse and I think we have a lot to offer."

NURSE UNIT MANAGER 24 YEARS' EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP



Reflect on the stories.
What does your role mean to you?




Capture your own thoughts
and feelings, then share within
a small group. What themes
do you find emerging?



Identify someone to share what
your role means to you. Be aware of
how you are feeling while sharing
and how your listener responds.



How can you use this reflection in the
context of your work environment?



Our people shared a time when they felt they
had made a difference to the care experience?



COMPASSION STARTS WITH GOOD BASIC CARE AND CAN BE DEMONSTRATED IN VERY PRACTICAL
WAYS, IT CAN BE EQUATED WITH PROVIDING BOTH DIGNITY AND RESPECT. COMPASSION MEANS
SEEING THE PERSON IN THE PATIENT AT ALL TIMES AND AT ALL POINTS OF CARE.

CORNWELL & GOODRICH 2009

"IT IS ABOUT GIVING THE PERSON TIME, AND I WOULD LIKE TO THINK THAT I DO THAT. A REALLY IMPORTANT FACTOR IS TO MAKE THEM FEEL THEY ARE BEING HEARD AND THEY ARE BEING LISTENED TO. I HAVE GIVEN A LOT OF TIME TO PATIENTS WHO HAVE BEEN UNWELL AND I WOULD LIKE TO THINK THAT IS SEEN AS VALUABLE IN ITSELF. I MAKE THE TIME AND TREAT EVERYBODY INDIVIDUALLY. THEY NEED THAT RECOGNITION. IT IS REALLY IMPORTANT TO MAKE THEM FEEL LIKE THEY ARE SEEN AS SOMEONE AND NOT JUST A NUMBER IN A WARD OR A BED NUMBER OR JUST ILL. THEY'RE NOT JUST ILL. THEY ARE A PERSON."

NURSE MANAGER 18 YEARS' EXPERIENCE

Empathy

"Recently I completed the on line training course Respecting the Difference, about caring for aboriginal clients. The very next day a patient called to say he was running late as he was coming from the Blue Mountains. When he arrived I saw that he could have been of aboriginal background, and I remembered from the course that in aboriginal languages there isn't supposed to be a word for time, and that they have a different idea of time to the western perception. I thought it was particularly important to say 'thank you very much for ringing ahead to inform us you were running late'. I remembered also the course highlighted that you can't presume a person is or isn't from an aboriginal background, based on appearances and that you should ask.

I decided to put into practice what I had learnt on the course, so I asked him, 'I hope you don't mind me asking but are you from an aboriginal background?' He looked quite pleased and said 'yes I am', so I told him about the course and how it was trying to teach nurses about how to relate to aboriginal people and understand their culture better. We talked about how aboriginal cultures are very interesting and very ancient. He could see I was genuinely interested. He seemed happy to talk

about his background and culture. He told me how very nervous he was that morning about coming into hospital for an operation. When he got up that morning he had looked into the sky for 'signs' and had seen a break in the sky appearing, and he requested of the sky 'that there would be a good spirit in the hospital that day'. He told me that in the aboriginal culture spirit is everywhere; in the wood of a table, in the sky, in the ground, it is everywhere.

I got to look after him post operatively too. He talked a little more about aboriginal beliefs and culture and thanked me very much for looking after him. He then gave me an aboriginal blessing. He held his head to my forehead and shoulder and said some aboriginal words, and when I asked what they meant, he said 'it is like when the pope gives you a blessing - it is an aboriginal blessing.' It means bless me mother'. He also wrote his name and his nation under it.

I asked where his country was and he said it is North West Queensland, and I told him (the name of) a place I know around there. That was another point of connection. He said twice during that time we were together that 'you and I were meant to meet today'.

I just felt he had this aura around him that commanded respect, even the way his wife demonstrated a deep respect for him. I just thought he was someone with wisdom and

"JUST BEING HUMAN AND BEING RESPECTFUL, IT'S JUST ABOUT THAT HUMAN MOMENT."

REGISTERED NURSE 16 YEARS' EXPERIENCE

knowledge of his people. I came away from that being quite inspired and that I had met somebody very different, a very exceptional person, I thought I was quite blessed to meet him and very glad I had put my learning into practice. I have learnt to be open to all cultures, that everyone has something to teach us and to be open to that.

If you treat everyone with respect they will open up to you more. Your richest rewards are when people open up to you."

REGISTERED NURSE 35 YEARS' EXPERIENCE

"We had a younger woman, only 63, admitted to our aged care unit because she needed a single room. She was on an end of life pathway. Her family was with her, and that was comforting because she was still conscious. We did everything we could and stayed in the room with her and her family. One nurse even painted her nails because she loved having

them manicured. I raised her hands so she could see her nails. It was something really simple and although it didn't really help her in the end, it was important to her family that she was well presented. It was something really small but it made such a difference. The family were so thankful to me and the staff, they thought the care was wonderful. It was one small thing that they could take away from their horrible experience. Some people really don't consider the simple things about the dying patient, like the fact that they might like to have their makeup done or put their jewellery on. They just worry about their symptoms and managing their pain, but it's the little things that might help the family and the patient. These might actually be the things that they remember and that comforts them after their family member is gone."

REGISTERED NURSE 4 YEARS' EXPERIENCE

"It is the small things, the small acts of kindness, the basic human aspects of communication, listening, attitude, appreciating what an anxious

time it would be for anyone coming through into a hospital when they actually don't want to be here."

GENERAL MANAGER 3 YEARS' EXPERIENCE

Making a Difference

"Every day I feel that patients are grateful for the way you look after them. The simple things that you do make a difference. By listening and giving them what they need, it really makes a difference in their lives. Treating them with respect, giving them what they need – it makes a difference. It is a basic right of the human being; we all like to be treated with respect. We all like to be listened to. We all like to have a dignified life. I suppose because I am a caring person, I show them that I care, so they show gratitude towards that."

REGISTERED NURSE 4 YEARS' EXPERIENCE

"I recently cared for a woman in labour who didn't speak much English and had little family support in Australia. She was so scared and needed a

medically influenced birth. I was able to be there with her and talk her through what was happening. Even though it wasn't the experience she probably wanted, she came back afterwards with a beautiful card and said what a difference it had made - me being there. I try and be really kind to people and non-judgemental and I think that makes a huge difference. Putting myself in their position, chatting and building up a good relationship is important. I think it makes a difference just being nice and kind, compassionate and having empathy. Some people tend to lose that but hopefully I won't."

REGISTERED MIDWIFE 1 YEAR EXPERIENCE

Best Care

"I have a patient in his mid-40s who has metastatic lung cancer and I have come to know him quite well throughout his chemotherapy treatment. A couple of weeks ago he just didn't seem himself – he is quite a happy person, quite outgoing – and he just seemed a bit down. After

"DON'T TREAT PATIENTS LIKE A NUMBER; EVERYONE IS GOING THROUGH SO MUCH GUILT AND SUFFERING AND PAIN AND I THINK THERE IS A LOT OF STUFF GOING AROUND ABOUT WHO IS WRONG AND WHO IS RIGHT. IF WE PUT IN A LITTLE BIT MORE EFFORT INTO JUST TRYING TO BE GOOD PEOPLE – PUTTING RELIGION ASIDE – JUST BEING A GOOD HUMAN BEING AND DOING ONE NICE THING FOR SOMEONE A DAY, IT WOULD MAKE THE WORLD SO MUCH BETTER."

PHARMACIST 3 YEARS' EXPERIENCE

“IF YOU TAKE A MOMENT TO REALLY CONNECT WITH YOUR PATIENTS AND WORK OUT WHERE THEY’RE AT AND WHERE THIS ALL FITS, THEN YOU WILL BE ABLE TO SET MORE APPROPRIATE GOALS FOR THE PATIENT AND HELP THEM FEEL OK ABOUT THAT AND PROVIDE A REALLY SAFE AND NURTURING ENVIRONMENT FOR THEM TO FEEL THEY CAN GROW AND ACHIEVE GOALS WITH YOU.”

SPEECH PATHOLOGIST 20 YEARS’ EXPERIENCE

asking him what was going on, it became apparent that he could no longer work while he was having radiotherapy treatment and that he had really difficult financial issues. It was not until I gave him the opportunity to voice these concerns that he opened up and told me that he was finding it difficult to purchase food, his voice was really hoarse and he said that he was embarrassed to go to restaurants to order food because they often could not understand what he was trying to say. I spoke to the social workers to get them involved, and I also spoke to the speech therapist to see if she had advice on ways to better manage his voice. I think I made an impact on his care. He told me this week that he felt he had the best care in the Cancer Centre that he had ever had throughout his life (he used to be a stunt driver and had been in hospital many times) and he made the statement that it was pity he had to have cancer to meet health professionals like myself, which was really nice to hear. It was mainly listening and looking out for cues that there was something else going on for him that was more important than nutrition and because I took the time to listen to his concerns, it was obvious that his financial difficulties were also impacting on his nutrition.

Sometimes it takes a few of these stories to give you a better idea of what is going on behind the scenes so that we can keep it in mind when seeing patients: it is not just what we see on the surface, there are many other issues at home, particularly for our cancer patients.”

DIETITIAN 5 YEARS’ EXPERIENCE

“This is what you would have thought of as a very undignified thing but in the end it wasn’t my goal, it was the client’s goal. What was undignified was that I used to get her to crawl across the gym, an older lady easily in her 70s (I was working in outpatients at the time) and the reason was she lived by herself most of the time because her son was in and out of jail. She had had a stroke, not a particularly bad stroke, but she wasn’t as good on her feet as she might have been. She fell over in the street one day and couldn’t get up and she lay in the street for hours and no one came by to help her up. Her goal was to be able to get up if she was in the street because she was so frightened of that ever happening again. She didn’t want to be housebound and she didn’t really have any family around to help her. Gradually over a period of

months we practised how to get up off the floor and then we practised how to crawl because if she fell in the street again, she’d need something to assist her to pull herself up, and to be able to crawl to a brick wall, fence or pole or whatever. But when you broke it all down into that, it looked very undignified asking an older lady to crawl across the gym, but she wanted to be able to feel confident and comfortable that if it happened again, she could get herself to something, up on her feet and

“DEFYING THE EXPECTATIONS YOU HAVE OF YOURSELF – SOMETIMES YOU ARE JUST LIKE A COG IN THE OVERALL MACHINE – AND YOUR POSITIVE ACTIONS CAN CAUSE THOSE INCREDIBLE TURNAROUNDS OR WHAT OFTEN FEEL LIKE MIRACLES. SOMETIMES YOU DON’T EXPECT THAT YOU CAN MAKE THE CHANGE, BUT IN FACT YOU CAN IF YOU PERSIST.”

REGISTERED NURSE 2 YEARS’ EXPERIENCE

“ASKING ‘WHAT MATTERS TO YOU?’,
HAVING COMMUNICATION WITH ALL
OF THE PEOPLE WHO ARE INVOLVED
WITH THE PATIENT AND TO BE ABLE
TO SAY TO THE PATIENT THAT
YOU CAN TRUST ALL THE STAFF.”

CLINICAL NURSE CONSULTANT 22 YEARS' EXPERIENCE

carry on. We did achieve that goal but it took many months and a lot of courage by her to have confidence in me to give it a go because she had to learn an awful lot of skills and work very hard on her leg strength and muscles. She also had to trust me that I wasn't going to let her hurt herself. It stayed with me because at that stage the gym was a thoroughfare to offices so people would often walk through which is not a good thing for a gym. Often people would see me with this woman and ask 'what are you doing?' because in isolation it did look very disrespectful. This was her goal and we were going to achieve it as best we could – they did not need to know her history because of privacy and confidentiality concerns. And while they did not need to know her history because it was none of their business, they were advocating for her because I had her on the ground. Because that is what her goal was and couldn't you just put yourself in her place and imagine what it would be like lying in the street (on the grass curb) and no one coming by and thinking no one will notice you didn't come home because no one was at home.”

PHYSIOTHERAPIST 36 YEARS' EXPERIENCE

Empowering Learning

“I recently was with a lady who was distressed due to her deteriorating medical condition. I could see her shaking and she was petrified. I held her hand through it all and when I was trying to do my jobs, I got her younger sister to come in and hold her hand. It got pretty traumatic and they decided that she was not for resuscitation. I sat there with the family and the next morning she woke up and had recovered. She thought that it was really nice that I let her sister come and be with her and that I actually held her hand, which made a difference. She was really impressed that I actually thought about the relatives as well. It's all about the simple things like that; I love things like that. Teaching nurses the tiny things that may be overlooked and showing them how to do it. It is important they remember those simple things are important to the patient. It's important to remember the patient in the bed is actually a person. I get a little bit frustrated that some nurses don't see that these are real people. Talk to the patient, they are not an object, they can talk back to you.”

CLINICAL NURSE EDUCATOR 38 YEARS' EXPERIENCE

“AS A PRACTITIONER LOOKING BACK ON
THAT RELATIONSHIP, THAT WAS WHAT
WAS REALLY POSITIVE - BUILDING UP
THAT RELATIONSHIP WITH HER AND
IN ADDITION, LINKING HER WITH A
PSYCHOLOGIST AND PSYCHIATRIST AND
RELATIONSHIP COUNSELLOR.”

SOCIAL WORKER 13 YEARS' EXPERIENCE

“In spinal you have some patients who have a devastating level of injury and they come in with a certain level of function and they leave with not much more physical function. I think as a junior I would ask myself what can I do for this patient - this is as good as they are going to get and you are not necessarily working towards functional goals, you are taking compensatory strategies. But sometimes it is those people that are here for a long time, you spend three to four hours a day with them in the gym – they may not look vastly different from day zero to day 200 when they go home but despite not having changed much physically, they can do a lot more and have a lot more independence

"I THINK IT'S LOOKING AT NURSING THROUGH THE EYES OF A MOTHER BECAUSE I KIND OF KNOW WHAT THAT'S ABOUT. A GOOD EXAMPLE OCCURRED WHEN I WAS CARING FOR A YOUNG GIRL UNDERGOING AN OPERATION AND HER MOTHER, FATHER AND BROTHER WERE WAITING OUTSIDE. I CONSIDERED HOW I WOULD FEEL IF I WAS WAITING OUT THERE FOR MY DAUGHTER. I THEN KEPT THE LINE OF COMMUNICATION OPEN AND THAT MADE A BIG DIFFERENCE TO HER MOTHER'S DAY AND HER JOURNEY. I KNOW OUR PATIENTS ARE IN SUCH A VULNERABLE POSITION AND WE HAVE TO KEEP THAT LINE OF COMMUNICATION OPEN. THE DIFFERENCE THAT MADE TO HER MOTHER WAS SO OBVIOUS – I COULD SEE IT ON HER FACE."

NURSE EDUCATOR 20 YEARS' EXPERIENCE

which has been a learning experience for me too. You see them grow from being completely devastated by their injury to being able to get out and about with their family by the time they leave, having the confidence to go back to university or go back to work. That has touched me the most because it is not about getting them to walk again and they are not making massive functional changes but they are still often very grateful for your help. I guess our role is more education and empowering, educating them on their injury and how they can maximise their potential even though they don't have a lot of physical function."

PHYSIOTHERAPIST 9 YEARS' EXPERIENCE

Advocacy

"I focus on what it would feel like if it was me, or if it was my mother. I think that is what keeps patient centredness at the fore. I consider how I would want to be treated, and how I would want my family to be treated. What is the right way to treat people? When open disclosure came in - explain, apologise and reassure – I was completely on board with it. We need to be authentic in those situations. We can stuff up as nurses, as patients are complex and there

are so many factors outside our control and influence. We need to be authentic and do the best job we can and be open, which is all part of being a really good nurse."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

Being Open and Honest

"One of my big experiences was with a lady who was in cardiology and had a neurological bleed. She was supposed to be discharged but the bleed was large and she wasn't going to survive. Her children lived a long distance away and her husband was really shocked, as she was dying. It was a night shift and there was nobody around so we put the cricket on for him and got him a cup of tea and some biscuits. His wife was deteriorating really fast and their children hadn't arrived. I asked him if he wanted to go in to be with her, but he didn't want to. He shared how they had a baby who was still born and he never wanted to do that again. I asked him if he wanted me to go in to his wife and he said yes. We stopped everything we were doing and some of the other nurses picked up some of my work and I went in. She passed away while I was holding her hand, so she wasn't on her own. I think that made a huge difference. I felt

privileged at that point. I could do something that was hard for me to do but so helpful to someone else. He was devastated and didn't want to be alone, so he just sat at the nurses' station waiting until I came back out."

CLINICAL NURSE CONSULTANT 14 YEARS' EXPERIENCE

"WHEN PARENTS ARE HAVING BABIES, THEY NEVER ANTICIPATE THERE WILL BE A PROBLEM, SO WHEN THERE IS ONE, IT IS SO OVERWHELMING AND STRESSFUL FOR THEM. THEY NEED US TO LOOK AFTER THEIR BABIES, AND HELP THEM THROUGH THEIR CRISIS AND GRIEF. WE GIVE THEM CONFIDENCE AND EMPOWER THEM TO KNOW THAT THEY ARE PARENTS AND THEY WILL GET THERE. IT IS IMPORTANT AND MAKES MY JOB FEEL VERY WORTHWHILE. WE ARE GIVING BACK TO THE COMMUNITY, GIVING BACK TO SOCIETY, DOING OUR PART TO MAKE IT A BETTER PLACE."

NURSE EDUCATOR 20 YEARS' EXPERIENCE

"I THINK YOU CAN MAKE A DIFFERENCE BY BEING AWARE OF WHAT A PATIENT IS ACTUALLY GOING THROUGH AND TAKING INTO ACCOUNT WHAT HAS GONE ON BEFORE. IF SOMETHING ISN'T RIGHT, THEN FIGHT FOR THE PATIENT. EVERYONE IS DIFFERENT; EVERY NURSE CAN MAKE A DIFFERENCE."

NURSE UNIT MANAGER 27 YEARS' EXPERIENCE

Being Person Centred

"I know, within myself, that if you give the best care you can, even though the journey may not have a successful outcome, you are making a difference to that person while they are in a vulnerable position. You are there to listen to them and care for them and to comfort them. I take comfort out of that. I think that's what people should take; comfort out of (giving) nursing care. It's not always pleasant but you can always make a little bit of a difference with care and comfort to a person when they are struggling within themselves to accept what's happening."

NURSE UNIT MANAGER 29 YEARS' EXPERIENCE

"What you learn is that we are all individuals and we all have needs and I said to somebody one day 'when I bleed, I bleed the same way you bleed – we are the same in so many ways.'"

CONSUMER REPRESENTATIVE 35 YEARS' EXPERIENCE

"I think it's little things - like you think to yourself, 'I should be going home but I'll quickly call in upstairs and say hello'. It's not a big thing in the scheme of what you've done today, but for them it's huge. The fact that you've actually remembered that they are there and taken the

time to come up to see how they're doing, answer whatever questions they have, and just talk to them. To be there and to reassure them that if they need you, they can call you later. It's not a lot, but you just do a little bit extra. I think when you get involved with women who are having such a tough time it's the little things like closing the door and giving them a tissue or a hug - or they're worried and want reassurance. They are just little things to us - but for them they are big."

CLINICAL MIDWIFERY SPECIALIST 26 YEARS' EXPERIENCE

"The culture around is that it is OK to speak up, that patient safety is our absolute focus and that is what we are here for."

GENERAL MANAGER 5 YEARS' EXPERIENCE

"A time when I feel I made a significant difference to a patient experience was a palliative patient who passed away recently. I had been looking after him for a long time. He was quite a stubborn and strong character and his wife was his carer but he was quite domineering with her also. He wanted to be in full control of everything. He always wanted to take the reins and he had to make his own decisions - and they were not always the right decisions. I think I learnt a lot just supporting

him in his decisions. He wanted to die at home. It was just respecting him and his wishes and keeping that relationship going with him and supporting his wife. Even though I wasn't able to take control of the situation like I wanted to, I think it was valuable to them to have me there supporting him. He appreciated having someone there to help support his wife. As stubborn as he was, not fighting him and just supporting him helped. I think sometimes we need to step back and see the bigger picture. To see it's not all about our agenda and what we can do. He wanted to die at home, it might have been a better experience in a hospice but at the end of the day he got what he wanted with the support that was available for him to do that."

REGISTERED NURSE 6 YEARS' EXPERIENCE

"I had a really busy winter shift and was going home. I handed over my patients and popped my head in to say goodbye. I noticed one man just sitting there, in a four-bed room, and he looked a little reflective. I went over to him, I don't know why, but I had a sense there was something going on for him. I said 'I'll see you tomorrow, are you OK?' He replied 'Yes I am OK', so I said 'You look a little melancholy'. I sat down on the bed, so he knew I was genuine in asking him. It turned out his wife had passed away exactly a year to

that day. He hadn't shared that with anyone. Either he wasn't comfortable sharing it or he thought we did not have the space to hear it. I said 'That must be so hard for you'. I remember being torn, as I was conscious I had to pick my children up from day care, so I was a little panicked inside but I don't think I let that show. I just thought this is so important. This poor man has lost his wife. We talked about how long they had been married and at the end I gave him a hug and told him what a lovely marriage he had had. I could tell when I left he felt better for me giving him the time to talk to me, and I guess for me to have shown a genuine interest in him and that someone did actually care."

NURSE MANAGER 28 YEARS' EXPERIENCE

Listening

"One particular patient had an impact on me even though I didn't feel that I did very much for her. In her referral she was labelled as 'very difficult'. I remember making numerous attempts to visit her, but she was always busy. She was receiving radiotherapy and I arranged to meet her at 3pm in the radiotherapy unit to do her initial consultation, I managed to fit it in to my day. I arrived ten minutes late and the first thing she said to me was 'You're late'. I

found us a room, put the usual paperwork aside and said, 'Tell me about what's happening'. She just started talking, and then she just stopped and said 'You are the first person that has stopped and listened to me and look like you really understand what I am saying'. I was taken aback by this, but thought it was really powerful. Obviously she had a lot going on that no one had taken the time (to notice). I don't think I deliberately did it, it was all in the timing and it seemed to make a huge difference for her. All the barriers came down but the thing that made it more difficult was that I then became the only one she trusted. Whenever she rang she would only want me and I would explain that she could talk to anybody. But I just think it was making that connection and her feeling that someone had listened to her.

I think that is one of the things that we are fortunate with working in the community, we get to see the whole picture and I often think back to when I was working in a ward and you never thought past that patient going home. You never thought about what the patient was going home to. I think that is the way the system is, you think 'get them in and get them out'. You don't have to do that much to make a difference and I think we under value that a lot. I think we do more than we realise we do and it cannot be measured and it is not a

task. It is something that has been learnt over the years and feeling confident with your skills and feeling comfortable with feeling uncomfortable. Knowing that feeling and just staying with it because sometimes it's really hard and you want to run out or not face it when that's all you have got to work with. People appreciate that you just stay and listen even if you don't know what to say. Sometimes saying nothing is the best thing and we underestimate how powerful that is. I know we are really busy and I hate the excuse that we are 'just too busy', but it has become a mantra now and it is an excuse not to do things. I think actually taking a step back and looking at the whole picture is what makes a difference."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

Supporting

"One particular lady I still think about quite often really impacted on my life. She was in her early nineties and she had advanced dementia. This was about six years ago when I was in the Assistant in Nursing role here, and I was doing afternoon shifts. I had young children at home at the time. When I was helping this lady into bed one night, she was very confused and as I tucked her into bed I must have been on 'auto pilot' when I said to her 'Goodnight Sarah, I love you' -

"SOMETIMES WE ARE SO BUSY, BUT AS NURSES WE ARE THERE ALL THE TIME HAVING INTERACTIONS WITH THE PATIENTS. WE ARE ABLE TO ADVOCATE FOR THEM. IT IS SO IMPORTANT TO DO THIS. USUALLY OUR HEALTH SYSTEM IS VERY MEDICALLY DRIVEN, SO BEING A NURSE CAN MAKE A LOT OF DIFFERENCE. WE KNOW WHAT THE PATIENTS WANT AND HOW TO ADVOCATE FOR THEM - THIS IS ONE GOOD THING WE DO. THERE ARE LOTS OF OTHER GOOD THINGS TOO. YOU WANT TO PROVIDE QUALITY CARE SO YOU NEED TO BE THERE AND MAKE SURE THAT THEY RECEIVE THE BEST CARE AND THAT THEIR NEEDS ARE BEING MET. BEING THE NURSE AT THE CENTRE OF THE PATIENT'S CARE ENABLES YOU TO BE THE PERSON TO DRIVE THAT QUALITY CARE."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

“TO ME, EVERY DAY I FEEL THAT PATIENTS ARE GRATEFUL FOR THE WAY YOU LOOK AFTER THEM. THE SIMPLE THINGS THAT YOU DO EVERY DAY MAKE A DIFFERENCE. BY LISTENING WELL AND GIVING THEM WHAT THEY NEED, IT MAKES A DIFFERENCE TO THEIR LIVES. TREATING PATIENTS WITH RESPECT MAKES A DIFFERENCE; IT IS A BASIC RIGHT OF A HUMAN BEING. WE ALL LIKE TO BE TREATED WITH RESPECT AND WE ALL LIKE TO BE LISTENED TO. WE WOULD ALL LIKE TO HAVE A DIGNIFIED LIFE. I SUPPOSE BECAUSE I AM A CARING PERSON, I SHOW THEM THAT I CARE, AND THEY SHOW GRATITUDE TOWARDS THAT.”

REGISTERED NURSE 4 YEARS' EXPERIENCE

because that automatically comes when I tuck my children into bed at night. It was an accident when I said it, but she looked up at me and looked into my eyes and said 'I love you too' and reached her arms out for a hug. I gave her a hug and she settled really nicely, you could tell she enjoyed it and made her feel comfortable. It became a routine, so every afternoon I would tuck her into bed and say 'Goodnight Sarah, I love you' and she would look at me and say 'I love you back' and we would have a big hug. I came into work one day and she wasn't on the ward - she had had fallen out of bed overnight. She sustained quite a severe head injury and was in the emergency department overnight. She came back to us that afternoon breathing independently but she was unconscious. She was only responding to pain but I continued that same routine that we had, so every night when I tucked her into bed, I would say 'Goodnight Sarah, I love you' and give her the same big hug. We provided palliative care rather than sending her somewhere else. I continued that same routine while she was unconscious. It took quite a long time for her to pass away, and when she did, her daughters were not able to be there. I was, so I held her hand before she took her last breath. I remember her full name and often think about Sarah.”

ENROLLED NURSE 2 YEARS' EXPERIENCE

“From a patient point of view, there are just so many things we can do and even if we can't treat the person actively and get their problem better, even in the palliative stages of their illness, we can support them – our teams give them very good support, and they really appreciate us. It doesn't have to be that we make this miraculous discovery and treat these people and get them back on their way, it can be right at the end of life that we just let them deteriorate but comfortably, often with their families.”

CLINICAL STREAM DIRECTOR 14 YEARS' EXPERIENCE

Reflection

“Because I did not have my own patient load that night, it was one of those perfect moments where I sat with the patient and held her hand, and I prayed in my head because I am a spiritual person. She died very peacefully and in the midst of absolute chaos outside I had the lights in the room a little dim so it was a peaceful moment. One of the staff specialists that had initially assessed the patient came to see her and pronounced that 'she is gone'. Suddenly I felt all these emotions and I was just holding her hand and because I suppose from the beginning of my nursing career I always felt that that was one of

the most privileged things that we can do, to be there especially when people's family cannot be there, to honour a person in their moment.”

NURSE EDUCATOR 15 YEARS' EXPERIENCE

“A couple of years ago, a chap came down for a scan and he was obviously very unwell; he was on the CT scanner table and there was a lot of discussion around whether we were going to do the scan or not - his family were waiting outside. We put him on to the scanning table, started the scan and then the doctors cancelled the scan. We transferred him back to his bed, he was still in the CT scan room, I was holding his hand and he just looked at me and breathed in and breathed out ... and that was it. That affected me, and yet I was so pleased because in the midst of all that with everybody running around trying to work out what to do, I was there with him just holding his hand and I was the last person that he saw. I am getting goose bumps just thinking about that but I was just so glad that he didn't go with nobody around. What I learned from that was always focus on the patient. I also find that sometimes people tend to talk over the patient which I try not to do and I try to stop that from happening.”

CLINICAL NURSE EDUCATOR 37 YEARS' EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP

Reflect on a time when you made
a difference to someone's care.

What was the difference you made
to the experience of care?

How do you think those
receiving the care felt?

What was it that made the difference?

Our stories comment on the 'little things'
that made a difference. Identify what
the 'little things' are in your stories.

How can an understanding of
making a difference contribute
to our delivery of care?



*Our people shared how communication is central
to caring relationships and compassionate care*



COMPASSIONATE RELATIONSHIP CENTRED CARE INCLUDES:

ENGAGING IN CONVERSATION TO UNDERSTAND WHO PATIENTS ARE AND WHAT MATTERS TO THEM

ENGAGING IN CONVERSATION TO KNOW HOW PATIENTS FEEL ABOUT THEIR EXPERIENCE OF CARE

WORKING TOGETHER TO SHAPE THE WAY THINGS ARE DONE

DEWAR 2013

"I SOMETIMES THINK HOWEVER THE MORE EXPERIENCE YOU GAIN IN AN AREA, AND THE MORE YOU THINK YOU KNOW WHAT PEOPLE SHOULD BE DOING OR WHERE THEIR EFFORTS SHOULD BE DIRECTED, THE MORE YOU NEED TO REMIND YOURSELF JUST TO STEP BACK AND LISTEN TO WHAT THE PATIENT IS TELLING YOU."

PHYSIOTHERAPIST 9 YEARS' EXPERIENCE

Listening

"The head and the heart. In my development over the last 20 years I have changed my practice a little. You walk out of university with a lot of technical skills which is the 'head' stuff, the inter-personal skills as a social worker – the body language, the listening skills, the reflective skills – and you spend a lot of years perfecting those. But then, once they become part of the norm, you question where the heart is in all this – this is where the compassion comes in, and the empathy and the connecting with people. Sometimes I experience compassion fatigue and I have key triggers that are part of my technical skills that tell me I am not listening the way I should be, I am not engaged the way I should be. That is what happens when the head and the heart come together, but that took time."

SOCIAL WORKER 20 YEARS' EXPERIENCE

"Listening is very important – I like to provide a lot of advice and information and education so it is good to listen sometimes and also give patients the time and opportunity to express what they want, even just leaving time for awkward silences so that they have a bit more time to answer. I think it is about asking the right questions of patients; if I am asking only

closed-ended questions, they will give me a yes or no answer but that does not give them an opportunity to describe what they want. Adjusting our communication depending on our patients is also important - some patients want lots of detailed information about nutrition, they will want protein counters, they will want to be told how many grams of protein they should eat each day, while other people want much more simple information."

DIETITIAN 5 YEARS' EXPERIENCE

"Listening is one of the very key aspects, not just listening to the words of the patients but also reading between the lines to see why something has been suddenly triggered, if that problem hadn't been around for a bit, why they are voicing it right now, or what is the impact that problem is having on their presentations. Reassurance is another – actually making sure that the take-home message the patient has in their head is as close to reality as possible because you may be talking through a lot of things but what the patient has absorbed or picked up from all that you have discussed could be completely different and not what you intend. Therefore, clarifying the information that they have gathered from all their discussions with other clinicians is often

"LISTENING TO PATIENTS IS A BIG THING. SO IS ANSWERING THEM HONESTLY."

CLINICAL MIDWIFERY SPECIALIST 26 YEARS' EXPERIENCE

extremely valuable, and I find that time spent initially with the patient to clarify information and their understanding is still there is extremely crucial and that is often an investment I find extremely worthwhile."

MEDICAL DIRECTOR/CONSULTANT 15 YEARS' EXPERIENCE

"Being respectful. Listening to them and giving them a moment, particularly with aged care clients, talking to them and looking them in the eye, and explaining what you are going to do and why so they are on the pathway with you."

PHYSIOTHERAPIST 36 YEARS' EXPERIENCE

"Communication is two-way. The most important part is the listening. Give patients an opportunity to speak and listen so that you can reflect what you're hearing back to them. Say 'This is what I'm hearing' and say it in a way that is not judgemental; in a way the patient understands, and make sure they understand."

NURSE MANAGER 23 YEARS' EXPERIENCE

"AFTER ONE CONVERSATION YOU CAN KNOW A PATIENT WELL ENOUGH TO READ THEM AND INDIVIDUALISE THE COMMUNICATION STYLE TO MEET THEIR NEEDS. ONE PATIENT MAY PREFER FORMAL LANGUAGE AND ANOTHER MAY BE HAPPY TO SWEAR AND HAVE A CRY. SO LISTEN; REALLY LISTEN TO WHAT THEY ARE SAYING. COMMUNICATION IS NOT ABOUT WHAT I WANT TO TALK ABOUT, IT IS WHAT THE PATIENT WANTS TO TALK ABOUT. IF THEY WANT TO TALK ABOUT DEATH OR SEX OR THINGS THAT YOU MAY NOT BE COMFORTABLE WITH, YOU JUST NEED TO LET THEM TALK ABOUT IT."

CLINICAL NURSE CONSULTANT 15 YEARS' EXPERIENCE

"Listening is the key because patients tell us things that they don't tell anyone else. They will tell you little things that you need to pick up on. They don't have these conversations with the doctors. A big part of nursing is listening and picking up on those signals."

NURSE UNIT MANAGER 29 YEARS' EXPERIENCE

"It is important to be a good listener; to ask the right questions and be sensitive to the patient's feelings and their perception of the environment, as it can be a frightening one. Try to make them as comfortable and safe as possible in situations as you can."

REGISTERED NURSE 35 YEARS' EXPERIENCE

"Taking time to listen and even if it is taking a moment to sit down next to a patient to just be at eye level – that in itself, instead of standing at the end of the bed, indicates you are listening to their concerns – I don't always have the answers but finding out and coming back to them is very important."

NURSE EDUCATOR 15 YEARS' EXPERIENCE

"Communication is about making the time and space required by the patient. This sends a message to patients that what they say is valuable and important to you and that you need to and want to hear it. Also, communication isn't just what you say, but also how you deliver the message. It is about having a compassionate tone. It is about making sure you are hearing what they are saying."

NURSE MANAGER 28 YEARS' EXPERIENCE

"Communication is listening with your heart as well as your ears. Putting yourself in the patient's position and having empathy for them. We are individually challenged as we all live our lives differently. Even if I don't agree with a patient's decision, I cannot judge them for making it."

NURSE UNIT MANAGER 27 YEARS' EXPERIENCE

"COMMUNICATION INVOLVES LISTENING SKILLS, SPEAKING, ACKNOWLEDGING THE BARRIERS BETWEEN THE PATIENT AND THE HEALTH CARE ITSELF."

STUDENT NURSE 1ST YEAR

"LISTENING IS IMPORTANT. I THINK WE CAN OFTEN TALK AT A PATIENT AND TELL THEM WHAT TO DO INSTEAD OF LISTENING TO THEIR STORY, AND LETTING THEM KNOW WHAT IS GOING ON."

REGISTERED NURSE 3 MONTHS' EXPERIENCE

"I feel we are a big advocate for the patients throughout their whole continuing care. For me, compassionate care is all about being kind and caring – it just is – and really listening."

SPEECH PATHOLOGIST 20 YEARS' EXPERIENCE

"Communication involves a lot of listening. Nurses do this at three o'clock in the morning when someone can't sleep. We sit with them and listen to their story. This gives us an idea of the big picture."

CLINICAL NURSE CONSULTANT 13 YEARS' EXPERIENCE

"Communication is listening and responding non-judgementally and remembering that it can be easy to be judgemental when we only know part of the picture."

CLINICAL MIDWIFERY CONSULTANT 25 YEARS' EXPERIENCE

“EVERY ASPECT OF COMMUNICATION IS IMPORTANT, VERBAL AND NON-VERBAL. IF YOU SAY YOU ARE GOING TO DO SOMETHING, FOLLOW THROUGH WITH IT. IF YOU DON'T KNOW SOMETHING, SAY SO AND THEN FIND OUT. DON'T TRY AND MAKE IT UP. THEY CAN SEE RIGHT THROUGH YOU. TRANSPARENCY IS IMPORTANT.”

REGISTERED NURSE 40 YEARS' EXPERIENCE

Transparency

“The most important aspect of care is ‘to communicate’. Having authenticity and being transparent and saying ‘I haven’t done that’ if something has been missed. Don’t let your patient suffer because you haven’t been transparent enough.”

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

“Sometimes you have to give a bit about yourself to gain a lot about someone else because you are a clinician but you are also human and we expect huge amounts of information from someone else without giving anything about ourselves, and is that fair?”

CLINICAL NURSE CONSULTANT 27 YEARS' EXPERIENCE

“Communication is about making the patient feel comfortable and to feel that they can rely on you to carry out their wishes. If a patient asks for something, they need to know that you will follow it up and come back to provide feedback. Sometimes we can forget to follow up on things. When we do this, it is always OK to say to the patient ‘I am so sorry I forgot but I am going to do it now’. This is better than not going back to them at all.”

ACTING CLINICAL NURSE CONSULTANT 11 YEARS' EXPERIENCE

Empathy

“Empathy is so important to really try and understand where the parents are coming from. You need to have a lot of patience which can be very difficult when you first start out in this area (Neonatal Intensive Care Unit). Patience is something you need to develop. At the end of the day we are caring for their most important asset. When it comes to communication there is not just one way of explaining something or managing a situation. It is a challenge for parents because it can really be quite alarming to hear different information from different staff members. It is also a challenge for staff to work with different people as well as the parents. For example, if you asked ten midwives for lactation advice on the best way to breastfeed, you could end up with different responses. I think everybody is aiming to achieve the same goal, but how well that is perceived by parents is a challenge.”

CLINICAL NURSE EDUCATOR 19 YEARS' EXPERIENCE

“Knowing your audience, being able to understand your patient and their experience so that you can relate to them and what they need, and talking with someone rather than talking at or to someone. That is really important in mental health because often these people are

very disempowered in their relationships, and that may be the reason they have a mental health issue or it may be as a result of the mental health issue. Getting the opportunity to have a conversation where they are equal can help somebody work on those skills themselves.”

REGISTERED NURSE 2 YEARS' EXPERIENCE

Understanding

“I have learnt over the years the value of communication and how easy it is to misinterpret, misunderstand and mislead. I have also learnt it is not just about what comes out of your mouth, it is about what is on your face, the way you stand and making sure people understand what you actually said.”

CLINICAL NURSE CONSULTANT 25 YEARS' EXPERIENCE

“It is important that we communicate well with our patients so that we can know them and understand them. We need honesty from them to achieve this, and for them to feel comfortable talking to us. If they are not comfortable they are not going to tell us those little bits and pieces that we need to know.”

CNS 34 YEARS' EXPERIENCE

"I THINK LISTENING IS IMPORTANT. I THINK THERE'S A DIFFERENCE BETWEEN LISTENING AND HEARING. WHEN YOU ARE REALLY LISTENING, YOU INTERPRET AND GIVE BACK APPROPRIATE RESPONSES. THE PATIENT KNOWS THAT YOU ARE ACTUALLY LISTENING. REITERATE TO THE PATIENT THAT YOU HAVE UNDERSTOOD SO THEY KNOW THAT YOU DO. IN TERMS OF COMMUNICATION I'D LIKE TO THINK WE COULD MOVE FORWARD WITH MORE LISTENING AND NOT JUST HEARING."

NURSE MANAGER 18 YEARS' EXPERIENCE

Open Communication

"Communication – body language, the tone of our voice, how we use our voice - can be more important than the actual words we are saying. I think part of building that rapport is also being yourself so it is safe for me to empathise with someone but keep all of my concerns and my beliefs and feelings to myself. It is also really helpful if I can let down my guard and also be a person – not just this robot clinician. I think being able to reflect and communicate, not only the principles of psychology and models and what I am hearing from them to show understanding, but also to express concern with them and to make them part of a transparent, collaborative relationship is important. You are using communication to build a relationship as opposed to just conveying information."

CLINICAL PSYCHOLOGIST 2 YEARS' EXPERIENCE

"There's more to communication than just talking. There is listening, holding their hand, stroking their brow, putting your hand on their shoulder, if they start to tear up just put your arm around them. Communication speaks in a lot of different ways and you can show communication in different ways, that is what our Aboriginal workers are here for, to help you – if you can understand Aboriginal culture, you can

understand an Aboriginal patient better which is important for the Respecting The Difference training or any kind of cultural training."

ABORIGINAL HEALTH WORKER 19 YEARS' EXPERIENCE

"For me, I think it's not judging patients' behaviour, it's really getting to be in the minute with that person. Whoever that person is, always be respectful. I know that it can be really busy, but try. If someone is trying to talk to you and they are distressed and distraught, even if it's for a few minutes make that contact, be in the moment."

CLINICAL NURSE CONSULTANT 24 YEARS' EXPERIENCE

"It is important to have open communication and feel comfortable having, or even just starting, a difficult conversation with a patient. I ended up working in palliative care, a stream of nursing that I didn't particularly choose. I was always interested in oncology and I remember when I first started, I was terrified about what I would say if a patient asked me if they were dying. That was twenty years ago. That question would not frighten me now. I always check in with the patient to find out where they are at, what they think is happening and if they know the plan. I think that is always a really good place to start and then you can ask further questions like 'What if (a particular outcome) were to happen?' and 'What would you want to have happen?' I would

"I WILL BE THE VOICE – SOME ELDER ABORIGINAL PEOPLE MAY SIT WITH A WHITE CLINICIAN OR A WHITE DOCTOR AND NOT UNDERSTAND A WORD THEY ARE SAYING AND SAY YES, YES, YES THEY UNDERSTAND. AND THEY DON'T AND THAT IS WHERE I COME IN – I WILL SAY I DON'T UNDERSTAND IT, CAN YOU EXPLAIN IT TO ME PLEASE."

ABORIGINAL HEALTH WORKER 10 MONTHS' EXPERIENCE

always be sure to include the family. I think a lot of patients and families try to protect each other. Everyone knows what is going on, but no one wants to upset anybody, so the hard conversations are not had. It is important that the nurse is able to facilitate these conversations and let patients and their families know it is OK to talk openly, OK to feel uncomfortable and OK not to know what to say. I have often said 'I really do not know what to say'. I think being there and being uncomfortable says more than words and sometimes you don't need to say anything. It is important to be open and honest and sometimes just admit you don't have the answer."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

"I THINK IT'S ALWAYS IMPORTANT TO EXPLAIN EVERYTHING TO THE PATIENT; LIKE WHAT YOU'RE GOING TO DO WITH THEM TODAY AND WHAT THEIR FULL PLAN FOR THE DAY IS. FROM THE TIME YOU WILL SHOWER THEM TO THE TIME THEY WILL HAVE BREAKFAST, COMMUNICATING WITH THEM MEANS A LOT. WHEN I WAS YOUNG I SPENT A LOT OF TIME IN HOSPITAL SO I KNOW WHAT IT'S LIKE BEING ON THE OTHER SIDE. WHEN YOU PUT THE SHOE ON THE OTHER FOOT YOU ARE ABLE TO UNDERSTAND HOW THEY FEEL AND MAKE SURE THAT THEIR NEEDS ARE BEING MET. IT MAKES A BIG DIFFERENCE."

REGISTERED NURSE 19 YEARS' EXPERIENCE

"Being open with clients on our responsibilities. We are in a tricky position as health staff with mandatory responsibilities which can compromise our working with them so we need to be open and respectful. Communication from a social work perspective is so important – it is the value of actually listening."

SOCIAL WORKER 13 YEARS' EXPERIENCE

"The way you talk to patients and their family and interact with them is very important. You can say the same thing in so many different ways. You can give them comfort in your words, which makes a difference. The way you say it, or just give them a hug or holding their hand sometimes can transfer their pain. You can feel this. They may just want to hug you and cry."

REGISTERED NURSE 17 YEARS' EXPERIENCE

"Information sharing is important. Let them know what is going on along the way by telling them their options and answering questions openly and honestly. Also try to gain their trust and encourage them to ask any questions at any time. Listen to them and consider if there is anything underlying. I cared for a woman the other day who was having her second baby. She was reading a book about post natal depression, and nothing had been handed over about it. I

asked her about the book and how she had been feeling. She just started talking to me and said how her first pregnancy had been really hard. She was a diabetic and it had occurred to her a few months after the birth that she had almost died. She had clearly found this very scary. Picking up on these signs, listening to them and not having preconceived ideas about what people are like is important."

REGISTERED MIDWIFE 1 YEAR EXPERIENCE

"Having time when you are communicating with people – it is easy sometimes when you are really busy to have half an eye on the thing you have to do next or the thing you've just done. Slowing down and being in the moment, being mindful of what you are doing at that time, and talking is really important because there are a lot of things in communication that you can miss if you are not fully there at that time with someone."

CLINICAL NURSE CONSULTANT 16 YEARS' EXPERIENCE

"Communicate in a way they can understand. I also like to encourage questions. I always say 'Ask anything; there is no such thing as a stupid question'. You have to be honest and you have to be really nice to people. You also have to be understanding. With honest communication, you should not walk away from someone until you

are 100 percent certain that they understand what has been said to them, or what they have to do. It has to be honest and understood."

CLINICAL NURSE EDUCATOR 38 YEARS' EXPERIENCE

Taking the Time

"It is absolutely about developing a trusting relationship with the relatives and the carers; being open and honest. Communication needs to be two-way. The communication needs to not be rushed, particularly when someone clearly needs the time to talk. Looking back on my career, some of the most important things I have found out from patients have been when I have just taken a moment to stop and hold their hand or sit beside them. Just pause, it doesn't take a lot of extra time. Rather than rushing in and rushing out, really stop and hear what they are saying and think about other gaps. Is there something they are not telling me? Is there something they want to tell me, but not just yet? Not everyone wants to talk, so it is really looking at every individual in their context. The principle is about openness, honesty and respectfulness."

NURSE MANAGER 32 YEARS' EXPERIENCE

"SILENCE IS AT TIMES THE KEY TO COMMUNICATION. THE POWER OF SILENCE IS ONE OF THE STRONGEST THINGS I HAVE EVER LEARNT, AS THERE MAY BE SOMETHING ELSE GOING ON BEHIND THE EYES."

REGISTERED NURSE 16 YEARS' EXPERIENCE

"I think honesty is important. If you don't know something or a family is asking you a question and you don't know the answer, you need to be able to say to them 'Look, I'm sorry I don't know the answer, but I will find someone who does'. Knowing your scope of practice and what you can do by communicating with the family will make it a more enjoyable experience for them. Some nurses that don't know the answer just ignore the family. They then get frustrated and feel like nobody is listening to them. If you at least admit you don't know the answer, they know they are being heard."

REGISTERED NURSE 2 YEARS' EXPERIENCE

Person Centred

"Perhaps that comes from the way we are educated and what a lot of health is about is looking for the problem and trying to fix it – the deficit model, and that is how as physios we were trained – look at this person walking, what are they doing wrong. So straight away you zoom in on what's wrong and try to fix it and you ignore the 90% of what is going well. That is a real mind shift to accept 90% of what they are doing is really good, how can I now get them to use that to help with the thing that isn't going so well."

LEARNING CONSULTANT 31 YEARS IN HEALTH

"Respect for people at all times and meeting people on the human level – being friendly, respectful, thinking about their needs and prioritising their needs in the situation because it is something that is focused on them."

SENIOR CLINICAL PSYCHOLOGIST 29 YEARS' EXPERIENCE

"The most important thing is person centred care. You really need to know where people are at with their illnesses – some of them are unable to tell us that and often it comes from families or carers – but we need to know what they are thinking and we need to know that they understand what is going on, and then we need to be a team to make decisions for their future. I am not a person who will tell someone what to do – if they want me to I will, if they want my advice I will give it, sometimes I will give my thoughts anyway even if they don't ask for it but I say to them these are my thoughts and they need to take them on board and make decisions for themselves. Either the patient can make that decision or they might need carers or family to make that decision, but I basically put everything in front of them, I often tell them what I would do in that situation but they may not be on the same pathway as me but we have to come to some agreement and compromise together."

CLINICAL STREAM DIRECTOR 14 YEARS' EXPERIENCE

Honesty

"Communication when providing compassionate care starts with developing a rapport with the patient. It's about the personal questions at the beginning and about being honest."

CLINICAL NURSE CONSULTANT 19 YEARS' EXPERIENCE

"Honest communication is important when providing compassionate care. I think the family need to trust what you're going to tell them and they need to have an appropriate environment where they can communicate with you."

NURSE MANAGER 19 YEARS' EXPERIENCE

"Communication is that openness of involving patients in the decision making about their care. There is a level of compassion that is needed for communication; I think you need to put yourself in the patients' shoes to understand what you need to tell them."

NURSE EDUCATOR 20 YEARS' EXPERIENCE

"WHAT MATTERS TO YOU, WHAT WOULD MAKE A DIFFERENCE, AND GIVING OPTIONS FOR PATIENTS."

DIETITIAN 30 YEARS' EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP



What aspects of communication are important to you when providing compassionate care?



What do you think the patient feels is important about communication? What would you want if you were a patient?



How person centred is communication within your unit?



What may need to be different?



*Our people shared what
compassionate care means to them*



COMPASSION AS A CONCEPT IMPLIES A SENSE OF RECOGNISING THE OTHER AS A BEING OF WORTH, OF A DEPTH OF CARE THAT GOES BEYOND A SIMPLE PROFESSIONAL RELATIONSHIP, IT IS EMPATHETIC AND LOVING.

HALL 2013

"IT MEANS BEING ABLE TO UNDERSTAND WHAT THE PATIENT IS GOING THROUGH AND SEE IT THROUGH THEIR EYES, TO WALK IN THEIR SHOES. IT MEANS DON'T LOOK AT PATIENTS AS PATIENTS, BUT LOOK AT THEM AS PEOPLE."

NURSE EDUCATOR 20 YEARS' EXPERIENCE

Compassion

"Giving my all to every patient I come in contact with as well as their families. For anyone who comes in to have a scan, I will address and involve everybody that is with them. I always try and slow down – sometimes I know I am going too fast and I will take a breath and acknowledge to myself they are not getting it. Basically, compassionate care to me is how I want to be treated if I were in their shoes."

CLINICAL NURSE EDUCATOR 37 YEARS' EXPERIENCE

"Being compassionate means to be understanding. To empathise with how patients feel, respecting them, being humble and normal."

REGISTERED NURSE 4 YEARS' EXPERIENCE

"Being caring, listening to your patients, and meeting their needs; not your own agenda, but what is important to them."

NURSE MANAGER 23 YEARS' EXPERIENCE

"I think compassionate care is about understanding the patient and their point of view. It's showing empathy towards their situation, and being able to provide support and meet whatever needs they have along the way."

CLINICAL NURSE CONSULTANT 19 YEARS' EXPERIENCE

"Compassionate care is just caring about the patients, being an advocate for them and empowering them to speak up for themselves."

ENROLLED NURSE 2 YEARS' EXPERIENCE

"I want to know that someone is looking out for my best interest. I want to know that someone, if they see something amiss, will stand up and say something, because one day I might be the patient in that bed."

CLINICAL NURSE CONSULTANT 25 YEARS' EXPERIENCE

"You have to like what you do and you can't learn to care."

ACTING CLINICAL NURSE CONSULTANT 11 YEARS' EXPERIENCE

"Compassionate care means understanding that each person is an individual. It is about recognising the whole person."

NURSE MANAGER 32 YEARS' EXPERIENCE

Empathy

"Compassion is putting yourself in someone else's shoes. I have had many occasions with young people who are around the same age as my kids and I not only treat them as I would hope someone would treat my children, I am

also very mindful of their families and the impact that this is on their family as it would be on me. You definitely don't intentionally toughen up but I always say to people, the patients need you to be strong, that is who you are in that moment. Particularly in the resuscitation area you are strong in the moment, your brain is trying to process that what is happening is really bad but we still have to do things and it is after the fact that the emotions can get to us."

ACTING NURSE EDUCATOR 15 YEARS' EXPERIENCE

"I think compassion is looking beyond the problems and looking at the individual because we like 'pathologising' the individual and ... as I get older and a bit grumpier... we use horrific terms for people – we call them complex, we call them personality disorders, we call them frequent flyers and it de-personalises the individual. We just have to remember the individual who is sitting in front of you, not the

"I'VE GOT THAT TIME TO DO WHAT NEEDS TO BE DONE. I DON'T NEED TO RUSH OFF SOMEWHERE ELSE."

ENROLLED NURSE 4 YEARS' EXPERIENCE

“IT IS BEING PRESENT IN THE MOMENT, WHICH IS VERY IMPORTANT, SUCH AS MAKING EYE CONTACT AND STOPPING AND GIVING PEOPLE YOUR TIME.

IT IS ABOUT LISTENING TO WHAT THE PERSON IS SAYING, HAVING AN UNDERSTANDING AND EMPATHY. IT IS ABOUT LOOKING AT WHAT ARE THIS PERSON'S NEEDS AND WHAT CAN I DO TO MAKE THE SITUATION BETTER FOR THEM OR TO MEET THOSE NEEDS.”

HEALTH SERVICE MANAGER 3 YEARS' EXPERIENCE

problems, and if someone attends the Emergency Department 15 times in a month, don't criticise them for it, find out what is making them so unsafe that they need to be there.”

CLINICAL NURSE CONSULTANT 27 YEARS' EXPERIENCE

“Treating patients the way I would want to be treated in hospital, or the way I would want my mother or father treated in hospital. It is about treating people with dignity, respect and kindness and it is about taking in their wants and needs, and I tailoring that into our clinical decision-making as much as anything else.”

PHARMACIST 5 YEARS' EXPERIENCE

“Trying to empathise with someone's situation as much as you can and provide support, and listening to understand, not to give answers. I think it is being genuine and authentic in your approach and treating them with respect and listening, not trying to tell them because they know their situation better than we do – just because we are in a health setting does not mean we know. I think it is really important, particularly for elderly people who come into hospital and if you are providing support to treat them as equals.”

SOCIAL WORKER 3 YEARS' EXPERIENCE

“Compassion is also empathy and for me empathy is something I need to work on every day. Although it is a natural tendency, it can get burnt out very quickly and so my duty is to try and reflect on my levels of empathic practice and to really take time to consider when my empathy levels have diminished, and to replenish those and try and get another perspective on the situation. The strategies I employ are to take time out when I need it, where I can, and that is not always possible in work but I do take time out after work to do personal activities, wellbeing activities. I do need to communicate with close people in my personal life around that need and to be open and honest about that to say that I just need a day or two of down time and I will be back on track again.”

OCCUPATIONAL THERAPIST 13 YEARS' EXPERIENCE

“Empathy – any time I am with a family, I try and put myself in their shoes, in their position and what it might feel like to have anxiety, to not have food, to have financial or relationship issues and what it might be like for that client. We have this short time with the family (1 to 1.5 hours) and then we go away and get on with our own lives, so within that small amount of time, compassionate care is being reflective with

them, making sure they know I am completely with them for that period of time. It gives you a better insight if you imagine you were in that position with your family, how would you feel, how might you want to be treated, having that respect for families – we are not there to judge them, we are there to support them through the journey they are on, to pull out their strengths and enhance those strengths, identify goals and achieve them. Even if it is one tiny goal, it is a step in the right direction even if it will not be a long road.”

SOCIAL WORKER 13 YEARS' EXPERIENCE

“IT IS JUST ALWAYS REMEMBERING THAT THE PERSON IN FRONT OF YOU IS A HUMAN BEING, THAT YOU COULD EASILY BE IN THEIR SHOES, SHOWING EMPATHY, AND BEING COMPASSIONATE IN EVERY INTERACTION WITH THEM, TREATING PEOPLE WITH DIGNITY AND PUTTING THEIR WANTS AND NEEDS AT THE FOREFRONT.”

PHYSIOTHERAPIST 9 YEARS' EXPERIENCE

“REALLY LISTENING WITH UNDERSTANDING (EMPATHY), BEING WHERE THE CLIENT IS AT AND BASICALLY BEING CLIENT CENTRED IN EVERYTHING YOU DO; BEING AWARE OF THOSE VALUES OF DIGNITY AND RESPECT, REGARDLESS OF THE DIFFERENCES. I AM TRYING TO UNDERSTAND THE SITUATION FROM THE CLIENT’S PERSPECTIVE, REALLY BEING IN THE PLACE OF THE CLIENT – THAT CAN BE A BIT OVERWHELMING AT TIMES.”

SOCIAL WORKER 20 YEARS’ EXPERIENCE

“I have a belief that there is no ‘us’ and ‘them’, there is just ‘us’, with healthy boundaries. There is a great quote from an Aboriginal activist in the 1970s: ‘if you’ve come here to help me you are wasting your time, but if you have come here because your liberation is bound up with mine, then let us work together’. So I feel being compassionate means, responding to them through a trauma-informed lens or acknowledging some of the obstacles they have had; their health and wellbeing is tied to my health and wellbeing because I think ultimately if they do well, then the rest of society does well. We are all in this together and it is not looking down your nose and questioning in a disapproving way why people make those decisions or believing that you are better than they are because you are the health professional – I am very fortunate to have had the opportunities I have had.”

SOCIAL WORKER 16 YEARS’ EXPERIENCE

“Compassionate care means having empathy. You have to see all these patients as individuals. At the level of my training which is less clinical, I need to be aware of the clinical aspects, but as an Enrolled Nurse I deal with more personal care and more contact with the patients, so I don’t find that that’s actually difficult. I see everyone as individuals as they all have different needs

and wants. I’m here from this time to that time and I’ve got that time to do what needs to be done. I don’t need to rush off somewhere else.”

ENROLLED NURSE 4 YEARS’ EXPERIENCE

“Empathy is putting yourself in their position. A lady I cared for had no money, so I imagined how I would feel in her position with a teenager and a husband who hasn’t given me any money. I work with them and try to be empathetic and help them with whatever it is they need, whether religious care or financial care. In this case it was food, just that basic thing - food. We organised a food hamper for her. She had never been in this predicament before, so she found it embarrassing. Once we made the initial contact, she was OK with it though.”

REGISTERED NURSE 40 YEARS’ EXPERIENCE

“You put yourself in the patient’s place; you can only experience compassion if you try to know what other people are going through and think about what they are experiencing right now. You have to know their backgrounds and know where they are coming from, and then you are able to provide compassionate care every time that is individualised.”

ENROLLED NURSE 2 YEARS’ EXPERIENCE

Non-Judgemental

“On top of the care you are expected to provide, it is putting yourself in that patient’s shoes and doing the best you can to make them feel comfortable, safe and secure.”

PHARMACIST 3 YEARS’ EXPERIENCE

“I think compassionate care is taking in the person as a whole, it’s being respectful and non-judgemental. I think it means you have to be sensitive to what your emotions are and be willing to embrace more than the clinical side. We can be very clinical and do our jobs but I don’t know if that is being compassionate and I think being compassionate makes a difference to the individual when they can see that

“I THINK COMPASSIONATE CARE IS ABOUT BEING OPEN AND HONEST, BEING NON-JUDGEMENTAL AND KIND, LISTENING TO PEOPLE AND BUILDING THAT RAPPORT. THEY MAY BE SCARED OR HAVE PRECONCEIVED IDEAS. WE DON’T ALWAYS KNOW THEIR STORY.”

REGISTERED MIDWIFE 1 YEAR EXPERIENCE

“COMPASSIONATE CARE IS TO HAVE EMPATHY; IT HAS TO BE IN YOUR HEART. ONCE YOU HAVE THAT NURSING, CARING ATTITUDE IN YOU NO MATTER WHERE YOU GO AND WHAT YOU DO IT JUST NATURALLY COMES FROM YOU. WE ARE ABLE TO HIDE OUR FEELINGS AND MASK OUR EMOTIONS BUT AT THE END OF THE DAY YOU HAVE THAT CARING ATTITUDE IN YOU AND IT’S SOMETHING YOU CAN’T REMOVE. FOR MOST NURSES IT IS JUST THERE AND SHOWS.”

CLINICAL NURSE CONSULTANT 30 YEARS’ EXPERIENCE

compassion. Compassionate care is that they know they are important, and that we are going to be here to support them. If things go off track then they know there is someone to listen to them and to help them, not just tick a box and say ‘I have given you medication’ and ‘done your observations’. This is holistic care.”

CLINICAL MIDWIFERY CONSULTANT 25 YEARS’ EXPERIENCE

“It means non-judgemental and positive regard, always. Even if somebody is treating you unkindly or has treated someone else unkindly, to understand where that person is coming from and provide them positive regard and you set an expectation of a healthy environment for them and for you. That is what compassion means to me.”

REGISTERED NURSE 2 YEARS’ EXPERIENCE

Caring

“It is the care of the whole person beyond the bells and whistles. It’s listening to understand what’s there in the background. It’s the little things, like rubbing cream on their legs. It’s when you do this that they start chatting. It is that all encompassing care and sometimes just

sharing a few tears. As long as you are not projecting your emotional needs on them, I have cried with patients many a time. It’s the entire care for the whole person.”

CLINICAL NURSE CONSULTANT 15 YEARS’ EXPERIENCE

“Compassionate care means care with thoughtfulness, being present and thinking about what you are doing and staying in the moment. Being sensitive to how the patient may be feeling and their responses to you. It is what is said to them and what they see around them. Trying to treat them the way you would like to be treated yourself. It can be easier to be compassionate towards some people more than others. Those you find difficult you go through the motions, try to act compassionately even if you are not feeling it. When I think about it, I find feelings follow external displays. We owe it to our patients to act compassionately even if you can’t find it in your heart to feel that.”

REGISTERED NURSE 40 YEARS’ EXPERIENCE

“It means treating other people with respect and dignity and caring for other people in a manner you would want to be cared for yourself. Being able to take the time to sit down and have that conversation around people’s needs. It’s not

about rushing in, doing what you have to do and rushing out. Sure we all do that, but there are times where to provide real compassionate care you need to take a step back and give people space to talk about their issues, or to help them make sense of what’s going on.”

NURSE MANAGER 19 YEARS’ EXPERIENCE

“COMPASSION MEANS HAVING A CARING ATTITUDE. WE WANT TO DO THE BEST WE CAN FOR OUR PATIENTS. WE WANT THEM TO SUFFER LESS, BY OFFERING THE BEST TREATMENT. IT IS LOVELY MEETING PEOPLE. THEY LET US INTO THEIR LIVES, WHICH IS SOMETHING SPECIAL. WE TALK TO THEM AND THEY TELL US ALL THESE THINGS THAT THEY WOULDN’T NORMALLY TELL OTHER PEOPLE. NURSES ARE VIEWED IN THAT LIGHT OF BEING COMPASSIONATE AND OPEN AND HONEST, AND I THINK WE SHOULD ALWAYS BE MINDFUL OF THAT.”

CLINICAL NURSE SPECIALIST 34 YEARS’ EXPERIENCE

"I THINK IT IS INDIVIDUALISED. IF WE PROVIDE CARE THAT IS RELEVANT TO EVERY PATIENT, WE WILL BE COMPASSIONATE BECAUSE WE WILL KNOW WHAT THAT PATIENT WANTS AND WHAT IS IMPORTANT TO THAT PATIENT AND WE WILL MEET THEIR NEEDS. WE CANNOT ALWAYS MEET EVERYONE'S NEEDS, BUT AT LEAST IF WE UNDERSTAND THEM WE CAN TARGET OUR CARE TOWARDS THEM AND WHAT MATTERS TO THEM."

GENERAL MANAGER 5 YEARS' EXPERIENCE

Person Centred

"Compassionate care means looking at the patient as a person, as opposed to an illness or as a list of jobs. Seeing each one as a whole person and each a little different. Individual care is the goal, rather than grouping everyone together. I like to take the time to listen and understand their needs, not just physically, but holistically. It's about doing the little things that can really make a difference such as spending five minutes just listening or making them a cup of tea. I also love to involve the family, making sure I address their needs as well as the patient's. The family might be going through a lot, especially when they visit every day."

REGISTERED NURSE 3 MONTHS' EXPERIENCE

"Compassionate care means treating others the way you would like to be treated. The way you would look after your own needs, your child's, or your mother's needs. If you think about how you would care for those you love the most, that is the care you need to provide to others because they are somebody's daughter, they are somebody's mother, they are somebody's 'only person in the world'. They are a 'somebody'. They are just like me, and if I am providing care that is not what I would want to get, then I am not being compassionate. That

doesn't mean you have to over step boundaries or become over close, it is just having respect for the person'. By keeping that in mind, compassion is the motivation and inspiration I want to demonstrate to the nurses I work with. Even though we have a lot going on in our minds, and we have a lot of tasks to complete, we need to treat our patients with dignity and respect. We can get stressed, but we need to be able to continually focus on the patient in everything we do."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

Holistic

"Compassionate care is looking at it holistically. Looking at their care, and meeting all their physical, mental and spiritual needs. It is being hands on and communicating with them by talking to them; it cheers them up. A challenge can be with non-English speaking patients, if you can meet their family and try to get a picture of their likes and dislikes you can build up trust with them and show them you care. Compassion isn't something that you can pick up easily. You have to be a sincere person and show this by demonstrating that you care."

REGISTERED NURSE 19 YEARS' EXPERIENCE

"COMPASSIONATE CARE IS DEVELOPING RELATIONSHIPS WITH YOUR PATIENTS. IT IS A RELATIONSHIP WHERE YOU SHOW RESPECT. IT ALSO INVOLVES EMPATHY TOWARDS THEM AND PROTECTING THEIR DIGNITY. WITH SUPPORT AND COMPASSION WE SHOW LOVE TO THEM. THEY CANNOT SEE THIS INSTANTLY BUT THEY WILL FEEL IT ONCE THEY ARE IN A STAGE OF WELLNESS AND FREE FROM DISEASE."

REGISTERED NURSE 7 YEARS' EXPERIENCE

"Compassionate care means holistic care. It's not just about end of life. You have to have compassion all the way through life. It is also being aware of yourself and how things affect you. If you're not aware of things you can get compassion fatigue, which I have struggled with a little within this job. You have to acknowledge sometimes that things are difficult and you can get overwhelmed by sadness when we deal with so much of it. We also deal with lots of good stuff. We have lots of good cases and you have to be kind to yourself."

CLINICAL NURSE CONSULTANT 25 YEARS' EXPERIENCE

“HOLISTIC NURSING IS NOT JUST ABOUT THE PATIENT’S BODY BUT ALSO HAVING CONSIDERATION FOR EVERYTHING THE PATIENT MIGHT BE GOING THROUGH AND DEALING WITH. WE ARE CURRENTLY BROADENING A NEW PATIENT PROFILE TO ENABLE US TO SEE WHAT’S IMPORTANT TO THE PATIENT AND GETTING TO KNOW MORE ABOUT THE PATIENT IN ORDER TO BE ABLE TO PROVIDE COMPASSIONATE CARE. I SUPPOSE COMPASSION IS REALLY MOSTLY ABOUT UNDERSTANDING, SO IF YOU CAN HAVE SOME SORT OF UNDERSTANDING ABOUT THE PATIENT, YOU CAN PROVIDE FOR THEIR NEEDS AND WANTS.”

REGISTERED NURSE 4 YEARS’ EXPERIENCE

“Compassionate care is holistic; for yourself, for the patient and for your colleagues. It is understanding the situation that the patient is in; it’s having the empathy for what they are going through. It’s hard sometimes when you get difficult patients. You have to take a step back and realise they are not in a good place and that’s where you put the perspective into it yourself. It could be your relative or yourself that’s in that position. You have to have that level of ability to be able to step back and look at the whole situation. That’s where you get the empathy for what the situation is, even though it can be very difficult at times. So for me, it’s the whole picture. Listening, being able to let the patient talk, and caring for them day to day are all important. Make them comfortable and that is what it’s all about.”

NURSE UNIT MANAGER 29 YEARS’ EXPERIENCE

Respect

“Compassionate care is more than kindness; it is being sensitive to the patients’ needs, and showing respect. It is about understanding the suffering and wanting to do something about it. To me it is about doing all I can professionally and being proactive and understanding. I like to demonstrate this by showing empathy and

warmth towards the situation; when people are sick, we have to remember that the way they react is not the real them, it is just the situation at the time when they are usually in pain, so it is not to be taken personally.”

WARD CLERK 2 YEARS’ EXPERIENCE

“I think it’s about being respectful of people’s views, not pushing your own views. It’s about having time, it’s about being treated with dignity and respect. Seeing where those people are at and how they live and what life style they choose to live. You personally might not agree with it, but it’s about respecting their choices, being mindful of their experiences and just being there spending time with them.”

NURSE UNIT MANAGER 30 YEARS’ EXPERIENCE

Understanding

“Compassionate care is understanding a patient, understanding their motivations and their wishes and it is not only biology, it is also the psychology and social aspects of it. And it is giving the patient information for them to make appropriate decisions and supporting them through that.”

ANAESTHETIC STAFF SPECIALIST 24 YEARS’ EXPERIENCE

“Seeing the person as a whole. It is providing care in the way that we would want to receive care if we were a patient, or if they were a family member or a friend. It is also about truly caring for our patients. Sometimes, particularly if we are busy, we can see patients and they become a name on a list because we are trying to get through our tasks for the day; but I think it is good if we get to know them and we can celebrate with them if they put on weight or meet their goal of eating birthday cake at their son’s birthday.”

DIETITIAN 5 YEARS’ EXPERIENCE

“HEARTFELT, HAVING A SIMPLE CONVERSATION ASKING PEOPLE HOW THEY ARE, THOSE SIMPLE THINGS ARE COMPASSIONATE, BEING GENUINE.”

CLINICAL NURSE CONSULTANT 22 YEARS’ EXPERIENCE

"IT MEANS SHOWING RESPECT AT ALL TIMES AND NOT MAKING ASSUMPTIONS, TUNING INTO THAT PERSON'S EXPERIENCE AND NOT CLOSING OFF TO FEELING IS VERY IMPORTANT, BUT REMAINING OPEN DESPITE THE FACT THAT IT CAN ACTUALLY BE PAINFUL AT TIMES."

SENIOR CLINICAL PSYCHOLOGIST 29 YEARS' EXPERIENCE

Communication

"I feel compassionate care would be covering all aspects of what you would be working with the patients, not just the direct interactions but how you talk about that patient in your interactions with other clinicians, how you handle that information with other clinicians, how well you are listening and actually acting on the concerns that the patient is giving you and making sure there is that human element. It is not always a client or a patient clinician interaction; it is also a person that is there at the other end of the bed and keeping that as one of the high priorities in your mind. I would say it is how I interacted with them, whether I am actually listening to what they have to say, rather than just dictating or prescribing or dishing out information, and acknowledging their concerns and whether I am making an effort to address those. I suppose the quality of interactions would have a greater impact than how many times I've had that interaction, and how I communicate to them what has been done behind the scenes as well."

MEDICAL DIRECTOR/CONSULTANT 15 YEARS' EXPERIENCE

"We all have experiences of being cared for – maybe in the hospital – this is the sense you get when some people are caring for you that yes, it's a job, but it's more than that and that they really are interested in your welfare and they can understand that maybe you might be feeling a bit stressed or worried about something and they might address it or they might say something without you having to say anything. When those kinds of people are caring for you, it makes things better, easier to cope than someone who is professional, efficient and everything else but you are not getting that sense from them and then you feel more stressed. Sometimes it is hard to define really but you just feel it with people."

CLINICAL NURSE CONSULTANT 16 YEARS' EXPERIENCE

"It is going back to the basics of human interaction: spending the time to listen, the small acts of kindness, taking that moment to communicate and to understand and try to appreciate again how anxious a time it is for patients and carers, and try and understand perhaps how they are feeling and what their needs are rather than making our duties rigid and automated - it is keeping that heart aspect in what we do."

GENERAL MANAGER 3 YEARS' EXPERIENCE

"THE IMPORTANCE OF COMPASSIONATE CARE AND HOW, EVEN IF THEY ARE NOT HERE FOR A LONG TIME, THEY WOULD PREFER THAT KIND, COMPASSIONATE, MULTI-DISCIPLINARY TEAM CARE THAN JUST SURVIVAL, WHATEVER THAT LOOKS LIKE."

SPEECH PATHOLOGIST 20 YEARS' EXPERIENCE

"Compassionate care to me is understanding. Understanding what is happening for the person I'm looking after and what is happening for their loved ones and for the staff. Just understanding the whole thing and knowing that we are all the same, it could be any one of us. I keep going back to 'being there', it's really about paying attention to someone and knowing that they are there. I find everyone fascinating and I think that's a core part of our practice anyway. I am really interested in who I am looking after and I feel very lucky to be looking after them. I am very respectful that this is where they're at, why they are here. They obviously don't really want to be here, being looked after, but while I am looking after them I just want to do my best."

CLINICAL NURSE CONSULTANT 24 YEARS' EXPERIENCE

"HOLISTIC NURSING IS NOT JUST ABOUT THE PATIENT'S BODY BUT ALSO HAVING CONSIDERATION FOR EVERYTHING THE PATIENT MIGHT BE GOING THROUGH AND DEALING WITH. WE ARE CURRENTLY BROADENING A NEW PATIENT PROFILE TO ENABLE US TO SEE WHAT'S IMPORTANT TO THE PATIENT AND GETTING TO KNOW MORE ABOUT THE PATIENT IN ORDER TO BE ABLE TO PROVIDE COMPASSIONATE CARE. I SUPPOSE COMPASSION IS REALLY MOSTLY ABOUT UNDERSTANDING, SO IF YOU CAN HAVE SOME SORT OF UNDERSTANDING ABOUT THE PATIENT, YOU CAN PROVIDE FOR THEIR NEEDS AND WANTS."

REGISTERED NURSE 4 YEARS' EXPERIENCE

Advocacy

"Treating everyone as an individual as everyone is not the same. There are different cultures and different beliefs. You can't judge people and you can't put your values on them. Some people are angry and you can't be judgemental, as you don't know what has happened to them. You need to be understanding and try and help as much as you can without making a judgement and being discriminating. I like to put people at ease, so they don't feel they are imposing on you, as some people feel they can't ask. Always be friendly and approachable."

NURSE/MIDWIFERY UNIT MANAGER 40 YEARS' EXPERIENCE

Communication

"Compassionate care to me means being there for patients and helping them through their journey. To be there so they don't feel just like a number, and that somebody cares about them. The patient has to have an understanding of what you are doing, while you are doing it. Talk to them. Communication is very important, especially if we see it from their point of view."

ENROLLED NURSE 42 YEARS' EXPERIENCE

"Compassionate care can be very simple.

It is really looking at the patient, knowing the patient, hearing what they have to say and letting them have a voice. When things aren't going their way with the doctors and teams, it's about being their advocate. Communication is so important. A lot of the complaints I receive are around communication and not about care. It is about telling patients what is happening. That is important. It is the one thing we can all improve on."

NURSE UNIT MANAGER 32 YEARS' EXPERIENCE

Human to Human

"Compassionate care is empathy, sympathy and gaining trust. You trust and they trust to the point they can tell you a little bit more and engage you in a conversation. You can steer it where you want it to go and gain more information. It's about being on an equal level and not feeling above or below them. Keeping eye contact with them and caring for them holistically. I always try to imagine my mother or my father in that position. What would I like? What would they like or not like?"

ENROLLED NURSE 33 YEARS' EXPERIENCE

"Compassionate care means that you try your best to understand how that person is feeling and you allow yourself to have the emotion to better understand how the patient is feeling. It's about caring, listening, time, and gestures. Small things like helping the patient get out of bed, helping them make a phone call or helping them do something that they need to do. Compassionate care is listening. Help them trust you; if you say you are going to do something then do it. They have to see that they can trust you and you are credible. It's more than the task."

REGISTERED NURSE 6 YEARS' EXPERIENCE

"I THINK WHEN YOU STOP FEELING ALTOGETHER IS WHEN YOU NEED TO LEAVE NURSING. WHEN YOU DON'T HAVE THAT COMPASSION OR EMPATHY FOR PEOPLE ANYMORE. YOU CAN HAVE SYMPATHY FOR THEM TOO BUT IF YOU CAN PUT YOURSELF IN THEIR POSITION, I THINK IT WILL MAKE YOU A LOT MORE COMPASSIONATE."

REGISTERED NURSE 2 YEARS' EXPERIENCE

"HEARTFELT, HAVING A SIMPLE CONVERSATION ASKING PEOPLE HOW THEY ARE, THOSE SIMPLE THINGS ARE COMPASSIONATE, BEING GENUINE."

CLINICAL NURSE CONSULTANT 22 YEARS' EXPERIENCE

Supporting

"Compassionate care to me is allowing people to have emotions and giving them permission to grieve that situation. It's just listening to them, having a quiet space for them to go to and giving them the box of tissues. It's saying I'll leave you quietly, but come and find me if you need me. Letting them know that they're not on their own and there is help out there. It's just being there, listening and answering questions. Being a human, being nice to someone."

CLINICAL MIDWIFERY SPECIALIST 26 YEARS' EXPERIENCE

"Compassionate care means having empathy and some insight into the people you are caring for by looking at where they are coming from. I also think that compassionate care in a hospital setting is also providing quality and safe care."

I think compassionate care is being within the team and having a team mentality when looking after patients. It is also respecting and looking after your colleagues. You cannot separate one from the other, nor can you be compassionate towards parents and then turn around and be rude and hurtful to other staff members."

CLINICAL NURSE EDUCATOR 19 YEARS' EXPERIENCE

Trust

"You want the person to trust that you really care and you are not going to talk about what was a private conversation with anyone else – that would be important. Whatever time you spend with that person, you want to give them your all and to try and help, even if it only for a short time (which is all it is as a volunteer)."

VOLUNTEER

Team Work

"We think the journey through getting health services is fairly easy – I can ring up any specialist anywhere and they will talk to me and I can organise something for a patient, and yet if the patient rang up they would find it very

difficult to get through to all that and so we sort of take that for granted but we have to see it their way, not our way, and we mustn't be flippant. I think it is always good to take a step back and think about what they are going through here and I think when you are talking about compassion you have to say to people: 'we understand that you are in a difficult situation here' or 'we understand that you are very angry about it' – some people will take that a bit badly that you are actually telling them they are angry, but in fact they are angry and sometimes actually recognising it is saying 'you are angry at the moment but we understand why you are angry and we understand that we would be angry in the situation but let's just put that aside at the moment – we are here to help and we are going to work through this as a team'."

CLINICAL STREAM DIRECTOR 14 YEARS' EXPERIENCE

It's The Little Things

"Compassionate care is driven by our underlying values. If we value respect for a patient and their family, then I really do believe we can provide compassionate care. It is about thinking about each individual patient and providing them with what they need in a caring way. Not everybody

wants emotional support but if they need it, we provide it in an empathetic way. I think it depends on the patient's needs and this may change within different contexts. We have to also consider the family and carers. It is the little things."

NURSE MANAGER 32 YEARS' EXPERIENCE

Reflective Activity


CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP

What does compassionate care mean to you in your practice?

How do you know what is important to your patient?

Reflect on a time when you were treated with compassion. What happened? How did you feel?

Reflect individually on the story excerpts and capture your thoughts. Share and capture the emerging themes in small groups.



Our people shared how they strive towards
being compassionate to every patient, every time.



CARING IS THE UNIFYING FOCUS OF OUR PEOPLE. IT'S THE REASON WE GAIN THE PATIENTS' TRUST AND SUPPORT AND AN INSTINCTUAL, NATURAL PART OF THE WORK. EMPATHETIC CARING, FEELING AN INDIVIDUAL'S PAIN AND TRYING TO IMPLEMENT STRATEGIES TO IMPROVE THEIR HEALTH.

HUDACEK 2008

"I THINK YOU NEED TO LOOK AT WHY YOU ARE DOING THIS. I THINK 'HOW WOULD I FEEL IF I WAS LOOKING AFTER MY FAMILY?'. FOR EXAMPLE, AN ELDERLY LADY YESTERDAY WAS CHALLENGING AND WANDERING ALL OVER THE PLACE, I THOUGHT ABOUT HOW I WOULD FEEL IF THAT WAS MY MOTHER. I TREAT PEOPLE HOW I WOULD LIKE TO BE TREATED AND HOW I WOULD LIKE MY FAMILY TO BE TREATED IF THEY WERE IN HOSPITAL. NOT LIKE THEY ARE A STRANGER, BUT THAT EVERYBODY MATTERS AND HAS NEEDS. THINGS NEED TO BE MORE PERSON CENTRED."

NURSE/MIDWIFERY UNIT MANAGER
40 YEARS' EXPERIENCE

Being Present

"I come to work every day and I think I am compassionate to every person. That to me is a fundamental role of a nurse. How do I do that? It's about walking in their shoes and saying 'What do I know about this patient?' It's about asking those basic questions to give you a point of reference so you can understand what it must be like and have true empathy, not just say you are empathetic but have true empathy by having a presence. Presence is so important. To be there and make them feel like you are there. Sure, not everyone wants you to be there for them, but a lot do, and gee it makes a big difference. That ability to communicate and just to hear what they are talking through is only possible when you are present, in that space and giving them that time."

NURSE EDUCATOR 20 YEARS' EXPERIENCE

Empathy

"One of the things that I do is to try and humanise them as much as possible, rather than it being just a clinical scenario of their injuries and the specifics of all the problems and medical issues that have been happening. Getting to know what keeps them going, what are their likes, their dislikes to try and understand what is important

for that person and what would their goals potentially be when they are out in the community. That often allows me to interact with them on a more human level."

MEDICAL DIRECTOR/CONSULTANT 15 YEARS' EXPERIENCE

"That is hard because you are tired and as health care workers we need compassionate care given back to us. I am not perfect, I have days where I think I can't do this anymore and I'm not on my game, but if I am feeling out of it I will disappear for a while and come back after calming down. I keep repeating this: I always try to imagine that I am the person and how I would want to be treated."

CLINICAL NURSE EDUCATOR 37 YEARS' EXPERIENCE

"I guess it is the basic understanding of knowing where the patient is coming from and understanding that we often see patients at their worst. Remembering the difficult and complex situations the patients are under helps maintain empathy for everybody. Also reflecting on yourself and that your values are not influencing your decisions. Putting yourself in the situation of the patient helps maintain empathy in difficult situations."

CLINICAL NURSE CONSULTANT 19 YEARS' EXPERIENCE

"You try hard, but after the shift is the time you get to reflect. You think you could have done an extra

five minutes, or could have done a little bit more and you think – maybe next time. You are never perfect, but you try and people remember you for your few minutes of compassion. Whilst changing a sheet for a patient, two ladies came up to me and told me what a fabulous nurse I was. I felt really bad as all I had done was change a patient's sheet. Clean sheets – such a simple thing."

CLINICAL NURSE EDUCATOR 38 YEARS' EXPERIENCE

"I think I look at each one as an important person in an awful situation and whatever I can do to help is good, so I have to do my best."

VOLUNTEER

"I just think about how I would want to be treated when I am in hospital – I would want someone to ask me."

STUDENT NURSE 3RD YEAR

"I ALWAYS TRY AND TURN THINGS INTO THE PATIENT'S PERSPECTIVE, EVEN IF IT IS A 'KEY PERFORMANCE INDICATOR' OR THE CARE WE PROVIDE, LET US THINK ABOUT THAT FROM A PATIENT'S PERSPECTIVE SO THAT WE CAN IMPROVE."

GENERAL MANAGER 5 YEARS' EXPERIENCE

"HOLISTIC NURSING IS NOT JUST ABOUT THE PATIENT'S BODY BUT ALSO HAVING CONSIDERATION FOR EVERYTHING THE PATIENT MIGHT BE GOING THROUGH AND DEALING WITH. WE ARE CURRENTLY BROADENING A NEW PATIENT PROFILE TO ENABLE US TO SEE WHAT'S IMPORTANT TO THE PATIENT AND GETTING TO KNOW MORE ABOUT THE PATIENT IN ORDER TO BE ABLE TO PROVIDE COMPASSIONATE CARE. I SUPPOSE COMPASSION IS REALLY MOSTLY ABOUT UNDERSTANDING, SO IF YOU CAN HAVE SOME SORT OF UNDERSTANDING ABOUT THE PATIENT, YOU CAN PROVIDE FOR THEIR NEEDS AND WANTS."

REGISTERED NURSE 4 YEARS' EXPERIENCE

Self Care

"It can be tricky. I know in my clinical days, sometimes the acuity and demands are so high that you feel like you're running out of time. It's important to ground yourself as a nurse and make sure you do some things outside of work. It's also important to keep your mental health well so you don't get burnt out. When you burn out, you lose your compassion. That's when you start to hear and not listen, and that's when you start to rush and not give patients time. I think it's important to look after yourself and your wellbeing. If you do this you have a much better chance of maintaining your compassion and continuing to be optimistic about your patient care. I think if you don't look after yourself it really does spiral."

NURSE MANAGER 18 YEARS' EXPERIENCE

"I can provide better compassionate care if I am also looking after myself – if we are exercising, eating healthily and in a good mind frame to come to work, we are better able to provide compassionate care to our patients. Asking for help from some of my colleagues can also be helpful. I have found that it is when we are stretched for time that this can be more difficult, so not overloading myself with work or having

too busy a schedules can help with ensuring that I have the time to provide compassionate care to patients."

DIETITIAN 5 YEARS' EXPERIENCE

"I am also aware that I am able to be more compassionate when I am in a good place; if I am stressed or burnt out or trying to do things very quickly I am not able to deliver that care as effectively."

DIETITIAN 30 YEARS' EXPERIENCE

"Just as running takes a toll on your knees and joints, providing compassionate therapy takes an emotional toll and I think it is really important to check in, have reflective practice, to practise self care."

CLINICAL PSYCHOLOGIST 2 YEARS' EXPERIENCE

"I have lasted a long time in health but I have learned to look after myself as well so that is something I didn't do before – I just used to give everything and do everything for everyone and that was also a recognition that you just can't just keep doing that, you have to take some time out and look after yourself."

LEARNING CONSULTANT 31 YEARS' EXPERIENCE

"BEING ABLE TO RECOGNISE STRESS IS IMPORTANT AND RECOGNISING THAT YOUR ATTITUDE OR EMOTIONAL STATE IS GOING TO IMPACT ON YOUR CLIENTS SO THE BEST THING YOU CAN DO IS LOOK AFTER YOURSELF."

PHYSIOTHERAPIST 9 YEARS' EXPERIENCE

"I think you need to look after yourself and need to recognise when you cannot and say 'I actually cannot go in there today'. That's what I do now. When there was a different group of nurses working here we had a really good way of managing that and you were able to say 'I can't face that patient or family today can you visit for me and I will attend the next visit'. I think looking after ourselves is the most important thing, otherwise we cannot do our jobs. Having those boundaries helps."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

"That can be tricky, especially for social work. We have a lot of group supervision debriefing, one-on-one supervision within the social work department that looks at vicarious trauma and

"IF YOU DON'T HAVE STRATEGIES IN PLACE TO LOOK AFTER YOURSELF AND REFLECT, THEN THE CONSEQUENCES CAN BE QUITE DIRE. I JUST HAVE A LOT OF REFLECTIVE EXERCISES THAT I DO WHEN I AM FEELING A BIT BURNT OUT AND I THINK IT IS HELPFUL KNOWING WHAT YOUR TRIGGERS ARE AS WELL."

SOCIAL WORKER 3 YEARS' EXPERIENCE

compassion fatigue. I am doing a research project at the moment with the University of Wollongong and other people from other health districts that looks at compassion fatigue and vicarious trauma and the impact that has on health professionals. If you don't have strategies in place to look after yourself and reflect, then the consequences can be quite dire. I just have a lot of reflective exercises that I do when I am feeling a bit burnt out and I think it is helpful knowing what your triggers are as well."

SOCIAL WORKER 3 YEARS' EXPERIENCE

Taking Perspective

"You know you would like to be spoken to in a certain manner yourself, so I put myself in that position. I think about how I would like to be treated, how I would like to be spoken to and how would I like something explained to me. Make it simple and try not to complicate things."

NURSE UNIT MANAGER 29 YEARS' EXPERIENCE

"If you need a break walk away, take a deep breath then come back and start again. Don't ever give up, just start again."

CLINICAL NURSE CONSULTANT 20 YEARS' EXPERIENCE

"You take an interest in them. The more you know about them the easier it is to be compassionate because you're more involved with them."

REGISTERED NURSE 6 YEARS' EXPERIENCE

"It's just about taking a moment to think about what you are doing and the reason you are doing it. Trying to place yourself in the patients' shoes and think about what they are feeling and what you would want in that situation. Imagine things from their perspective."

REGISTERED NURSE 3 MONTHS' EXPERIENCE

"Sometimes it is hard to be compassionate. You have to make sure when you are interacting with a patient that you are in the right frame of mind and that if you have had something happen that you can leave and come back. Take the time to sit and talk to your patients."

NURSE MANAGER 23 YEARS' EXPERIENCE

"It's communication and also being mindful of the language and words we use, your body language as well. You can't judge anyone, they are all in a different place and everyone deals with things differently, I would deal with it differently. I think it's just understanding people, their emotions and looking after them."

CLINICAL MIDWIFERY SPECIALIST 26 YEARS' EXPERIENCE

Communication

"It is being mindful that every person is an individual that every patient's family member is an individual ... I always say to family members, you are meant to be the strongest advocate for your family because they are yours. Even though there are 55 people in the waiting room and they are not the sickest they are the most important, and as it should be. Being mindful of that, that their person is always going to be the most important one to them, and showing respect and listening to people, trying to communicate because communication is everything and that takes time."

NURSE EDUCATOR 15 YEARS' EXPERIENCE

"IT IS ABOUT THINKING THAT ONE DAY I MIGHT BE THERE. IT IS ABOUT PUTTING MYSELF IN THEIR SHOES."

CLINICAL NURSE CONSULTANT 25 YEARS' EXPERIENCE

“HOLISTIC NURSING IS NOT JUST ABOUT THE PATIENT’S BODY BUT ALSO HAVING CONSIDERATION FOR EVERYTHING THE PATIENT MIGHT BE GOING THROUGH AND DEALING WITH. WE ARE CURRENTLY BROADENING A NEW PATIENT PROFILE TO ENABLE US TO SEE WHAT’S IMPORTANT TO THE PATIENT AND GETTING TO KNOW MORE ABOUT THE PATIENT IN ORDER TO BE ABLE TO PROVIDE COMPASSIONATE CARE. I SUPPOSE COMPASSION IS REALLY MOSTLY ABOUT UNDERSTANDING, SO IF YOU CAN HAVE SOME SORT OF UNDERSTANDING ABOUT THE PATIENT, YOU CAN PROVIDE FOR THEIR NEEDS AND WANTS.”

REGISTERED NURSE 4 YEARS’ EXPERIENCE

Reflection

“For me it is being aware of the integration of that head and heart, no matter whether it is a formal or informal situation. I incorporate that as part of my professional persona. Although I could be a lot better without a doubt, I do a lot of reflective practice and that is a big part of who I am and is part of the technical skills. In the reflective space I come to the acknowledgment of self care but I do not do it very well and I don’t know why. At home, I should just have a clear delineation between a bit of work and a bit of family time – I am not great at achieving that because I do a lot of activities outside of work using my social skills that I love doing, and that is where it becomes a bit muddled.”

SOCIAL WORKER 20 YEARS’ EXPERIENCE

Challenging

“Time management is important. Make sure that you get to spend time with all your patients. Sometimes it’s difficult because of heavy workloads, especially on the morning shift.

I find in the showers is sometimes the best time, because you’re with them on their own, or in a social environment such as the dining room. We also do hourly rounding and we check on the patients regularly and ask them if they’re comfortable. This opens the opportunity to talk and they feel comfortable that we are always there and approachable.”

ENROLLED NURSE 2 YEARS’ EXPERIENCE

Strengths

“For us it is applying compassion in the non-patient environment where we are working with staff and we use the strengths-based approach for that because everyone is different; it is showing the value of that person, that individual and acknowledging the things they do really well.”

HEALTH SERVICE MANAGER 3 YEARS’ EXPERIENCE

“Humanity, integrity. You have to know your own humanity and I think that ties in with spirituality. If you don’t have that to some degree it is hard to recognise it in someone else. I am not saying you have to be religious but I think there is,

through spirituality, connectedness to something ‘other’ and maybe that is having a bigger purpose in your life other than just yourself. I suppose that is what I see as one of my strengths, having that bigger purpose in life and that is very motivating. I think you have to act with integrity, and integrity comes back to knowing yourself. I think that is in a way connected to your spirituality because integrity is your core values and, in that interaction, did I behave with integrity that aligns with my values?”

VOLUNTEER COORDINATOR 13 YEARS’ EXPERIENCE

Self Awareness

“Just being mindful. Just going for that break, self care... that self care, meditation in a way, breathing and debriefing with your colleagues, going out with friends afterwards.”

PSYCHOLOGIST 18 YEARS’ EXPERIENCE

“It is a new person, a unique person, they might share similarities between them, but they are all individuals.”

CLINICAL NURSE CONSULTANT 16 YEARS’ EXPERIENCE

"TALK TO THEM AND LISTEN AND DON'T MAKE ASSUMPTIONS, APPROACH EVERY PERSON AS A NEW PERSON, AN INDIVIDUAL, NOT AS A CASE AND ON THEIR LEVEL, DON'T MAKE ASSUMPTIONS BASED ON THEIR DIAGNOSIS."

CONSUMER REPRESENTATIVE 35 YEARS' EXPERIENCE

"Mindfulness, being really patient and knowing not to rub your mood off onto somebody else. It takes a lot of self reflection and even if you are rushed off your feet, and you have literally six people on your back asking for different things, it is not their fault that you are the only nurse there - all you can do is the best for them and all they are asking for is probably the bare minimum. I find it is easy as long as you take a step back and you are constantly aware of what you are saying and what you are doing and what your motivations are, and that is really important especially on these wards where you have 30 patients."

REGISTERED NURSE 2 YEARS' EXPERIENCE

Individualised Care

"Every person is so different and they come to us with their own story, so taking the time to listen to that story is the first thing that we should always be doing. Although some situations are similar, our responses should be to treat them uniquely, because they are."

SOCIAL WORKER 13 YEARS' EXPERIENCE

"It is a challenge because when you are time poor and when you have patients who are not as receptive or as nice, it is difficult but unavoidable that unfortunately you do meet those people everywhere. But again, I just always walk in with a smile and always try to think of them as if they are either a long lost friend or a family member because I know if I were in hospital or if it was someone close to me, I would want them to have that same care. You realise how important it is because when you come into the room they will say 'you are the best part of my day' or 'you are so happy you are making me happy' because they see so much bad news and doom and gloom and they just want someone there who is happy."

PHARMACIST 3 YEARS' EXPERIENCE

"I think it is very simple in that when you introduce yourself to a patient, do so with a smile, making sure they know who you are."

PHARMACIST 1 YEAR EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP

How are you able to strive to be compassionate towards every patient, every time?


What does person centred compassionate care look like in your unit?

What do you do as a team in striving to be person centred to every patient every time?

What do you do for your own 'self care' and 'wellbeing'?

How do you know your patients have experienced compassionate care?

What could you do as a team to find out and share their experiences, to enable learning and reflection on practice?



*Our people shared how they support
one another in their teams towards
providing compassionate care.*



COMPASSION REQUIRES THAT HEALTH PROFESSIONALS GIVE SOMETHING OF THEMSELVES. WHEN FATIGUE, PERSONAL FACTORS AND ORGANISATIONAL CIRCUMSTANCES CONSPIRE TO CREATE WORKPLACE STRESS; IT BECOMES MORE DIFFICULT FOR STAFF TO FEEL AND SHOW COMPASSION, CREATING A GAP BETWEEN THEIR INTENTIONS AND THEIR CAPABILITIES.

CORNWELL & GOODRICH 2009

"BE THERE FOR EACH OTHER AND WORK AS A TEAM. AT TIMES WE HAVE TO SAY TO ONE ANOTHER 'TAKE TIME OUT, YOU ARE GETTING SHORT OR GETTING A BIT ANXIOUS'. IT IS SOMETIMES ABOUT TAKING THAT FIVE MINUTES TIME OUT AND SAYING 'I CAN LOOK AFTER YOUR PATIENTS FOR YOU'. THAT FIVE MINUTES OF GOING AWAY, HAVING A 'CUPPA' AND THEN COMING BACK ENABLES YOU TO THINK. YOU CAN LOOK AFTER THESE PEOPLE NOW, AND BE NICER AND MORE COMPASSIONATE."

ACTING NURSE UNIT MANAGER 5 YEARS' EXPERIENCE

Teamwork

"There is a lot of informal debriefing among colleagues and staff, in the moment, straight after the moment, on the shift in the days following – talking things out is very important. I don't really debrief with family or friends in any detail because they cannot really understand whereas colleagues understand the impact and how everybody would have been stretched. Amongst ourselves, we are very supportive of each other. There are also formal debriefings. It is an incredible team environment and the best team I have worked with in my life. It is a very diverse, eclectic group of people of varying ages but everyone pulls together amazingly. In particular, this winter saw record numbers (over 320) of patients and it was an absolute testament to our teamwork. It is the culture of the unit and although the team look has changed over the years, core essence of teamwork and everybody pulling together has remained."

NURSE EDUCATOR 15 YEARS' EXPERIENCE

"Recently we started clinical supervision and now have a better work and home balance. I don't think we need to be all things to all people

because I don't think you can. We are undergoing a change in our model of care and that has probably been the biggest challenge; changing the way people think and view things. Every patient no matter where they are in the system deserves care. There is no one more special than anyone else."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

"We meet every morning as a team and discuss what the challenges may be for the day, for individuals or as a team. We ask who needs what, which team may want more support, who shall relieve who and anything anyone needs. We have team lunches and routine team meetings and we have a good giggle."

NURSE UNIT MANAGER 27 YEARS' EXPERIENCE

"We respect each other and we care about each other and we sometimes socialise outside work. They are a nice bunch of people and we recognise that and want to keep it that way and this is our culture of treating each other properly and we hold on to that. It is a good place to work in that respect."

CLINICAL NURSE CONSULTANT 16 YEARS' EXPERIENCE

"WE ALL LISTEN AND MAKE SURE WE HAVE ENOUGH TIME WHEN WE ARE STRETCHED. ALLOWING STAFF TIME TO CATCH UP, AND TO HAVE TIME FOR THEIR DEVELOPMENT IS IMPORTANT. WE HAVE TEAM MEETINGS AND LISTEN TO EACH OTHER. NURSES KNOW IF THEY NEED A BREAK TO TALK TO US, WE CAN SORT SOMETHING OUT AND MAKE SURE THERE IS A GOOD TEAM ATMOSPHERE."

NURSE MANAGER 23 YEARS' EXPERIENCE

"I think if I can make an otherwise rough or sad journey for a couple a little bit easier, then I've done my job. That keeps me going. Patients sometimes say 'how do you do this day in and day out?' and I say that 'if I've made this easier for you then I've done my job'. You just have to understand your limits and sometimes just do something for yourself like get a massage or similar. Otherwise you can just burn out."

CLINICAL MIDWIFERY SPECIALIST 26 YEARS' EXPERIENCE

“WE JUST LOOK AT OURSELVES AS NURTURERS AND CARERS, WHICH IS WHAT WE ARE, WE NURTURE. THAT’S AN HONOUR, SO I AM JUST A BIG ‘MUM BEAR’ THAT NURTURES AND HOLDS MY FLOCK TOGETHER AND THAT IS PART OF COMPASSION.”

ABORIGINAL HEALTH WORKER 19 YEARS’ EXPERIENCE

“We are all part of the team and it is really important that every one of those people contribute to that team and that we work together in that team. The most important thing in a team is to accept that everyone has a role and everyone contributes their own expertise – we all just have slightly different expertise. If everyone knows that, then people can work as a team. We all listen, and many times our nurses and our allied health give us exceptional information that we use to come up with an outcome and an assessment and a treatment program, and we do that together. Generally as a team we work extremely well together – a lot of us really have a lot of experience in working in teams and we realise that without each other, we can’t get the best for the patient.”

CLINICAL STREAM DIRECTOR 14 YEARS’ EXPERIENCE

“Sharing the responsibility – managing a client on your own can be daunting and knowing that other team members can share the load or take part of the responsibility; debriefing on what has happened for the day; identifying what I need to do such as asking someone else to help me out and vice versa, extra support in any referrals, phone calls. I think it is important that the rest of the team members are aware of what is happening with the family so it is not my sole responsibility, as well as gaining knowledge

from other team members. Sometimes you are so involved with the family that you cannot see past what is really going on and it is good to have feedback from other team members who have similar experiences. It is also nice to share with the team, as they are empathetic if you have had a long visit with a client sometimes that can be emotionally draining.”

SOCIAL WORKER 13 YEARS’ EXPERIENCE

Role Modelling

“Every staff member has a voice and is heard, and is respected for that.”

ENROLLED NURSE 33 YEARS’ EXPERIENCE

Listening

“For me it’s just having a general feel for your staff. I think after being around for a long time I’m good at that. I have the experience to see that some people are struggling. They may not be feeling the best or they may have personal issues. They don’t have to bring it to work, but you can tell when they do. I think just having a room where you can go and have a talk helps. I’ve had to give some staff time off if they have been struggling with things. As a person who is a

“AS A TEAM WE ALL RECOGNISE EACH OTHER’S STRENGTHS AND WEAKNESSES BUT MOSTLY STRENGTHS. WE RECOGNISE WHAT EACH OTHER IS GOOD AT AND THAT SOME SHOW COMPASSION EASIER THAN OTHERS. SOME WEAR THEIR HEARTS ON THEIR SLEEVES, WITH SOME STAFF MEMBERS BEING QUITE EMOTIONALLY UPSET WHEN PATIENTS DETERIORATE OR PASS AWAY. WE RALLY AROUND THEM AND SUPPORT THEM. WE UNDERSTAND THAT THINGS AFFECT EACH OF US DIFFERENTLY.”

ENROLLED NURSE 2 YEARS’ EXPERIENCE

patient advocate, I also need to be there for my staff. I think that if you have happy staff they work well. If they are not happy, they’re not going to work well and if they’re not feeling supported they’re definitely not going to work well.”

NURSE UNIT MANAGER 29 YEARS’ EXPERIENCE

“I think that as a team we recognise when there are challenging parents within the unit. If we know there are, we rotate around to share the load and prevent people from burning out. Both

"IN THE HEALTH ENVIRONMENT THE CLINICAL UNITS ARE ALWAYS VERY BUSY. YOU HAVE TO WORK AS A TEAM. IT'S VERY DIFFICULT TO COME TO WORK AS AN INDIVIDUAL AS YOU CAN SOON STRESS YOURSELF OUT. YOU ARE INTERDEPENDENT ON EACH OTHER. IT IS IMPORTANT TO ACKNOWLEDGE THAT IT'S NOT JUST A WORK ENVIRONMENT, BUT A LEARNING ENVIRONMENT AS WELL. THERE ARE ALWAYS SO MANY THINGS GOING ON. PROVIDING CARE FOR THE PATIENTS REQUIRES YOU TO WORK AS A TEAM AND BE ABLE TO DEPEND ON EACH OTHER."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

our managers are very good and they are intuitive to the problems, situations and challenges. When I first started in intensive care, there was a very small baby that I had looked after a lot. He became septic and very nearly died. It was so devastating. My manager came and said to one of the other nurses 'I think you really need to help out here' and so she came back and said 'how about we share the care of these patients?' Then she said 'look he is sick, and this is probably the first time you have seen this. You know him very well because you've looked after him, but how about we just work together and we can share the care of the other patients'. I think that was really helpful. I remember saying to my mum that if he dies, I didn't think I could do this anymore. I was just so upset that he was so unwell. This is an example of when a manager is stepping in and giving assistance. The baby got better after a couple of days and recovered from the sepsis; he made it.

I think back now when I see new nurses and I want to be like my manager and step in. Not push them away but step in and help them, support them and make it easier so they then gain more confidence. It is very hard when you are giving your heart and soul. Emotionally it is very hard to teach new nurses, especially in intensive care, when they are over stepping a

barrier and getting too close. But when you get more experienced, some people would say you 'harden', but I think it is realising where your boundaries are and not to get on that emotional roller coaster with every patient."

CLINICAL NURSE EDUCATOR 19 YEARS' EXPERIENCE

"It is so great that we have a 'team nursing' model of care here. If someone needs help or there is a dilemma, another nurse is available to help them. With that you are not only expressing compassion to the patient you are expressing compassion to one another as colleagues."

ENROLLED NURSE 2 YEARS' EXPERIENCE

Support

"It's important to role model and share positive stories to get people to think about how they could change their practice to be more compassionate with their care."

OCCUPATIONAL THERAPIST 9 YEARS' EXPERIENCE

"We do team work and if the other nurses are quite busy we give a helping hand. We show them that we care for them as well. In the end we are not only looking after our own patients but we are looking after the wellbeing of

"I THINK LEADING BY EXAMPLE IS THE MAIN THING. YOU GAIN RESPECT FROM OTHERS BY TREATING OTHERS THE RIGHT WAY AND DOING THE RIGHT THING. WE ARE A VERY GOOD TEAM AND WE HELP EACH OTHER. WE HAVE A REALLY GOOD TEAM OF NURSES; WE ALL HAVE GOOD HEARTS I THINK OTHERWISE WE WOULD NOT BE ABLE TO DO THIS JOB"

REGISTERED NURSE 4 YEARS' EXPERIENCE

everyone in the ward and in this hospital. By working hand in hand and having good camaraderie we are able to provide good compassionate care to everyone."

REGISTERED NURSE 7 YEARS' EXPERIENCE

"If we are having a hard day, I buy cake, cookies or have food delivered to pick people up at that three o'clock slump because that is when you can feel really bad about yourself, when your blood sugar is low and you have not been able to drink or eat yourself; hugging when it is necessary; just being with people and reminding people all the time that we are not nurses and they are not

patients, we are people in the nurse role and we need to look after the people. Just looking after each other as people rather than just as nurses and, at the same time, you hope that that culture rubs off on the way they treat the patients. If anything derogatory is ever said, people always pick up on it – the other day I heard something being said and someone said ‘they are not our enemy, they are unwell’. I think the way we treat each other and the conversations we have with each other about humanity and illness pervades how we treat the patients. And a lot of reinforcing, reassuring each other’s good work because we don’t get that from above so we have to give it to each other.”

REGISTERED NURSE 2 YEARS' EXPERIENCE

“Often you find you may say to a colleague privately how you are unable to connect with a patient. Your colleague may then share something you didn’t know about that patient and give you a different perspective. You can then think ‘well no wonder they are being like that’, and then go back with a smiley face. It is good to share with your colleagues.”

REGISTERED NURSE 35 YEARS' EXPERIENCE

“We have scheduled clinical supervision but more often than not, it is those times of frustration, when something is upsetting or challenging we sometimes shut the door and encourage each other to speak up when we feel like something is becoming too much of a burden, or if the workload is too high.”

PHYSIOTHERAPIST 9 YEARS' EXPERIENCE

“Compassionate care on our ward is about putting the patients first. We have a team style of nursing, with ten patients between two nurses. We are very team centred and do a lot of debriefing. If we have a particularly difficult patient we come up with a plan and work it out. This is when we leave feeling the most satisfied with our care. Despite some patients having quite difficult behaviour, we usually manage to come together and deliver good care; leaving them and their family satisfied. I suppose that what I’m trying to say is that despite all the difficulties that happen it doesn’t compromise our patient care, the compassion is still there.”

REGISTERED NURSE 4 YEARS' EXPERIENCE

“Nurses have to really support each other, we have to have opportunities to share our stories, to debrief and reflect, so we can learn from our experiences. There will be situations where through that reflection and debriefing we will also be role modelling what care can look like to staff members who don’t find it comes naturally. I’m not sure that you can teach compassionate care, but you can teach people to know about it. Maybe through that support of each other, that reflection and sharing of stories and role modelling they can see it makes a difference. It was a privilege to be an educator. I could walk into a room and model the behaviours of compassionate care to other staff members. It can be exhausting and I think we have to acknowledge that. There has to be support for when this happens.”

NURSE MANAGER 32 YEARS' EXPERIENCE

“It is important to exercise the same unconditional positive regard for staff as we do for clients, and sometimes that can be more difficult.”

SOCIAL WORKER 16 YEARS' EXPERIENCE

“I THINK TEAM WORK IS VERY IMPORTANT BECAUSE OF THE NETWORKING, COMMUNICATION AND SUPPORT. I LIKE TO BE HELPFUL IN EVERY AREA IN SUPPORTING PEOPLE, TALKING TO THEM AND BEING THERE EVEN TO JUST SUPERVISE THEM. ENCOURAGING PEOPLE OR GIVING THEM PRAISE FOR THE LITTLE THINGS THEY DO, IT HELPS TO INSPIRE THEM TO GO TO THE NEXT LEVEL.”

REGISTERED NURSE 19 YEARS' EXPERIENCE

Communication

"Communication is the key and having clear lines of communication and making sure that each of the team members understand those lines of communication and feel very comfortable tapping onto that line without any hesitation or care whether the other person thinks they are bothersome."

MEDICAL DIRECTOR/CONSULTANT 15 YEARS' EXPERIENCE

"Talk to each other, if they worked together as a team, being patient centred and thinking about the needs of the patient as opposed to the needs of the team – 'how can we work to assist this person with whatever they need?' as opposed to 'how can this person fit in with us?'"

CONSUMER REPRESENTATIVE 35 YEARS' EXPERIENCE

Work Life Balance

"It is massive in this role because there are so many vulnerable families that have just had so much trauma in their lives – being aware that when I go home at the end of the day I am not bringing home what has happened at work in other peoples' lives. This is quite difficult to do initially and something that is learned, that you

identify where your capabilities lie, and that you can only educate families, give them the information they need and push them in the right direction, and then it is up to them whether or not they go there. It is a learned skill over time to be able to know how to let go."

SOCIAL WORKER 13 YEARS' EXPERIENCE

"I keep physically fit – I am very fortunate I have a wife who is in the field but is not actually working directly with me so she understands when I talk about it. I have lots of friends and colleagues who are also professional. I also have an unusual reality check – when things to me seem so wrong and I am not happy about it and my colleagues are not seeing it, I ring my mum who is not medical at all and ask her if I am right to be concerned; her responses are helpful."

ANAESTHETIC STAFF SPECIALIST 24 YEARS' EXPERIENCE

Role Clarity

"At each meeting I ask what value are we going to focus on or be aware of in interactions with each other as well as the way we talk about clients."

SOCIAL WORKER 20 YEARS' EXPERIENCE

Collaboration

"Being open to listening and I haven't always been good at this. I know when my own work is hard I tend to internalise and not share but I think it is always putting your hand up to take over if someone needs it or to walk alongside a colleague having a difficult time. I have worked very hard to ensure everyone feels safe to have a voice in that, to be constructive, not critical."

CLINICAL NURSE CONSULTANT 27 YEARS' EXPERIENCE

Self Care

"I talk to my team regularly about how the patients are. Their comfort levels, warmth as well as their clinical aspects. The little touches are important. I talk to the staff and ask them how they are going. If they are stressed I suggest they take some time out. I like team nursing for this reason, and we are trying to get this model in place to support each other."

NURSE UNIT MANAGER 32 YEARS' EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP

What is your vision of a 'supportive team'? What would it look like? Feel like? Sound like?


How could you work together to create this supportive team?

What do you do within your team to support working towards providing compassionate care?

What do you do for your 'self care' and 'wellbeing' and that of others?

What are your team 'ways of working'?

How could these be progressed to support compassionate care in your unit?



Our people shared what they believe the patient expectations are in relation to caring



RECENT INTERNATIONAL AND STATE REPORTS AND THEIR RECOMMENDATIONS HAVE IDENTIFIED THE NEED FOR A CARING AND COMPASSIONATE WORKFORCE THAT IS FOCUSED ON THE DELIVERY OF PATIENT CENTRED CARE. THE REPORTS SUGGEST THAT HEALTH CARE SERVICES ARE FAILING TO DELIVER CONSISTENTLY THE HIGH-QUALITY COMPASSIONATE CARE THAT PATIENTS EXPECT AND SHOULD RECEIVE.

FRANCIS 2013 / GARLING 2008

"I THINK PATIENTS EXPECT TRANSPARENCY; WHY WE ARE DOING THIS, WHAT THE TABLET IS AND WHAT FOR, HAVE THEY HAD IT BEFORE, HAVE THEY HAD A REACTION TO ANY BEFORE, IF YOU ASK THEM THAT EVERY TIME THEN MISTAKES SHOULDN'T BE MADE. ASK THEM EVERY TIME, KNOW THEIR NAME, DON'T TALK DOWN TO THEM, TALK WITH THEM, THAT'S WHAT I HAVE LEARNT OVER MY YEARS OF NURSING, ESPECIALLY IN MENTAL HEALTH."

REGISTERED NURSE 40 YEARS' EXPERIENCE

"I think patients' expectations are different, there are generational differences. With older generations and some cultures we see there can be an expectation that they don't need to participate, they will just do as we tell them to. I think the younger patients want to know more, they are less willing to wait, they are more vocal about their care, they will ask for results, where as older patients may just wait till the doctor tells them. I think that they expect to be informed and know what is going on; part of our responsibility is to keep them informed, if they have to wait then tell them why."

NURSE UNIT MANAGER 27 YEARS' EXPERIENCE

Transparency

"Patients' expectations can be varied. I think they want honesty, they want knowledge about their condition and they want to know that you are actually doing something for them."

CLINICAL NURSE CONSULTANT 20 YEARS' EXPERIENCE

"Good care, someone who communicates well and somebody who relates to them."

ENROLLED NURSE 42 YEARS' EXPERIENCE

"It would not be a bad idea to have a system where you shadow another health care professional for a day so that we can all appreciate what each other does in our roles and I think that would actually prevent a lot of team frustration. If we all shadowed each other for a day I think we would be better equipped to be able to utilise each other's skills."

PHARMACIST 5 YEARS' EXPERIENCE

"They expect respect, and to be treated with dignity, they put their lives in your hands. They expect you to be knowledgeable, to do the right thing for them, to advocate for them."

REGISTERED NURSE 4 YEARS' EXPERIENCE

"That you would treat them as a human being. They just want to be treated the best they can, with the best human care, that is the essence of nursing."

ENROLLED NURSE 2 YEARS' EXPERIENCE

"I think they are happy with having one constant person to go to and a familiar face. They want openness, they want you to be honest, to be real, a real person and not to hold back."

CLINICAL NURSE CONSULTANT 15 YEARS' EXPERIENCE

"PATIENTS EXPECT US TO TREAT THEM AS A PERSON AND NOT AS A PATIENT."

NURSE EDUCATOR 20 YEARS' EXPERIENCE

"They need to be supported and respected and spoken to in a way that shows that they really have been heard, that you can answer their questions."

CLINICAL NURSE CONSULTANT 14 YEARS' EXPERIENCE

"I think on the whole most patients want you to be respectful, polite and courteous and tell them what's going on. I don't think patients actually ask for a whole lot in the big scheme of things, I really don't."

NURSE UNIT MANAGER 30 YEARS' EXPERIENCE

"I THINK THE PATIENTS EXPECT TO BE TREATED AS 'THEMSELVES', AS PEOPLE, FOR US TO TREAT THEM AS THE PERSON THEY ARE. I THINK WE CAN TEND TO PUT EVERYONE IN THE SAME BASKET.

BUT EVERY PATIENT IS DIFFERENT, EVERY PATIENT HAS DIFFERENT ROLES, DIFFERENT SUPPORTS, DIFFERENT ILLNESSES, DIFFERENT PAIN THRESHOLDS AND COPING MECHANISMS. I THINK PATIENTS EXPECT THAT WE TREAT THEM AS PEOPLE, WITH RESPECT AND DIGNITY AND THAT WE CARE ABOUT WHO THEY ARE AND WHY THEY ARE THERE."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

Openness & Honesty

"It's not that patients want you there every five minutes; the patient wants that balance, to have someone to listen to them. To listen to them properly and not just listen a little bit, dismiss it and talk over them. So caring is about listening and trying to get it right for that individual person. Not making them wait and making them understand why they may have to wait, communicating. Caring is trust, and developing that trusting relationship with patients is really important."

NURSE MANAGER 32 YEARS' EXPERIENCE

"I think patients' expectations have got higher and higher during my years of nursing, they expect really high standards. They expect nurses to be there to listen to them, care to be given to them straight away, they expect us to be professional, they expect to have things explained to them, they expect to have their families involved. They like information, they don't like it if you don't give information, so having clear concise instructions, having a phone number they can contact you on, all these things. You have to be on top of being able to explain things to them, being calm, having a pleasant manner, being happy. We get quite a

lot of comments from patients regarding what happy staff we have, they like that, they don't like to see grumpy staff. They will quite often say how nice it is that the staff are so happy, and I say 'it's because we like what we're doing'."

NURSE UNIT MANAGER 29 YEARS' EXPERIENCE

"I think they want to be heard, they want to be treated as an individual, they want their needs acknowledged and addressed, sometimes realistically and sometimes not so realistically. I think they want honesty, even if it is difficult at times."

NURSE EDUCATOR 15 YEARS' EXPERIENCE

Person Centred

"If you have someone who is professional and knows what they are doing but it just seems too professional and business-like and the other person is the same but has that 'warmth and compassion' then people would prefer that."

CLINICAL NURSE CONSULTANT 16 YEARS' EXPERIENCE

"I think patients think about what care means to them, to be treated with respect, to be told honestly what is going on, to be involved in their care and to interact with someone who has

time for them. I think the nurse is in a unique situation for that because the medical staff run in and run out and go about their daily roles but the nurse is the constant. I think that from a caring point of view that's absolutely everything to do with nursing and I think that's what the patient expects too, they expect the nurse to care for them."

NURSE MANAGER 19 YEARS' EXPERIENCE

"DIFFERENT PATIENTS HAVE DIFFERENT EXPECTATIONS, IT IS JUDGING FOR WHAT THEIR NEEDS ARE, WITHOUT BEING TAKEN ADVANTAGE OF. KNOWING WHERE THE BOUNDARIES ARE AND BEING AWARE OF WHAT EVERYONE'S NEEDS ARE, IT IS A BIG PART OF NURSING, REALISING PEOPLE HAVE DIFFERENT NEEDS AND EXPECTATIONS."

CLINICAL NURSE CONSULTANT 20 YEARS' EXPERIENCE

Trust

"It comes back to trust. If they know that you care about them and you demonstrate that, it makes that little bit of difference. Trying to make an effort to make them feel better, explaining everything to them, giving them options and giving them support, I think not only from the physical and mental side but the spiritual side also, it helps them in the healing process. It is important to be upfront and honest and let them know that you will be there for them, even if it's something simple like holding their hands. They just need to know that you're there to support them and help take care of them. You just need to be compassionate with them."

REGISTERED NURSE 19 YEARS' EXPERIENCE

"I think the patients expect that we are interested in them, that we communicate well with them and keep them informed and that we actually care about them. I think that is one of the things when I am speaking to a staff forum or similar that I always say to staff, you do have to remember sometimes we can be desensitised working in health, we see it all the time, and unless you have been on the other side and experienced health as a patient or a parent or relative, you have to put that mind set back."

GENERAL MANAGER 5 YEARS' EXPERIENCE

"I don't think patients' expectations are always the same. It is important that you develop that relationship, to clarify their understanding and what they might see your role as being. From a compassionate point of view the patients have a basic need that you understand their situation so you can provide whatever needs doing to help them through their journey in hospital."

CLINICAL NURSE CONSULTANT 19 YEARS' EXPERIENCE

"People know their body and if they suffer with a chronic illness for a number of years, they will surely know if it is that again or if it is something else."

ABORIGINAL HEALTH WORKER 19 YEARS' EXPERIENCE

Respect & Dignity

"Basic politeness, respect for their point of view, people showing they care in little ways and a joint process of decision-making. The sense of consultation and client-centred care is absolutely crucial; it is not about you, it is about them – even if the person is sitting with me and I may feel this is the problem they actually need to work on, but that person may think something else is what they want to work on - it is up to me to work with them towards the goals that are important to them, not what is necessarily most important to me. And also to encourage other staff to adopt a

compassionate approach. If the person is difficult in some aspects of their behaviour it does not come completely out of the blue, it is often to do with a person having had experiences of trauma, neglect, etc. that might contribute to them being more challenging to care for."

SENIOR CLINICAL PSYCHOLOGIST 29 YEARS' EXPERIENCE

"It is the unique care they need when they need it, and that people listen to their story and are respectful to them."

SOCIAL WORKER 13 YEARS' EXPERIENCE

"Each of our patients would like to be treated like individuals and humans with all the respect that you would give to fellow human beings."

MEDICAL DIRECTOR/CONSULTANT 15 YEARS' EXPERIENCE

"I think they expect the best level of care, I think they expect us to be honest, reliable – if I say I am going to do something for a patient, they expect me to do it and I believe it is important that we really follow up with our promises. Patients expect us to treat them as individuals."

DIETITIAN 5 YEARS' EXPERIENCE

"That varies from patient to patient. It is always good to exceed those expectations. Some people have very low expectations and they can be pleasantly surprised, you can see that in their

"PATIENTS EXPECT US TO BE PROFESSIONAL AND THEY EXPECT US TO LISTEN TO THEM. PEOPLE OFTEN SAY THEY DIDN'T LISTEN TO ME OR THEY DIDN'T TELL ME THAT. THEY EXPECT US TO BE DELIVERING A SERVICE TO THEM, THAT WE ARE PROFESSIONAL, THAT THEY CAN TRUST US WITH WHAT THEY TELL US AND WITH WHAT WE ARE GOING TO DO FOR THEM."

CLINICAL MIDWIFERY CONSULTANT 25 YEARS' EXPERIENCE

faces or body language. You don't really know what a person's expectations are until you start talking to them. Whatever they are you try to provide consistently high standards of care."

REGISTERED NURSE 35 YEARS' EXPERIENCE

"They expect compassion, respect and understanding. They don't expect we will agree or solve all their problems but they simply expect to be listened to, for us to show some compassion. That is very clear, particularly when I was working in mental health – when I offered something different, the client would comment 'you are not judging me', 'you are not telling me what to do.'"

SOCIAL WORKER 20 YEARS' EXPERIENCE

"It is so individual; some people expect the world, some expect nothing. It is a continuum and patients are on that line and they move along that line. I think it depends on the cultural background, it depends on what they understand of the health system and it also depends on their previous experiences. It has to be person centred; we have to see each patient as an individual, their knowledge of medicine and health has probably improved, as they are more informed. Patients are more

likely to challenge, which is a great thing, they are encouraged to be part of their care which I think is a wonderful step."

NURSE MANAGER 32 YEARS' EXPERIENCE

"There is also an expectation that they will be treated as an individual and that they are treated as a person - it is not just about fixing the broken bone, the disease, but it is about looking at them as a person, as an individual and respecting what is important to them."

HEALTH SERVICE MANAGER 3 YEARS' EXPERIENCE

Quality Care

"I think the patient expectations have changed over the years and I think there is a huge expectation of community patients of what everyone will deliver. Sometimes expectations are unrealistic but I think we need to be clear with what we can offer and if we don't meet those expectations for whatever reason we need to address the reasons why. I think the community expectations are huge now with the internet and information."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

"Small acts of kindness brighten up the patients – it is nice when they smile. Sometimes people really open up and tell you everything; others are very sweet and very polite but don't open up a lot. It's a nice connection – it is another human being and if you can pass on a little bit of warmth and love then it is a good thing to do. It is not a hard thing to do. Some people have very isolated lives and for them I think it is probably important; others have loving families around them and what I do won't make much difference, but for some it does."

VOLUNTEER

"What we want, what we have been striving to do to make everything inclusive for everybody to be treated the same and that is what my people will want."

ABORIGINAL HEALTH WORKER 19 YEARS' EXPERIENCE

"AN EDUCATOR SAID WHILE I WAS DOING MY NURSE TRAINING, 'NEVER FORGET THAT YOU ARE THE CONSCIOUS OF THE UNCONSCIOUS, YOU ARE THE CONSCIOUS OF THESE PATIENTS WHO ARE TOO SCARED TO OPEN THEIR MOUTHS' AND I HAVE NEVER FORGOTTEN THAT AND IF THAT WAS ME 'WHAT WOULD I LIKE?' SO THAT IS BASICALLY WHAT I BASE MY NURSING CARE ON 'ON THEIR CONSCIOUS.'"

CLINICAL NURSE EDUCATOR 38 YEARS' EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP



Reflect on what you are 'thinking and feeling' when you hear the shared story excerpts of patients' expectations of caring'.



What do you think patients' expectations are of caring?
What would you expect?



What could you do differently as a team? What can you do to influence compassionate care?



What challenges may you be facing and what have you an influence over?



Our people shared what influenced their decision to work in health care



HEALTH CARE PROFESSIONALS WANT TO BE ABLE TO CARE FOR PATIENTS WITH HUMANITY AND DECENCY AND TO GIVE TO PATIENTS THE SAME KIND OF CARE THAT THEY WOULD WANT FOR THEMSELVES OR THEIR OWN FAMILY AND LOVED ONES. FOR MANY, SUCH A DESIRE MAY HAVE BEEN A MOTIVATING FACTOR IN THEIR DECISION TO ENTER THE HEALTH CARE PROFESSIONS, PRACTITIONERS WANT TO BE ABLE TO SHOW COMPASSION TO THE PATIENTS UNDER THEIR CARE.

GOODRICH & CORNWELL 2009

"WHEN I WAS YOUNGER I THOUGHT WITH NURSING I WOULD STILL BE ABLE TO TRAVEL AND WORK. THE KNOWLEDGE I HAVE ACCUMULATED AND THE EXPERIENCES I HAVE HAD HAS MADE ME CONTINUE IN THIS CAREER AND I AM VERY HAPPY WITH MY CAREER CHOICE. I AM INTERESTED IN EDUCATION AND WANT TO DEVELOP AND ENCOURAGE OTHER NURSES TO ACHIEVE THEIR BEST."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

Making a Difference

"I often feel privileged to be a part of these peoples' lives at such an unfortunate turning point, to be there and working with these people at this time. While it has its obvious challenges, and no matter how good your skills are, if you forget that the whole point is to care about the outcomes of the patient, to be invested in those outcomes and genuinely want the very best for that person, why are you here?"

PHYSIOTHERAPIST 9 YEARS' EXPERIENCE

"I think it was a calling for me to become a nurse. It was not a planned profession; it was a vocation, a calling. It became my mission to help others especially those who require assistance in their lives. My grandmother was a midwife. She once told me that 'no matter how hard it is to help others, you go home and you're really tired. When you close your eyes you will see how happy those people are that you have helped'. Nursing is helping others and feeling the love."

REGISTERED NURSE 7 YEARS' EXPERIENCE

"It is also really rewarding to walk alongside someone on their journey and even if it doesn't seem like much change has happened, sometimes you look at a client and think back to a year ago and you realise quite a bit has changed, even if it's minimal, it is still a step forward."

SOCIAL WORKER 7 YEARS' EXPERIENCE

"I think Heart of Caring is a great program and it is wonderful to make people reflect on why they are doing what they are doing; we can always do better by thinking about what we are doing and what the patient needs. That is what we are all here for, to make sure patients get the best possible care, and have the best possible outcomes, that their families are

treated with respect and feel that they know what is going on and feel happy to actually take their loved ones home."

DISTRICT BOARD MEMBER 30 YEARS' HEALTH CARE EXPERIENCE

"I loved nursing and after my first placement I was hooked. I have never regretted a day of it, and I love being a nurse. There are days I wish I was back on the floor, and I have thought about taking a step back there. I feel maybe I am making a difference by inspiring the next generation of nurses and the way they provide care."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

"I enjoyed that face-to-face care that the pharmacist provides and I really enjoy speaking to patients and communicating what is going on. I get a lot of enjoyment from answering any questions and just that smile you get at the end knowing that you have really helped someone and that they feel confident with what they are going home with, and they feel confident that they can manage their medications until they see their doctor again."

PHARMACIST 1 YEAR EXPERIENCE

"The hospital system appealed to me because as a pharmacist I want to be able to give someone health advice that is completely unbiased by

profit, by drug companies. I love being able to provide a health care service that is not financially fuelled."

PHARMACIST 5 YEARS' EXPERIENCE

"Get back to the grassroots, be with my people, find out what the real issues are and see if we can make a difference. I actually made my role very much patient centred and my patients come first."

ABORIGINAL HEALTH WORKER 19 YEARS' EXPERIENCE

"I just knew I wanted to do something where it mattered what I did in the scheme of things."

CLINICAL NURSE CONSULTANT 16 YEARS' EXPERIENCE

"THE FACT THAT THEY LET YOU INTO THEIR LIVES IS ABSOLUTELY AMAZING AND YOU CAN WORK WITH THEM IN THAT SPACE, AND THE THINGS YOU WITNESS ARE EXTRAORDINARY – THE WAY PEOPLE COME TOGETHER AND ARE RESILIENT."

SOCIAL WORKER 16 YEARS' EXPERIENCE

“NURSING HAS SUCH DIVERSITY AND SO MANY ASPECTS TO IT. THERE IS PROBLEM SOLVING AND PRACTICAL SKILLS, AND THEN AT THE SAME TIME THERE IS THE CARING ASPECT. IT’S A MIXTURE OF ALL THOSE DIFFERENT THINGS, A LOT OF VARIETY. I CAN GET BORED, AND WITH NURSING THERE ARE SO MANY PLACES YOU CAN GO AND MOVE AROUND.”

REGISTERED NURSE 3 MONTHS’ EXPERIENCE

Caring & Diversity

“My mum was a nurse, so it’s one of those old clichés where I used to see her going to work and say ‘when I grow up I’m going to be a nurse’. If I think about it, I probably have always been someone who has cared for people and someone who has wanted to make sure things were OK. I guess it’s part of my personality. I thought I could go and make a difference to people and their lives. That was one of the reasons why or probably the main reason why I became a nurse.”

NURSE MANAGER 19 YEARS’ EXPERIENCE

No Regrets

“The one thing I will never forget is on the day I graduated the keynote speaker at the graduation ceremony was the then new Director of Nursing. I can’t remember her name but she gave this impassioned speech about care. I can’t remember exactly what she said but I remember that it stuck in my brain that ‘care’ was the most important thing that you can give. Now when I come in to work in the morning, in this role, and I see the confused old lady with her gown off, I immediately think, I know the nurses are busy

and I help her put her gown back on her because that’s her dignity. If there is anything I can do to help the patient be comfortable I am more than happy to help.”

CLINICAL NURSE CONSULTANT 20 YEARS’ EXPERIENCE

“I’ve no regrets, you look back and think ‘I made a difference.’”

CLINICAL NURSE CONSULTANT 22 YEARS’ EXPERIENCE

“I’m not entirely sure what influenced my decision other than I’ve always wanted to be a nurse. There are no other nurses or doctors in the family so I’m not sure where it came from but I knew from the age of 10 or 11 that is what I wanted to do. I’ve never regretted it or had that feeling of, ‘gosh I’ve got to go to work’. I’ve always promised myself that if ever I feel that way that will be the day I’ll go, but I don’t think that will happen.”

CLINICAL MIDWIFERY SPECIALIST 26 YEARS’ EXPERIENCE

“I decided to be a nurse because it was something I knew I would be good at, coming from a big family I was used to looking after younger siblings and helping out. I have learnt so much, had so much fun, met some wonderful people and I have never looked back and thought it was a bad decision; it’s been a great career.”

NURSE UNIT MANAGER 29 YEARS’ EXPERIENCE

In This Together

“From week one or two it was like an epiphany – this was what I was always meant to do. It doesn’t matter what discipline it is in Aboriginal Health, it is helping Aboriginal people and that feeds my soul.”

ABORIGINAL HEALTH WORKER 10 MONTHS’ EXPERIENCE

“THE BEST PART ABOUT NURSING IS THERE ARE SO MANY AVENUES YOU CAN TRY. I HAVE WORKED IN PALLIATIVE CARE, CARDIOTHORACIC, EMERGENCY, INTENSIVE CARE, MEDICAL RETRIEVALS, PATHOLOGY, SURGICAL WARDS, RECOVERY, AND IN A CARDIOTHORACIC UNIT IN THE UNITED KINGDOM. I ALSO WORKED AS A NURSE EDUCATOR IN SAUDI ARABIA. I AM STILL TRYING TO FIND MY NICHE AND I AM RUNNING OUT OF TIME BUT THAT’S ALRIGHT.”

CLINICAL NURSE EDUCATOR 38 YEARS’ EXPERIENCE

"IT'S AN AREA WHERE YOU CAN DO SOME GOOD FOR SOMEONE. I REMEMBER IN THE EARLIER DAYS STANDING AT THE END OF A BABY'S BED AND BEING THERE A WHOLE SHIFT; I USED TO THINK 'I HOPE WE ARE DOING THE RIGHT THING'. I REMEMBER ONE REUNION AND THIS LITTLE BOY WAS THERE, PERFECT IN EVERY WAY. I THOUGHT IT JUST GOES TO SHOW YOU, IT ISN'T UP TO US, 'MIRACLES HAPPEN'. HE IS JUST ONE OF THEM, THE BABIES YOU WORK ALL NIGHT ON, THE QUALITY OF LIFE THE BABY WOULD HAVE, THAT WAS A GOOD STORY."

NURSE/MIDWIFERY UNIT MANAGER
40 YEARS' EXPERIENCE

Helping

"I was studying social policy and was seeing all of these decisions being made for people by people who never worked with the people. I was learning how to write policy but never actually meeting these people with the conditions. I wanted to understand the community before I got into policy, that is why I came into nursing, mental health nursing particularly because I was

working in the Intensive Care Unit when I was at university and I found that when I was in a room with the patients, even though I was doing the task-focused work, what kept me going was the conversations we would have, helping people work through their grief and helping people laugh. That was all emotional work, not physical, so I decided I wanted to do this 100% of the time."

REGISTERED NURSE 2 YEARS' EXPERIENCE

"I was never a 'want-to-help-people', sort of kid to look after them but I know that it is probably the best decision I ever made and I've loved every minute of it, I enjoy being with people and knowing I have done as much as I can for them, that they are comfortable with what is going on, and they are not afraid."

CLINICAL NURSE EDUCATOR 37 YEARS' EXPERIENCE

"I went into mental health services and found that I absolutely love the work, love working with outpatients, love walking the corridors of the general hospital, love being in the nurses' station, love seeing patients in the hospital, and being part of that and peoples' health care. I was always interested in helping people and that is where it started."

SENIOR CLINICAL PSYCHOLOGIST 29 YEARS' EXPERIENCE

Career

"I just knew health was what I had to do – I was into physical education at school and I was into biology as well as the sciences and I just tried to work out how I could match that all up. Health is just where I wanted to be and I knew I did not want to be in medical and nursing so that is when I looked into allied health and how I could potentially be a therapist, clinician in that sort of role."

SPEECH PATHOLOGIST 9 YEARS' EXPERIENCE

Flexibility

"My job is not to fix anyone, my job is to be working alongside someone and depending on where their journey takes them, to encourage that and to be there. I also like the flexibility of being an occupational therapist in that there is no one solution that can be applied to everybody and you have to really understand someone to come up with the next therapeutic goal, the next solution. Compassionate care is a really fine line that health care professionals need to keep walking. To keep me in the middle, I focus on my ultimate goal that is, long term, I would like every client that I interact with to be able to feel like they have done this themselves. For me, sometimes the best outcome is when

they don't even realise that I have been part of the process, it is their journey and I have a job to do to help them on that."

OCCUPATIONAL THERAPIST 13 YEARS' EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP


What influenced your decision to work in health care?

Reflect back over your career and identify the highlights you have experienced.

The stories share times of 'making a difference'. Consider a time when you have made a difference and tell your story in small groups.

What was your key learning from this experience?

How can you use this information within the context of your work environment?



Our people shared the strengths and
values that resonated with them and
their decision to work in their role



STRENGTH: A GOOD OR BENEFICIAL QUALITY OR ATTRIBUTE OF A PERSON OR THING.

VALUES: A PERSON'S PRINCIPLES OR STANDARDS OF BEHAVIOUR: ONE'S JUDGMENT OF WHAT IS IMPORTANT IN LIFE.

THE OXFORD DICTIONARY OF ENGLISH 2010

"EMPATHY, TO UNDERSTAND SOMEONE ELSE'S PERSPECTIVE AND TO GATHER THE INFORMATION TO GAIN THAT INSIGHT. I HAVE GOT BETTER AT EMPATHY OVER THE YEARS BUT I STILL LEARN EVERYDAY ABOUT EMPATHY, WHICH I THINK IS GOOD."

NURSE EDUCATOR 20 YEARS' EXPERIENCE

"Back then I would say 'making a difference'. Now with my more recent understanding it is transformation, and being involved in transformation of care."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

"Caring, just to be kind and caring. I remember I shaved a ladies legs one day. I remember she was only young and I asked 'do you want your legs shaved'. She was thrilled. It is about those little bits of kindness and caring. I cared for her and what she looked like. It really is the kindness, caring and compassion. If you actually make someone feel good today; you can't put a price on that."

NURSE MANAGER 28 YEARS' EXPERIENCE

"PASSION, I HAVE ALWAYS HAD A PASSION, TO THIS VERY DAY. I HAVE DONE LOTS OF DIFFERENT NURSING WHICH HAS KEPT MY INTEREST GOING."

REGISTERED NURSE 40 YEARS' EXPERIENCE

"I have always been aware of the kindness and I think that has been a thread throughout my time as a nurse."

NURSE UNIT MANAGER 27 YEARS' EXPERIENCE

"I THINK RESPECT AND EMPOWERMENT WOULD BE WHAT RESONATES WITH ME. I AM NOT SURE BACK THEN BUT 'BEING WITH WOMEN' IS WHAT IT MEANS."

CLINICAL MIDWIFERY CONSULTANT 25 YEARS' EXPERIENCE

"I think when I got to the hospitals I just saw care. I saw people caring, not just doing a job and getting paid. I saw real compassion, care and empathy for people and I thought 'wow, this is what I want to do'."

ENROLLED NURSE 33 YEARS' EXPERIENCE

"IT'S THE MOST BASIC ONE I EXPECT, ITS CARING."

CLINICAL NURSE CONSULTANT 24 YEARS' EXPERIENCE

"The more exposure I got the more I realised that humans are fascinating, the body is fascinating, the mind is fascinating and it is that opportunity to make a difference that keeps me in health care."

HEALTH SERVICE MANAGER 3 YEARS' EXPERIENCE

"Care has to be the core, because we learn so many technical things, we become very academic. We become skilled and focused and you can do all of that but if someone like an elderly person doesn't get their cup of tea, or they are in pain, that's what it's all about."

CLINICAL NURSE CONSULTANT 20 YEARS' EXPERIENCE

"I AM GLAD I CHOSE NURSING AND IF I HAD MY TIME OVER AGAIN I THINK I WOULD STILL CHOOSE IT. THERE IS CLINICAL, MANAGEMENT, RESEARCH, EDUCATION AND IT IS VERY PORTABLE.

I THINK IT IS REALLY GOOD FOR PERSONAL GROWTH AND IT IS VERY INTERESTING TO LOOK BACK AT THE NURSING I HAVE PROVIDED. I THINK 'HOW COULD I HAVE DONE THAT WITH THE LIMITED EXPERIENCE' AND WITH THE LIFE LONG EXPERIENCE 'WOULD I DO THINGS DIFFERENTLY TO MY CAREER?' IT HAS BEEN GOOD."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

"A word that resonates with my decision to become a nurse is 'caring'. It sounds a bit of a cliché to say that, but I did see the nursing role as a caring role and being able to make a difference to people."

NURSE MANAGER 19 YEARS' EXPERIENCE

"Knowledge, I looked forward to learning about the human body and the way it works, I really did look towards gaining more knowledge."

REGISTERED NURSE 35 YEARS' EXPERIENCE

"I think compassion is probably one but I think for me, satisfaction is up there."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

"EMPATHY AND COMPASSION FOR PEOPLE."

CLINICAL NURSE CONSULTANT 19 YEARS' EXPERIENCE

"I THINK THERE ARE PROBABLY HUNDREDS OF WORDS THAT RESONATE WITH ME AND MY INFLUENCE ON BECOMING A NURSE, LIKE NURTURING, EMPATHY AND CARING, I DON'T THINK I CAN BUNDLE IT INTO ONE WORD OR PHRASE."

ENROLLED NURSE 2 YEARS' EXPERIENCE

"Care – 'that you care'. It's not as hard for me as I grew up in an environment where if people came into your immediate area they would then be under your care or protection until such times that they left. Whether they were your friend, enemy or whatever, if they came into your environment they were your responsibility, you took responsibility for them and you cared for them."

ENROLLED NURSE 4 YEARS' EXPERIENCE

"I believe that the patient is always right and that is what has carried me through my nursing career."

CLINICAL NURSE CONSULTANT 30 YEARS' EXPERIENCE

"I THINK IT WOULD BE CHANGE. I THOUGHT I COULD CHANGE THE WORLD AND IT TOOK ME A WHILE TO REALISE I CAN ONLY CHANGE IT FOR THE TIME I AM THERE."

CLINICAL NURSE CONSULTANT 14 YEARS' EXPERIENCE

"A value word that comes to mind when I think back about deciding to be a nurse is compassion and also stamina. I think of that word as part of duty of care, it is a continuous thing."

REGISTERED NURSE 19 YEARS' EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP

Thinking back to when you were deciding on your role, what strengths and values resonate with you?

Use 'strength' cards to individually identify the strengths you feel you bring to your role every day.

How do you role model those strengths and values in your work context?

What impact do you think this would have on the care/service you provide?



Our people's final thoughts and sharings



COMPASSION – BOTH GIVING AND RECEIVING IT – ENTAILS EMOTIONAL RESPONSE.
IT GOES BEYOND ACTS OF BASIC CARE AND IS LIKELY TO INVOLVE GENEROSITY –
GIVING A LITTLE MORE THAN YOU HAVE TO – KINDNESS, AND REAL DIALOGUE.

FRANK 2004

"I KNOW WE ALWAYS SAY IT, BUT THINK ABOUT IF IT WAS YOU OR YOUR GRANDMOTHER, YOUR MUM OR YOUR DAD. I HAVE BEEN ON THE OTHER SIDE OF THE FENCE, FOR ME YOU JUST HAVE TO COMMUNICATE. IT ISN'T HARD, TELL THEM WHAT IS HAPPENING, IF YOU DON'T KNOW TELL THEM, TELL THEM YOU WILL GO AND FIND OUT FOR THEM."

CLINICAL NURSE CONSULTANT 15 YEARS' EXPERIENCE

"I guess for me it's just how lucky we are as nurses to be in such a valued position and to be so instrumental in whatever type of nursing it is. Being there for someone if it's a happy journey with a baby or a patient receiving palliative care, we are very honoured to be allowed into that experience."

CLINICAL NURSE CONSULTANT 24 YEARS' EXPERIENCE

Compassion

"To actually umbrella compassionate care it would include everyone that is involved in the hospital as a whole. You can have the best experience on the ward with a nurse and then the worst experience with the receptionist. We should be making sure that all aspects of the teams are well supported and know how you would want to be treated. This is what you should believe, that when you walk in to any department you should be treated with respect."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

"Being compassionate, is showing people humility and being humble whilst caring, treating them the same way."

REGISTERED NURSE 4 YEARS' EXPERIENCE

"It is very difficult to switch off sometimes; it is very hard not to take the troubles of the patients home, their illnesses and their struggles. But at the same time I wouldn't change it at all. We have a lot of student nurses coming through, seeing the delight and the joy the young and new nurses have, you can see it is in their DNA. Helping them and supporting them is joyful, it can be frustrating as not all are cut out for it, but I enjoy seeing them and it takes me back to when I first started and helps me reflect back on how I coped in a situation. What did I learn? What can I help them with? Seeing them grow and show such compassion and love for the patients, it is just given."

ENROLLED NURSE 33 YEARS' EXPERIENCE

"The challenge is to keep doing what you're best at because if you feel that you have a lot to offer in your career you should use everything that you can. Before I leave this world I want to leave something that people will talk about, be a person who always has been an over caring person and has demonstrated that through her actions and wisdom."

REGISTERED NURSE 19 YEARS' EXPERIENCE

"I WANT TO SEE NURSING BE EVERYTHING IT CAN BE, HOW WE ENCOURAGE NURSES TO BE PERSON CENTRED AND COMPASSIONATE EVERY DAY. I THINK WE DO LOTS OF GOOD STEPS IN THE RIGHT DIRECTION, I JUST HOPE MY SMALL PART CAN MAKE A DIFFERENCE TO THAT HAPPENING."

CLINICAL NURSE CONSULTANT 23 YEARS' EXPERIENCE

"In relation to compassionate care, nursing is a wonderful profession and I think that it's a profession that rewards you whilst you care for others. You come to work and you do your job every single day, it's very rare that you go home and feel unrewarded by the interactions you have with people. It's not about a one way street, it's not about you giving day in and day out and not getting anything back. I think compassion is two sided, you give compassion to patients and usually the families and patients will give it back to you. So in that respect nursing is an absolute compassionate profession and very rewarding."

NURSE MANAGER 19 YEARS' EXPERIENCE

"I THINK COMPASSION IS AN ACTION AS MUCH AS IT IS AN ATTITUDE; WALKING PAST A PATIENT AND ASKING 'ARE YOU WARM ENOUGH?'; IF THEY LOOK WORRIED ASKING 'ARE YOU OK?' COMPASSION IS AN ACTION."

NURSE UNIT MANAGER 27 YEARS' EXPERIENCE

"I think compassion is difficult to identify and define, but I feel compassionate care comes from within us. It acts as a natural hand to help others, it does not require any skills to be developed, it comes naturally."

REGISTERED NURSE 7 YEARS' EXPERIENCE

"I think you have to keep yourself in check, you can get jaded because of all the things that happen, but bring it back to what is important. It is just about being human, seeing people at their most vulnerable and when they are angry and upset, it's not about that issue, it's about getting back to what is important."

REGISTERED NURSE 16 YEARS' EXPERIENCE

"I think some days it's easier to be compassionate than others, you've got to be resilient, you've got to have good support and you've got to have good culture around you to be able to provide that compassionate care. Your team, your area, everything has to be right for everyone to be able to deliver compassionate care. It just doesn't come automatically, it should, but it doesn't because there's so many barriers to it, resources, time management, lots of things happen in the day. I think everybody wants the best but you can't always give it. Things are sometimes out of

your control and it is getting everybody on the same page to deliver compassionate care. If everybody knows that's what we're aiming for it's easier to group together to provide it. It's something that you can't do on your own."

NURSE UNIT MANAGER 24 YEARS' EXPERIENCE

"I would recommend nursing as it is very rewarding. You can be compassionate to your patients and you get what you give. When you put your heart and soul into it, you get your heart and soul back. When someone says 'thank you' I think that's just when you know."

ENROLLED NURSE 42 YEARS' EXPERIENCE

"We are such a beautiful family here and all support each other. We've all had our ups and downs in our personal lives like divorces and heartbreaks and all sorts of things but we've got this really strong foundation where we look after each other and trust each other. We have support when we come to work, we've had staff that have been pregnant and we support them and take on some of the extra load because we genuinely care about each other and then we're taking better care of the patients because we keep each other strong. The patients say that as well, they are always

"COMPASSIONATE CARE IS ALL ABOUT HOW WE SEE A PATIENT. IT IS YOUR VISION, WHAT IS IN YOUR HEART. YOU DON'T BRING WHAT HAS HAPPENED TO YOU INTO THEIR LIVES, I DON'T WANT MY NURSE TO BE GRUMPY."

REGISTERED NURSE 17 YEARS' EXPERIENCE

commenting on how lovely we all speak to each other here and how friendly and happy we all seem to be, especially the patients that come back. You can see the smile on their face when they come back, you know that they feel so comfortable here."

ENROLLED NURSE 2 YEARS' EXPERIENCE

"I think it is very important to acknowledge compassionate care. Stop every now and again to reflect on why you are doing this."

CLINICAL NURSE EDUCATOR 19 YEARS' EXPERIENCE

"I've no regrets, you look back and think 'I made a difference.'"

CLINICAL NURSE CONSULTANT 22 YEARS' EXPERIENCE

"I THINK COMPASSIONATE CARE IS THE MOST IMPORTANT THING, GOOD CLINICAL CARE IS IMPORTANT AS WELL BUT SOMEONE CAN BE A REALLY GOOD CLINICIAN AND MIDWIFE BUT A BAD MIDWIFE AT THE SAME TIME, IT IS SO MUCH MORE THAN THAT. COMPASSION

IS WHAT MAKES A DIFFERENCE TO PEOPLE, FAMILY AND SOCIETY, EVERYTHING. IT IS EMPOWERING PEOPLE AND HELPING THEM IN THE TRANSITION TO MOTHERHOOD."

REGISTERED MIDWIFE 1 YEAR EXPERIENCE

"The more compassion you show, the more reward you get, you get a lot more back than you give really. There is nothing like the feeling of going home after a day's work, feeling very satisfied you have made a difference and the patients have been very happy with the way you have treated them."

REGISTERED NURSE 35 YEARS' EXPERIENCE

"For any new nurses the main thing that I say is we need honesty and transparency. If you don't know the answer to something say 'I don't know and I will look it up for you', and come back and tell them. I would say have the compassion and the understanding and know that there is a person there, they are not just a body or a sore leg or have schizophrenia, they are a whole person from head to toe and their emotions

go with it. I think if you can remember that, you will be a good nurse. It is an all encompassing profession, more than I ever thought about when I first started, and at the end of my life, I intend retiring soon, I can look back and say that I made a difference and I loved my job and I still love my job."

CLINICAL NURSE SPECIALIST 40 YEARS' EXPERIENCE

"I think compassion is difficult to identify and define, but I feel compassionate care comes from within us. It acts as a natural hand to help others, it does not require any skills to be developed, it comes naturally."

REGISTERED NURSE 7 YEARS' EXPERIENCE

Person Centred Care

"Nursing scope of practice as a profession, the expectations of what nurses can do, and skill levels have increased and the knowledge expected to carry out those practices has increased. I think it is a good balance to remember that nurturing, human side and that is what drives us and balances out those things; otherwise, you can just be a technician."

NURSE EDUCATOR 15 YEARS' EXPERIENCE

"I think it is about focusing purely on the patient but not forgetting yourself either because if your health is at a low, how are you supposed to help someone else? I think it has to be an even balance of looking after yourself and looking after the patient."

STUDENT NURSE 3RD YEAR

"I THINK COMPASSIONATE CARE HAS BECOME MORE DIFFICULT AS THERE IS MORE PRESSURE AND DEMANDS. IT CAN BE A BIT LOST IN THE COMPLEXITY OF THE HEALTH SYSTEM. IT'S A SHAME AND I HOPE IT COMES BACK."

CLINICAL NURSE CONSULTANT 19 YEARS' EXPERIENCE

Team

"The contribution of all professions working with a health care consumer is so important and we do the best work when we are working collaboratively. It is beholden on us, all professions, to try to provide the best service we can by working in the most effective ways we can with each other and I think we need to continue to strive towards better and better teamwork as time goes by, and the team includes the patient."

SENIOR CLINICAL PSYCHOLOGIST 29 YEARS' EXPERIENCE

"WE HAVE SO MUCH TO LEARN FROM EACH OTHER WITH THE CLIENTS, I THINK FOR ME THAT IT IS LEARNING FROM PEOPLE AND RESPECTING THE EFFORT THEY PUT INTO THEIR OWN RECOVERY."

CLINICAL NURSE CONSULTANT 16 YEARS' EXPERIENCE

"THE WORD 'DEDICATED' IS A POWERFUL THING/ DRIVER BECAUSE YOU NEED TO BE DEDICATED TO YOUR PROFESSION OR TO HEALTH CARE."

PHYSIOTHERAPIST 36 YEARS' EXPERIENCE

Self Care

"You have to look after yourself first before you look after others, because it will show. Self care can be difficult at times, and self care might look different at different times throughout your career but you have to care for yourself before you care for other people, and it is really important to have a good team behind you."

SOCIAL WORKER 7 YEARS' EXPERIENCE

"Realistically unfortunately, compassion is one of the things that probably is the first to go when there are a lack of resources."

PHARMACIST 5 YEARS' EXPERIENCE

Kindness

"Try to do one good thing every day for a patient and one good thing for someone within your own team. I would love to see a world where if you are crying on a train and someone gives you a tissue, instead of being surprised at the rarity of that gesture, saying 'thank you that is really nice' and having that be a more common, occurring theme."

PHARMACIST 3 YEARS' EXPERIENCE

"People still need to know that someone is there for them and I would like to be the sort of health care worker that knows when a patient needs me and I will do something about it – stop what I am doing and spend that time with them."

CLINICAL NURSE EDUCATOR 37 YEARS' EXPERIENCE

Caring

"Caring should be at the heart and that we keep a focus on that. In health care with all of its challenges and how we can sustain the demand over time, what will get us through is to remind ourselves of the core reason we provide the service."

GENERAL MANAGER 3 YEARS' EXPERIENCE

"It would just be nice if they had that human approach, that compassionate approach and recognising where you have come from, what you have been through, that you are not in a good state, that you need some time to just be able to sit and be ... that recognition is so important I feel and I understand they are busy, but there is no excuse."

CONSUMER REPRESENTATIVE 35 YEARS' EXPERIENCE

"THE HEART OF CARING IS SUCH A GREAT PROJECT TO BRING THINGS BACK TO OUR STAFF AND RE-FOCUS THEM AROUND CARING FOR OUR PATIENTS – THAT IS WHY WE ARE ALL HERE, IT IS FANTASTIC."

GENERAL MANAGER 5 YEARS' EXPERIENCE

"We look after the whole patient, we look after all their problems, we look after them in the way they want to be looked after, and we can visit their homes and we can see the best way they can complete their lives, which is fantastic."

CLINICAL STREAMS DIRECTOR 14 YEARS' EXPERIENCE

Authenticity

"The importance of integrating that technical aspect of the head with the heart, being yourself within a professional framework, being authentic to yourself, not pretending."

SOCIAL WORKER 20 YEARS' EXPERIENCE

Reflective Activity

CAPTURE YOUR RESPONSES INDIVIDUALLY OR AS A GROUP



What does person centred care mean to you?



What does compassionate
person centred care look like
in your unit/department?



What do you do as a team towards
providing compassionate care?



How do you evaluate your
patients' care experience?



Share as a group and discuss
possible actions for the future.

Facilitator Session Plan Example

THE HEART OF CARING (HoC) – USING STORIES TO STRIVE FOR PERSON CENTRED COMPASSIONATE CARE

Purpose

- To facilitate critical reflection using The Heart of Caring resource reflection activities. Enabling and supporting teams to work towards providing the compassionate care every person deserves.
- To use the critical reflections and consider practice changes that may be actioned towards providing person centred compassionate care.

Learning Objectives

- Demonstrate an understanding of how The Heart of Caring resource can stimulate reflective practice and learning in relation to the provision of compassionate care.
- Demonstrate an understanding through reflection how our people's stories can influence the delivery of compassionate care.

Duration	Activity/Content	Facilitator Role	Group Role	Resources
15 mins	Welcome & Ice Breaker	<p>Welcome Explain the purpose of the workshop.</p> <p>Introductions Introduce self and share a 'Strength' you bring to your role every day? Capture on butchers paper and create a 'Wall of Strengths'. Share exercise from HoC page 81 and how individual strengths of a team are the cement that holds a team together. Consider the strengths of our people on HoC page 83.</p>	<p>Large Group</p> <p>Whole group 'Strengths Exercise'</p>	<p>Butchers paper / pens</p> <p>Strength Exercise HoC page 81</p>
5 mins	Ways of Working (wow)	<p>Facilitate a 'Ways of Working' as a group (or use established WoW). Share how WoW are effective in enabling group engagement.</p>	Large Group	WoW exemplar
5 mins	Background to The Heart of Caring Resource	<p>Background to Heart of Caring Introduce The Heart of Caring Resource and contents... Visioning, strengths, reflective activities with workshop session plan exemplar.</p>	Large Group	Slides
30 mins	The Heart of Caring Reflective Exercise	<p>Reflective Activity Choose the section of The Heart of Caring resource (sections 1-10). Individually or as small groups read the story excerpts, complete the reflective activity and capture thoughts. In small groups share and discuss emerging themes, capture whole group ideas and then identify and agree on two priorities to consider action planning.</p>	<p>Small Groups</p> <p>Feedback to Larger Group</p>	HoC resource
15 mins	What Can We Do To Make A Difference – Action Planning	<p>Action Planning In small groups develop an action plan for the priorities identified. Consider SMART goals, The Heart of Caring Framework, scope of influence, strengths, and outcome measures. Each group to share within larger group.</p>	<p>Small Groups</p> <p>Large Group</p>	<p>Butchers paper</p> <p>Action Plan Template</p>
	To Close	<p>Share one thing you will individually do towards striving to provide compassionate care to every patient every time...</p>	Large Group	Workshop Evaluation

Compassionate Care Visioning

This exercise invites you to consider and reflect on what you aspire to and vision for our future practice.

-
- Think back to a time when you provided compassionate care. Imagining what it looked like, felt like, smelt like, sounded like?

-
- Now imagine providing compassionate care in the future and what you would like to aspire to. What does it look like, feel like, smell like, sound like in the future?

-
- Creatively represent your vision, in groups or individually.

-
- Share what you have created.

-
- As a group discuss and consider obstacles or barriers that may be present.

-
- What can you do differently as a team?

-
- What can you do to strive to be compassionate to every patient every time? What can you personally commit to?

Strengths Exercise

The strengths you bring

Identifying your own individual 'strengths' is a good way to self-encourage and regain self-confidence. As a team we have so many strengths to combine, our individual strengths can complement each others; they are the cement that holds a team together. Sharing strengths within a team can open up valuable reflection and discussion as strength words are extremely powerful.

Ask yourself 'Which strength words resonate most with me and my role?' 'What strengths do I bring to my role?'. As a team you could consider individual team members identifying their strengths and then collating to produce a creative team 'wall of strengths'.

Team strengths can also be considered. Each member of the team could be asked to self-reflect and share the strengths they see within the team, to spot those strengths.

INTELLIGENCE · INDEPENDENT · **VERSATILE** · LOGICAL · **OBSERVANT**

RESPECTFUL · **TOLERANT** · AMBITIOUS · **PATIENT** · DISCIPLINED

DETERMINED · FRIENDLY · **DEDICATED** · IDEALISTIC · **PERSUASIVE**

PASSIONATE · **WARM** · ADVENTUROUS · **OPEN** · FORCEFUL · **HUMOUR**

SPONTANEOUS · **SPIRITUALITY** · LEADERSHIP · **GRATITUDE** · PRUDENCE

FORGIVENESS · HUMILITY · **SERIOUS** · LIVELY · **SELF-ASSURED**

GENEROUS · **PRACTICAL** · CARING · **OPTIMISTIC** · ACCURATE · **HOPE**

TEAMWORK · **MODESTY** · FAIRNESS · **KINDNESS** · PERSISTENCE

VITALITY · LOVE OF LEARNING · **TRUSTWORTHY** · LOVE · **APPRECIATIVE**

ENCOURAGING · **BRAVERY** · PERSPECTIVE · **INTEGRITY** · SYMPATHY

HONESTY · TACTFUL · **EMPATHY** · SOCIAL INTELLIGENCE · **MOTIVATED**

OPEN-MINDEDNESS · CURIOSITY · **CREATIVITY** · FLEXIBLE

References

- Bulman C & Schutz S (2008)**, Reflective Practice in Nursing, 4th Ed., Blackwell Scientific Publications, Oxford.
- Cornwell J & Goodrich J (2009)**, Exploring how to ensure compassionate care in hospital to improve patient experience, Nursing Times, vol. 105, no.15, pp. 14-16.
- Dewar B (2013)**, Cultivating compassionate care, Nursing Standard, vol. 27, no. 34, pp. 48-55.
- Francis R (2013)**, Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, London: The Stationery Office.
- Frank AW (2004)**, The Renewal of Generosity: Illness, medicine and how to live, The University of Chicago Press, Chicago.
- Garling P (2008)**, Final Report of the Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals, Sydney.
- Hall J (2013)**, Developing a Culture of Compassionate Care – The Midwife’s Voice, Midwifery, vol = 29, no. 4, pp. 269-71.
- Hudacek SS (2008)**, Dimensions of Caring: A qualitative Analysis of Nurses’ Stories, The Journal of Nursing Education, vol. 47, no. 3, pp. 124-129.
- NSW Health (2014)**, NSW State Health Plan: Towards 2021, Accessed at: <http://www.health.nsw.gov.au/statehealthplan>
- Oxford Dictionary of English (2010)**, 3rd Edition, Oxford University Press.
- Price A (2004)**, Encouraging reflection and critical thinking in practice, Nursing Standard, vol. 18, no. 47, pp. 46-52.
- West M & Dawson J (2012)** Employee engagement and NHS performance. The King’s Fund. Available at: www.kingsfund.org.uk

Links to Resources and Weblinks

Health and Training Institute NSW Link: <http://www.heti.nsw.gov.au>

NSW Health (2014) NSW State Health Plan: Towards 2021: <http://www.health.nsw.gov.au>



Strengths that our people bring to their roles

Our people individually considered the strengths they bring to their role every day and were invited to choose strength words. This is a representation of their collective strengths.

Compassion is at the centre of health care, how it can be achieved in everyday practice is the challenge we face. 'The Heart of Caring' and what that means to us and to our teams is a question we need to regularly consider. How can we work together to provide compassionate care to every patient every time? How do we know our patients and clients are being provided compassionate care? What may prevent it? Telling our stories on a regular basis is a way to identify what it means to us.

Our people's stories have revealed, 'The Heart of Caring' means providing 'Person Centred Compassionate Care', it is 'Making a Difference to a Care Experience', it is supported by 'Teamwork' and that 'Self Care' is essential to enable its sustainability. The revelations from the stories have formed the 'Heart of Caring Framework' with the essential elements that lead to person centred compassionate care. We hope this resource can support you and your teams towards providing the 'Person Centred Compassionate Care' that our patients and clients deserve.

**For further support or enquiries please contact
the South Eastern Sydney Local Health District
Nursing and Midwifery Practice and Workforce Unit.
SESLHD-NursingandMidwifery@health.nsw.gov.au**