



Evidence for Compassionate & Collective Leadership

Recent evidence suggests that even before the Pandemic, health and social care was facing a crisis in staffing related to vacancies, sickness absence, staff turnover and stress levels, leading to damaging consequences for staff health, performance and patient/service user safety. Longitudinal analyses of data from the NHS Staff Survey (England) consistently demonstrated associations between staff reports of stressful and unsupportive work environments and poorer patient satisfaction, quality of patient care and financial performance and, in the acute sector, increased patient mortality. Better staff well-being is linked to positive patient outcomes within NHS organisations.



Academic research in health services across the UK also demonstrated strong links between staff experience and patient outcomes such as care quality. Where health service staff report being well led and have high levels of satisfaction with their immediate supervisors, patients report that they, in turn, are treated with respect, care and compassion. There are also strong relationships between staff satisfaction and patient satisfaction. The more positive staff were about their working conditions, the more positive patients were about their care.

Studies have shown that where compassionate approaches have been deployed improved outcomes have included decreased length of stay; patients randomly assigned to compassionate palliative care surviving 30% longer; post-operative nurse compassion associated with 50% lower pain ratings.



In addition to this rich body of evidence, compassionate leadership also aligns with the requirements of our workforce who, when consulted in 2019 on the leadership and culture required to thrive and deliver continuously improving health and care, identified many of the components of the compassionate leadership model.

HEIW has therefore been working with Prof Michael West, Kings Fund, and a 5-nation community of practice since 2019 to develop a consistent and coherent approach to leadership development in NHS Wales. Compassionate and collective leadership has a strong evidence base and foundation, developed over many years of academic and practical research. It builds upon previous work on collective leadership, teamwork, nurturing cultures of high-quality care, and organisational effectiveness. Because of its strong evidence base we felt it would resonate with our clinicians as well as our general managers, and whilst it is still early days there is growing traction across our workforce and strong interest from clinicians as well as regulatory and professional bodies including the RCN and the GMC.

In simple terms compassionate leadership has 4 components – listening, understanding, empathising, helping. It is about empowerment of our workforce, but with an emphasis on taking action. It requires leaders to build trust and engage with their workforce, at whatever level, building lasting relationships that support delivery, and that recognise the importance of our staff and their wellbeing. Further details are included on the diagram below.



As noted above there is substantial evidence of improved delivery and performance, of better outcomes for patients, where compassionate leadership approaches have been applied. Therefore, rather than slow the work down, during COVID we accelerated the development of the tools and resources to support leaders at all levels. This work will continue at pace as a key contribution to support the system reset and recovery. The pandemic has reaffirmed the importance of wellbeing as reflected within the ‘Workforce burnout and resilience in the NHS and social care report’ May 2021. This report emphasises how the pandemic has increased workforce pressures exponentially, with 92% of trusts in NHS England having concerns about staff wellbeing, stress and burnout following the pandemic. A subsequent article published by the Kings Fund claimed chronic excessive workload was damaging staff health, patient care and staff’s long-term ability to provide high-quality and compassionate care for people in their communities. It also stated that the high levels of stress this causes are linked to medical and nursing errors, patient dissatisfaction and poor care quality, and that sustained stress is associated with cardiovascular disease, addictions, cancers, diabetes, depression, and early mortality. Compassionate leadership is not the whole answer, but it has the potential to help with the recovery and retention of our most important asset, our workforce.



The context for public services in Wales, including the Future Generations Act and A Healthier Wales, requires a shift in leadership thinking, behaviour, and capability to support the transformation of health and social care. Effective leadership across boundaries to deliver integrated care to meet the needs of patients, service users and communities both efficiently and effectively is essential. Compassionate leadership provides the framework for leaders in health and care to work together, spanning organisational boundaries both within and between organisations and prioritising overall patient care rather than the success of their component in it. The implementation of legal duties in relation to quality and candour also demands a change in how we lead and how we develop our leaders.

Since 2019, one of HEIW’s 6 strategic aims has been to ‘work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels.’ This is also reflected the ten-year national [Workforce Strategy for Health and Care](#), published last October. We are making good progress in establishing the building blocks for the ambition ‘by 2030 leaders in the health and social care system will display collective and compassionate leadership’; if you would like to know more, we would happy to provide further detail.



Further reading

1. [The Workforce burnout and resilience in the NHS and social care \(Second Report of Session 2021–22\)](#)
2. [Naming the issue: chronic excessive workload in the NHS](#)
3. [Health and Social Care in Wales – Covid-19: Looking forward \(March 2021\)](#)
4. Health Foundation, The King's Fund, Nuffield Trust. (2018). The healthcare workforce in England: make or break? Retrieved August 21, 2020, from <https://www.kingsfund.org.uk/publications/healthcare-workforce-england>
5. Beech, J., Bottery, S., Charlesworth, A., Evans, H., Gershlick, B., Hemmings, N., Imison, C., Kahtan, P., McKenna, H., Murray, R., & Palmer, B. (2019). Closing the gap: key areas for action on the health and care workforce. The Health Foundation, The King's Fund, Nuffield Trust. Retrieved May 8, 2020, from <https://www.kingsfund.org.uk/sites/default/files/2019-06/closing-the-gap-full-report-2019.pdf>
6. Department of Health. (2019). Health and social care Northern Ireland quarterly workforce bulletin June 2019. Retrieved August 21, 2020, from <https://www.health-ni.gov.uk/sites/default/files/publications/health/hscwb-key-facts-june-2019.pdf>
7. West, M., & Coia, D. (2019). Caring for doctors, caring for patients. How to transform UK healthcare environments to support doctors and medical students to care for patients. General Medical Council. Retrieved March 19, 2021, from https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf
8. NHS National Services Scotland, Information Services Division. (2019). NHS Scotland workforce: quarter ending 30 June 2019. <https://www.isdscotland.org/Health-Topics/Workforce/Publications/2019-09-03/2019-09-03-Workforce-Summary.pdf>
9. American Psychological Association. (2018). Stress effects on the body. Retrieved October 30, 2019, from <https://www.apa.org/topics/stress/body>
10. American Psychological Association. (2018). Stress effects on the body. Retrieved October 30, 2019, from <https://www.apa.org/topics/stress/body>
11. West, M. A., Dawson, J. F., Admasachew, L., & Topakas, A. (2011). NHS staff management and health service quality: Results from the NHS Staff Survey and related data. Report to the Department of Health. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215455/dh_129656.pdf
12. West M. A., & Dawson, J. F. (2011). NHS staff management and health service quality. Department of Health and Social Care. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215454/dh_129658.pdf