



3-C's of PUTTING PATIENTS FIRST

Caring, Connecting & Compassion



“Patients assume healthcare professionals have the expertise, knowledge and skills. They hope, however, to be valued and respected and describe these characteristics as ‘kind’ and ‘nice’. When they experience these attitudes they feel they are taken seriously and are cared for.”

Perini, Stauffer et al ‘The meaning of caring from viewpoint of patients’ *Pflege*. 2006 Dec; 19(6):345-55.

The Studer approach encourages nurses to do quick hourly rounding of patients, where they introduce themselves, say what the purpose of the visit is, how long it will take and attend to comforts like pain relief, toilet, position - and ensuring items like water, glasses and call button are in reach. They ask if the patient has any other concerns, saying “*Is there anything else I can do for you - I have the time*”.

Giving the gift of your presence to someone shows that you truly care about making a connection with them

Putting Patients First calls on us to cultivate qualities we sum up under 3C's: Caring, Connecting and Compassion. There's a link between these. If we don't *care*, we won't bother to *connect* with patients. Without *connecting*, we can't be *compassionate* because connecting is a basic precondition for compassion.

➔ **Practising caring, connecting and compassion is how we put the 5 PPF principles into action.** Let's unpack what each one of these is about...

1. CARING: Most of us go into healthcare because we want to care, but the daily stress and pressure of rounds and routines, can take its toll on our care-factor. We lose sight of why we're here. We do the physical procedures, but miss the person-behind-the-patient.

We all have a legal duty of care, but in medical contexts, care focuses mainly on issues like access, clinical excellence and sound procedures. It underplays the personal part. Many patients say the technical quality of care was excellent but they still didn't feel 'cared-for'. Caring in a patient-first sense is not just correct 'medical treatment'. It's about the more every-day sense of feeling noticed, heard, comforted and looked after. Its opposite is 'careless' or a 'don't care' attitude. Here are some aspects of caring:

- ◆ You monitor your thoughts to ensure the patient is uppermost in your mind, not you
- ◆ You are concerned for all patients' well-being – not just physical but also emotional.
- ◆ You notice what goes on for patients – you're not pre-occupied with your priorities
- ◆ You are present for patients – you're not too busy or rushed to give them your time
- ◆ You listen to patients and respect their views – not judge or argue with them
- ◆ You put patient needs before yours – not just do what's convenient for you
- ◆ You anticipate their needs, their fears or comfort – and then do something about it
- ◆ You don't overlook the small things that matter and make a difference to patients
- ◆ You're prompt to take action – you don't put it off or tell yourself you'll do it later
- ◆ You don't allow yourself to downgrade your caring because a patient is being difficult
- ◆ You respect their wishes, rights and responses, without judging or controlling?

“*I don't have time to care!*” is a common refrain. If we feel like this, we may be stressed, over-burdened and heading for burnout. Taking time to care can actually act as defence. So be present. Put aside your judgments and really listen to get to the heart of patients.

2. CONNECTING: Patients want their feelings acknowledged – an indication you're trying to genuinely connect with their feelings. Connecting is part of doing a professional job, even if it's only a brief moment. This isn't just human kindness. It's practical caring and patient focus – and it takes *empathy*.

Empathy is picking up on where a patient's coming from, a keen awareness of their needs, feelings and thoughts, without them having to say so. It's your emotional radar – the limbic system – and we need it, as people seldom *say* what they really feel. It means having connective conversations, where we get in tune and create positive, affirming, healing emotional climates, where patients feel understood and cared-for. Empathy serves us well in many practical ways. For example:

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“It’s a misconception that supportive interactions require more staff, time and are more costly. Kindness is free. Listening to patients or answering their questions costs nothing. Negative interactions - alienating patients, being non-responsive to their needs or limiting their sense of control - can be very costly. Angry, frustrated or frightened patients may be combative, withdrawn and less cooperative - requiring far more time than it would have taken to interact with them in a positive way.”

Susan Frampton, Laura Gilpin, Patrick Charnel in their book: *Putting Patients First*

“Despite the increasing scope and sophistication of healthcare and the focus on improvement, it is still failing at a fundamental level. Caring and compassion seem to be under strain.”

Robin Youngson ‘Compassion in Healthcare - the missing dimension of healthcare reform?’ NHS Paper #2. May 2008

“Perhaps the simplest and most profound of all human interactions is KINDNESS. But if it is so simple, it is surprising how frequently it is absent from our healthcare environments”

from an article ‘Putting Patients First at Griffin Hospital’ by Dale Wolf at www.better-hospitals.com/?p=149

- ◆ Research shows connective moments are calming, restoring and healing – for both of us – and can be a great stress reliever.
- ◆ Getting insights into what patients think and feel – what makes them tick – helps us to work out how to best deal with them and their particular situation.
- ◆ If we read patient feelings well, we can predict how they might react. This enables us to modify our message or behaviour so we ‘get through’ and handle them better.
- ◆ Being empathetic is a way head-off and calm emotional outbursts from patients, say or do what’s appropriate and calm a situation – both for yourself and the patient.
- ◆ Empathy is important to get your own way too. To influence someone, I have to connect with them first, so they’ll trust or listen to what I say and pay attention.
- ◆ It keeps us emotionally balanced in the face of hostility, stops us being hijacked by someone else’s strong emotions and reacting badly – and it enables compassion.

Some of us are trained to believe clinical detachment is best to avoid being emotionally overloaded. Recent brain studies say this is wrong. If you’re cold, clinical, uncaring, you’re closed off to patients and can’t be connective. Clinicians lacking in empathy often act in ways that further antagonize upset patients and create more disruption.

It’s easy to be pre-occupied with our feelings, forget to acknowledge patient’s and miss clues about what they need to make them feel cared-for. Self-absorption, irritation or being critical, dulls empathy. So before doing what you need to do, connect with patients first. It costs nothing but being rude, argumentative or non-responsive can be very costly.

3. COMPASSION: Patients expect compassion from us because we’re in a caring role – yet it’s often absent from healthcare, overridden as Dr Robin Youngson says, by “*a bio-medical approach that rests on rational detachment and objectivity*”. There’s widespread belief too much empathy leads to ‘*compassion-fatigue*’ – that detachment’s essential to defend against so much suffering. Some clinicians consider compassion an unrealistic, naively kind-hearted response that gets in the way of good practice and has no impact on patient wellness. Emerging research shows the opposite.

- ◆ Compassionate clinicians have the least risk of burnout. Compassion shields us from toxic emotions, stay less stressed and builds reserves of energy and resilience.
- ◆ It also has a positive effect on patient's physical, mental and emotional well-being – making them feel cared for and safer in the midst of uncertainty.

We convince ourselves we can’t make space for compassion – yet that’s what great carers do make time for. And since emotions are contagious, the calmness that comes with compassion spread to others around you. But what is compassion?

- ◆ Compassion starts with connection, but it’s bigger than that. It’s being able to emotionally identify with the plight of patients and want to do something about it.
- ◆ Compassion is a sincere wish for everyone to be well and happy, without exception – no-one is excluded based on your prejudices or feelings you hold towards them.

➔ **Compassion is a state of mind and heart – it’s about being benevolent and doing small acts of kindness and consideration for all patients, regardless of how they treat you.**

- ◆ Compassion is identifying with patient suffering and wanting to act to relieve pain
- ◆ Compassion is affection – showing patients a warm face, human touch of humour, a small piece of comfort or kindness or simply being there supportively.

Real compassion is easier when relations are full of respect, caring and likingness; harder if you resent patients as hostile, complaining or demanding and you feel resentment, dislike or indifference. So next time you see a patient, pause a moment to reflect on the emotions you bring to the encounter and the stories you tell yourself about patients.