

**John Caroe** asks us to think about how we care for ourselves and our colleagues as much as for our patients



# COMPASSION WITHOUT BURNOUT

## key points

- The Enlightenment severed the age old, close link between caring and curing, compassion and science. The biblical understanding of people, sickness and healing allows for no such division.
- How can we become the sorts of doctors, nurses or midwives who show such compassion alongside technical skill when we find ourselves stressed and burnt out?
- The author encourages us to build networks of Christian friends locally and nationally to support and encourage one another and to support and encourage our non-Christian colleagues; to be refreshed and renewed regularly in order to be salt and light in our workplaces.

*'Do to others what you would have them do to you.'*  
Matthew 7:12

For many centuries medical care was an expression of the love of God, a ministry of the church. However, the Enlightenment ushered in the dominant idea that knowledge was king: spiritual care was no longer foundational. Education separated science and the humanities and medicine no longer needed the 'softer' touch. That mindset, fully grounded in the Kingdom of this world, has persisted for a considerable time.

Paul Tournier, a Swiss Christian physician, was perhaps the most famous voice crying out for the restoration of personhood within medicine.<sup>1</sup> His influence touched the heart of the profession, so that spiritual care of the whole person is gradually being restored to its foundational role. In recent years whole-person care has become central in the curriculum of medical schools, and publications relating to whole-person or spiritual care now number in the tens of thousands.

## Why is it so important?

The evidence for such whole-person care can be stark. Hopelessness can triple the risk of myocardial infarction (MI) or double the risk of cancer in symptomless middle age;<sup>2</sup> truly personal care brings a notable improvement in the lifespan of metastatic breast cancer. There are innumerable other examples where such care outweighs the benefits of stopping well-publicised risks such as smoking.<sup>3</sup>

But its qualitative aspect is as vital as its quantitative.

**'If you were in real medical trouble, what sort of doctor or nurse would you like to see?'**

PRIME tutors often ask this question when visiting groups of colleagues, both in other cultures and here at home. It is always remarkable how similar the answers are: words such as caring, compassionate, listening, or humble are frequent.

Studies show that such qualities have a significant positive outcome for patients: recovery times improve, patient satisfaction is better, advice is embraced rather than ignored, and people take their prescribed pills.<sup>4,5</sup> Emotional health is better even two months later. In the eyes of the patient,

a 'good' doctor or nurse is by no means the one who has passed the most exams.

The benefits extend beyond the patient. Far from paying a heavy price, the compassionate carer reduces the risk of personal burnout and even improves his/her own personal immunology.<sup>6</sup> Our managers may smile to discover fewer requests for expensive tests and referrals, shorter admissions and a significant reduction in agency fees for sick leave due to stress. Improvement in staff survey scores from 20 per cent below average to 20 per cent above average can save an average UK Trust £1.7M per year.<sup>7</sup>

It's win-win all round. Or it should be. The absolute prerequisite of compassionate whole-person care is the well-being of the carers themselves. This is one thing that is by no means guaranteed these days.

The current levels of stress in our NHS are so well documented. Seldom a week goes by without reading words such as 'NHS crisis' in the newspapers. Sick leave, mental health issues, addiction, emigration enquiries, early retirement, self-harm: we all know the issues. The Stafford disaster shook us all to the core.<sup>8</sup>

What is our Christian calling at this time? Are we here for a time such as this? We face a significant challenge. As we said during the original conception of PRIME, it's all very well discussing what's wrong, but what are we called to do about it? We may feel we only have five loaves and two small fish: are we prepared to offer our meagre contribution towards such a seemingly impossible task? The Lord's authority and blessing once fed 5,000 recipients from such an offering.

The popularity of Schwartz rounds<sup>9</sup> clearly tells us that people wish to hear about, and reflect on, the inner tensions of NHS work. Everyone needs the opportunity to be heard when needed. What might each of us do in our small locality?

Is there not a call for retired Christian professionals to volunteer as hospital chaplains? It is a wonderful way to express the presence of God within a place with such a high concentration of spiritual angst. On paper, it is a role to stand alongside patients. But there is a substantial extra benefit in the opportunities to befriend and support staff in the corridors, or by popping one's head around a secretary's door. Often it is a senior nurse or manager who most appreciates friendship and understanding.

These senior people are aware of the importance of the wellbeing of their staff: it is often discussed in board meetings. But they also come up against the age-old question: what can one do practically?

Such is the background to a project developed by PRIME called *Compassion Without Burnout*. In this activity, supportive seminars are offered, as simple loaves and fishes, to do what we can. The sessions are designed to reawaken, re-legitimise and nurture the natural compassion of individuals who chose the profession for this very purpose and yet have found it increasingly hard to express this motivating driver in the current NHS. *Compassion Without Burnout* aims to counteract the institutional demoti-

vation that is a powerful factor in the quality of care.

A scaffold of PowerPoints sets the context for exploring both the physiology and evidence for compassionate care and catalyses personal reflection on the pressures of NHS life. Considerable time is allocated to small group interaction, particularly on the threat of burnout, how to recognise it, and how to help ourselves and our friends. It is noteworthy how the well-known stress curve is, in fact, far steeper on the right side than the more familiar bell shape might suggest.<sup>10</sup>

No two sessions are the same. Our pilot seminars have matured over two years as we share times with groups of students, young doctors or multidisciplinary established teams.

Feedback has been overwhelmingly positive. There is tremendous encouragement to be drawn from remarks such as 'I wish the session could have been longer': that particular session had lasted two hours! The enthusiasm of managers is equally welcome.

We are encouraged to persevere and to seek opportunities to expand the ministry. This word itself encapsulates the vision of a kingdom work for our time. Thus far the Lord has opened doors in four teaching hospitals on the South Coast, with others taking an active interest elsewhere in the UK.

Our vision is to encourage small groups of Christian friends throughout the country who are called to support and bless their stressed colleagues. Those of us who have retired already have established local friendships and speak the language of the NHS. Can we see this experience as a resource for the Kingdom? Do we see a possibility of reinvesting it at the core of the local caring community?

The greater challenge is to touch the heart of the whole system. We often hear the remark that it is this system, not the individual carers who work within it, that really needs oiling. Others are leading the drive to compassion within education. We must support the Lord's people in administration. He does have his people in strategic positions of influence.

Meanwhile, our immediate concern is for those at the front edge of caring, on the 'pavement of ordinariness'.

The Lord often calls us to go out to leave the safety of an inward-looking Christian life. We have a God-given responsibility to reflect the love of Christ and to be good Samaritans out there in the workplace when colleagues are hurting.

Whether in seminars or regular chaplaincy, our Christian presence on the corridors can hold open a door for God's presence to be manifest at the core of hospital life. We must never underestimate the value of friendship, of 'presence'. It may feel unstructured, even vulnerable. But in the apocryphal words of Cicely Saunders, our role may be simply 'to hang around in a messy sort of way and see what happens'.

We have a God of surprises.

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