Seven guiding commitments: Making the U.S. healthcare system more compassionate

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Abstract

Despite the current focus on patient centeredness, healthcare professionals face numerous challenges that impede their ability to provide compassionate care that ameliorates concerns, distress, or suffering. These include fragmentation and discontinuity of care, technologies that both help and hinder communication and relationship-building, burgeoning operational and administrative requirements, inadequate communication skills training, alarming rates of burnout, and increased cost and market pressures. A compassionate healthcare system begins with compassionate people, but the organizations in which they train and work must reliably enable them to express and act on their compassion rather than impede it. We present a set of guiding commitments and recommendations to foster a more compassionate healthcare system. We urge healthcare organizations to adopt these commitments and take action to embed compassionate care in all aspects of training, research, patient care and organizational life.

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Background

Compassion is a universal expression of human connection and caring in response to distress and suffering and underlies the very purpose of medicine.[1, 2] Compassionate care is recognizing, understanding and resonating emotionally with another's concerns, distress, pain or suffering, coupled with their acknowledgement, motivation and relational action to ameliorate these states.[3,4] Empathy, the ability to imagine oneself in another's shoes, helps one experience compassion. Compassionate care is not separate from other kinds of care, nor is it reserved for the end of life.[5] It is an ethical imperative and the foundation of all patient-caregiver relationships and interactions.[6,7,8] By caregiver, we mean all those who interact with patients and families wherever they receive healthcare. Without compassion, care may be technically excellent but depersonalized, and will fail to address the uniquely human aspects of the healthcare experience.

While patients and physicians alike believe that compassionate care is important to health outcomes and can even make a life or death difference, many share the view that our current healthcare system is not a compassionate one.[9] Despite the current focus on patient centeredness and important efforts to make care safer, more effective and less costly, caregivers face numerous challenges that impede their ability to provide care that honors and strengthens the relationships caregivers have with patients, families and their communities, and with each other. Such care is both compassionate and "relationship-centered."[10] In November 2012, we convened healthcare professionals, educators, researchers, administrators, health policy and measurement experts, and patients and family members to discuss how to address the mounting challenges and create a more compassionate healthcare system. Here we present the guiding commitments that came out of these discussions, along with recommendations to prompt further discussion and action. The aim of the commitments is to ensure that all patients and families receive compassionate care. We ask all healthcare organizations to adopt these commitments and take action to embed compassionate care in all aspects of training, research, patient care and organizational life.

I. Commitment to compassionate healthcare leadership

We believe that healthcare leaders who embrace and model compassion foster a culture of compassion within their organizations and institutions. They articulate the value and benefits of compassionate care, motivate others by their example, marshal resources that make compassionate care possible, provide training and a supportive infrastructure, and help others understand their role in relation to this common aim. They use tools to assess organizational climate and effectiveness in delivering compassionate care and are committed to its continuous improvement.[11]

As an example, England's chief nursing officer has established "Compassion in Practice" as a primary vision for its healthcare system and has developed a comprehensive national strategy to create a culture of compassionate care within the National Health Service (NHS). Leaders at all levels within and across the NHS must engage in an open dialogue about the importance of compassion, educate others about how they foster organizational cultures of compassion and create incentives that advance compassionate care.[12]

Leaders themselves may suffer as a result of having to make difficult decisions among competing priorities and may also need support and opportunities to discuss the emotional impact of this responsibility.

II. Commitment to teach compassion

Healthcare leaders, educators and clinicians who teach, model and reinforce the core values and skills of compassionate care foster them in students and trainees. Medical schools and residency programs are required to teach and assess communication and interpersonal skills for accreditation, and students' communication skills are evaluated in national licensure exams.[13,14,15] While medical schools offer courses on the patient-physician relationship, communication skills and social issues, several studies have shown that caring attitudes and compassion are inconsistently taught, reinforced and assessed,[16] and that self-reported empathy declines in medical and nursing students during their clinical training.[17,18,19]

Students and trainees may suffer secondary traumatic stress while caring for patients,[20] and like clinicians, they, too, may suffer from distress and burnout. Moreover, during clinical training in hospitals, they may experience mistreatment by superiors and see examples of uncaring behavior, creating an implicit "hidden curriculum" that degrades empathy and inculcates norms of uncompassionate behavior.[21] Nearly half of 12,195 medical students surveyed nationwide by the Association of American Medical Schools in 2012 said they were subjected to mistreatment, most frequently public humiliation, little of which they felt comfortable reporting.[22] One academic medical center that began surveying students about mistreatment during

clinical training and mandated faculty workshops on the topic reduced incidents of mistreatment by half.[23] Faculty development programs that support and enhance faculty members' ability to teach and model caring attitudes and compassion are critically important, but infrequently provided.[16,24]

Clinicians and educators in health professional schools and training programs have responded to these challenges with a variety of educational initiatives; most are offered as optional opportunities.[25,26,27,28,29,30,31] Some health professional schools, however, have integrated caring and compassion as a longitudinal theme taught throughout undergraduate education, and teach residents how to model and nurture it in students.[32,33] Some medical schools also offer longitudinal experiences in which students participate in the care of patients over time and develop relationships with the clinicians who care for these patients. These students perceive more positive role modeling than students in traditional clinical learning experiences.[34]

Stakeholders have articulated competencies for interprofessional collaborative practice and the need to align interprofessional learning with clinical practice redesign as a strategy to build positive relationships and create compassionate healthcare environments.[35,36] These initiatives may promote the values, skills and habits that underlie compassionate care.

III. Commitment to value and reward compassion
Valuing, supporting and rewarding the cognitive, emotional and collaborative work and time required for caregivers to provide compassionate care encourage such care to thrive. This may occur by creating compassionate organizational cultures, staffing, scheduling and policies that permit time for meaningful interactions, financial incentives, recognition awards and other mechanisms. In addition to local recognition, the DAISY Award and the Schwartz Center's Compassionate Caregiver Award provide national recognition of compassionate caregivers.[37,38]

Organizations may fear that financial incentives that pay for performance may degrade the moral and professional imperative to provide compassionate, relationship-centered care, and may actually undermine caregivers' intrinsic motivation to do so. Others suggest that incentives may weaken collaboration, or conversely, strengthen teams, organizations and systems that are able to work collaboratively toward a shared purpose.[39] Evidence is limited about the effectiveness of financial incentives on clinician, team and

organizational behavior, and is inadequate regarding their impact on patient outcomes.[40]

Nonetheless, hospitals are rewarded for performance in the U.S. and elsewhere. For example, hospitals may receive incentive-based payments based on patients' perceptions of their healthcare experiences. This is measured by standardized surveys such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and others.[41] Hospitals' scores are publicly reported on the Center for Medicare and Medicaid Services' Hospital Compare website.[42] Since July 2007, hospitals that are subject to Medicare's Inpatient Prospective Payment System have been required to collect and submit HCAHPS data to receive their full annual payment update. In addition, the Patient Protection and Affordable Care Act of 2010 specifically included HCAHPS performance in the calculation of value-based incentive payments to hospitals.[43] Despite the importance of the emotional and relational aspects of care, these surveys likely do not fully capture these characteristics. Understanding that these surveys will be used to incentivize healthcare providers and systems, they must include psychometrically sound measures of caring and compassion.

Financial and nonfinancial incentives may be effective if they emerge from a sense of shared moral and professional purpose, and if there is transparency and stakeholder collaboration in their development, monitoring, application, evaluation and continuous revision.[44]

IV. Commitment to support caregivers
Healthcare organizations that exhibit compassion for caregivers commensurate with the compassion shown to patients and families preserve caregivers' resilience and sense of purpose. Caregivers witness suffering, trauma and conflict on a daily basis. Their ability to sustain their own compassion and provide compassionate care to patients and families rests on both systemic and individual factors. Systemic factors, such as excessive workloads, decreased autonomy, lack of rewards, loss of a sense of community with colleagues, perceived unfairness and loss of respect, and conflict between organizational and individual values contribute to burnout and erode engagement with one's work and sense of purpose.[45,46] Individual factors that sustain compassion include the capacity to effectively recognize, process and manage the challenges of patient care.[47]

Burnout, characterized by emotional exhaustion, depersonalization (unfeeling and impersonal responses

toward those in one's care) and low sense of personal accomplishment,[48,49] degrades compassion. It is common among physicians (25 to 60 percent among physicians, up to 75 percent in residents)[50] and nurses (34 to 37 percent).[51] Physicians who are burned out more often report they have made medical errors and have diminished attentiveness, empathy and compassionate behaviors toward patients than those who are not.[52, 53] The depersonalization dimension of burnout has been associated with lower patient satisfaction and longer post-discharge recovery time.[54] Conversely, physician wellness and work satisfaction are associated with empathic perspective-taking,[55] patient adherence and patient satisfaction.[56]

The Affordable Care Act of 2010 includes incentives for organizations to offer workplace wellness programs, and a recent survey by the American Hospital Association showed that 86 percent of hospitals offer programs that focus primarily on physical health. Only about half offer classes in stress management, and these are not linked to incentives.[57] Healthcare organizations can mediate factors that degrade the psychological and emotional wellness of caregivers and provide infrastructure, interventions and incentives to promote it.[58, 59] Studies of programs that train clinicians in self-care, self-compassion and mindful communication have shown that participants acquire the needed skills required to avoid burnout. [60, 61, 62] Other programs that provide regularly scheduled opportunities for group reflection about the challenges of patient care help renew compassion, restore a sense of individual and collective purpose, foster community and enable clinicians to feel less isolated and alone.[63]

V. Commitment to partner with patients and families

Patients' needs and perspectives should be the organizing principle around which compassionate care is provided.[64] Patients and families should play an active role in shaping and evaluating their own care. When patients have the knowledge, skills and confidence to manage their own health care, they have higher-quality interactions and relationships with their physicians and better health outcomes.[65, 66] As suggested in a recent Institute of Medicine (IOM) report,[67] embracing the value and skills of collaboration and partnership with patients and families will require a significant shift in the culture of medicine and changes in infrastructure, education and incentives to support their participation.

In addition, healthcare organizations must be responsive to the emotional, social, cultural and linguistic needs of the patients and families they serve. Patients and families should be involved in designing and evaluating care delivery and the policies of healthcare organizations. Members of some Patient and Family Advisory Councils currently advise hospital committees in areas ranging from generating ideas for new initiatives to participating in co-training and hiring of new staff.[68] Policymakers and system leaders might also require primary care practices to demonstrate patient and family engagement in quality improvement efforts to qualify as patient-centered medical homes, as suggested by the Agency for Healthcare Quality and Research, to ensure more compassionate, patient- and family-centered care.[69]

VI. Commitment to build compassion into healthcare delivery

Healthcare organizations must remove the barriers that prevent clinicians from interacting directly with patients and that impair continuity of relationships within and across settings. Personal interactions are not secondary processes that must be trimmed to maximize efficiency — they are care, and in and of themselves can be therapeutic.[64]

Care must also be taken to ensure that new health information technologies support, rather than detract, from compassionate care. For example, information systems that capture patients' and families' emotional and social needs, and care goals and preferences would enhance compassion. However, the need to enter data into electronic health records diverts time that clinicians might better spend interacting with patients, families and each other. As a result, hospitalists, trainees and hospital nurses now spend more time interacting with computers than they do with patients.[70, 71, 72] Administrative and regulatory demands, interruptions and multitasking distract clinicians, add to their sense of workload and frustration, and affect clinical care. [73, 74, 75, 76, 77] As a result, clinicians, feeling pressed for time, or unprepared to manage the emotional aspects of patient care, often overlook clues that might uncover the source of their patients' distress.[78, 79]

The Institute of Medicine included "care based on continuous healing relationships" as its first rule among 10 simple rules for a 21st century health system.[80] "Continuity of relationships" implies that the patient has an ongoing relationship with a trusted clinician or care team that assumes responsibility for the patient's overall health and care, and manages shared care and transitions in care.[81, 82] In our changing health care system, it has been difficult to ensure and measure the continuity of these relationships within hospitals, across different care settings

Recommendations to Create a More Compassionate Healthcare System

Commitment	Goal	Recommendations
Commitment to Compassionate Healthcare Leadership	Healthcare leaders within and across organizations and systems reinforce compassionate care as a leadership priority.	• Leaders share and disseminate exemplary compassionate care leadership practices, tools, and quality standards to implement and assess organizational climate and capacity for compassionate healthcare. • Leaders implement these strategies and assess their impact on patients' experience and satisfaction, population health, and costs of care.
Commitment to Teach Compassion	Health professional students, trainees, and practicing clinicians continuously improve their competence in the knowledge, skills and attitudes required to provide, teach, and model compassionate care.	• Educators integrate, teach and assess the knowledge, skills and attitudes required to provide compassionate care across all years of education, training, and practice, and provide faculty development in these domains. • Regulators include the knowledge and skills required to provide compassionate care in licensure examinations and accreditation requirements. • Education leaders develop interventions and strategies to eliminate mistreatment of students and trainees, track reported incidents, and set standards for faculty remediation.
Commitment to Value and Reward Compassion	Healthcare institutions value, support and reward the cognitive, emotional, and collaborative work and time required for caregivers to provide compassionate care.	• Stakeholders ensure that financial and nonfinancial incentives emerge from collaborative processes aimed at the shared purpose of providing compassionate, patient- and family-centered care. • Stakeholders make public the processes used to develop, implement, evaluate and revise financial and other incentives. • Stakeholders provide incentives for care that improves patients' quality of life, wellbeing, and experiences of compassionate care as well as health outcomes. • Valid and reliable measures of compassionate care are included in publicly reported surveys of patients' experiences of care and linked to incentives.
Commitment to Support Caregivers	Healthcare organizations and systems support the wellness and resilience of healthcare professionals and address systemic factors that contribute to burnout.	• Leaders and employers offer and incentivize wellness initiatives that support emotional and psychological health. • Organizations provide opportunities for caregivers to share stories and to reflect on the emotional and social aspects of clinical care, and what sustains them. • Organizational leaders and employers measure and track burnout and assess the impact and outcomes of programs designed to enhance resilience and wellness.

Commitment	Goal	Recommendations
Commitment to Partner with Patients and Families	Healthcare organizations and systems invite patients and families to participate in and co-create processes and policies that promote compassionate care.	• Organizational and clinical leaders invite patients and families to design care processes that optimize the ability of clinicians, teams and organizations to respond to their needs, concerns, and distress. • Leaders invite patients and family members to participate in governance, councils, and committees that develop organizational policies and help to advance compassionate, patient- and family-centered organizational cultures. • Stakeholders provide information to patients and families about the importance of compassionate care, their right to be treated with compassion, how to identify compassionate healthcare providers, and how to take action when the absence of compassion impacts their health and wellbeing.
Commitment to Build Compassion into Healthcare Delivery	Healthcare organizations, systems, and policy-makers prioritize opportunities and time for personal interactions and continuity of shared information and relationships.	• Stakeholders align incentives and provide resources that facilitate caregivers' personal interactions with patients and families, and continuity of relationships with clinicians and teams within and across settings. • Organizational leaders implement tools and systems that enable clinicians, patients and families to document, update and act on shared information about patient's physical, emotional, social, cultural, spiritual needs, concerns and values.
Commitment to Deepen Our Understanding of Compassion	Researchers articulate and stakeholders measure the characteristics and outcomes of compassionate healthcare at all levels – among individuals, teams, groups, and organizations.	• Scientists and policy experts develop and fund an integrated research agenda to study the neuroscience, psychology, emotional, and behavioral aspects of compassion and resilience. • Researchers develop measures to enable patients, clinicians and healthcare leaders to assess the provision of compassionate care by individuals, groups, teams and organizations. • Stakeholders include measures of caring and compassion in patient experience and patient satisfaction surveys. • Researchers study the impact of compassionate care on processes and outcomes including adherence, trust, patient/family experiences and satisfaction, quality of life, health outcomes, and costs, as well as clinician wellness and resilience.

and during care transitions.[83] Hospitalized patients experience many handoffs of care regardless of whether a community physician or hospitalist attends to them, and verbal and written communication among clinicians at patient discharge is infrequent and suboptimal.[84, 45] As a result, patients and families must assume an increasingly active role in coordinating and managing their care across settings and at home; many lack the knowledge, skills, confidence or resources to do so.[86] Patients and their families must feel supported rather than cast adrift during handoffs and transitions in care. As care becomes increasingly team-based, caregivers must be supported in their efforts to provide compassion to patients that is sustained and shared.

VII. Commitment to deepening our understanding of compassion

An integrated research agenda is needed to better understand the nature, development and impact of compassion, as well as the factors that influence its demonstration at all levels. In addition, we must better understand the factors and interventions that influence caregivers' resilience and ability to sustain compassion.

While research is emerging correlating empathy and compassion with healthcare quality and patient outcomes, it is not yet robust. Researchers have correlated measures of physicians' empathy with patients' health outcomes such as diabetes control and frequency of hospitalization for significant diabetic complications.[87, 88] Patients' assessments of physicians' empathy and compassion have been correlated with long-term outcomes in cancer patients,[89] physiologic biomarkers of immune response to viral infections, and even the duration and severity of the common cold.[90] Measures of physicians' responsiveness to patients' concerns have also been correlated with decreased expenditures on diagnostic testing.[91]

Research on the impact of empathy and compassion on patients' and families' experiences of care, quality of life, health outcomes and cost is directly related to the triple aim of improving health at lower cost while improving patients' healthcare experiences and should be included among foundation and governmental funding priorities.

Conclusion

Important efforts are under way to make healthcare safer, more effective and less costly. Yet, many patients and physicians are concerned that these changes may be making our healthcare system a less compassionate one. The barriers that impede connection, caring and compassion must be addressed so that caregivers can offer, and patients and families receive, compassionate, patient- and family-centered care. Compassionate care must be a fundamental element of our healthcare system — available to all patients and families every day and in every interaction.

Acknowledgement:

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