

Institution: University of Oxford		
Unit of Assessment: 31 Theology and Religious Studies		
Title of case study: Promoting Compassion and Professionalism in Healthcare		
Period when the underpinning research was undertaken: Oct 2012-Dec 2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Joshua Hordern	Associate Professor of Christian Ethics	Oct 2012-present
Period when the claimed impact occurred: January 2017-31 December 2020		
Is this case study continued from a case study submitted in 2014? N		
<p>1. Summary of the impact (indicative maximum 100 words) Joshua Hordern has led a four-year project, in partnership with Oxford University Hospitals NHS Foundation Trust (OUH) and the Royal College of Physicians (RCP), that has changed understanding, practice and culture regarding compassion in healthcare and medical professionalism. Hordern's work, underpinned by his research in Christian ethics, has had two major impacts. First, a series of workshops on the theme of compassion in healthcare (2017-18) have contributed to significant changes in attitudes and practice among OUH staff, with benefits for staff and patients. Second, Hordern was co-author of a public report, <i>Advancing Medical Professionalism</i> (AMP, 2018), which has shifted the understanding of the theory and practice of medical professionalism in the RCP, both among the report's recipients and in the University of Oxford's undergraduate medicine curriculum.</p>		
<p>2. Underpinning research (indicative maximum 500 words) Hordern's underpinning research draws on Christian ethics to examine the nature of compassion, its role in healthcare, and the nature and practice of medical professionalism. Hordern's research has diagnosed core problems with compassion in healthcare, by considering the role of narrative and responsibility in relation to compassionate healthcare practice [R1], and has argued for the importance of specifically religious and cultural sources in understanding and promoting compassionate interaction between patients and professionals [R2]. In partnership with general practitioners, Hordern's research has critiqued the decline of compassion into uncritical acquiescence to the wishes of sufferers. It has argued instead for compassion as a form of potentially beneficial persuasion in which people, whereby healthcare staff or patients, come to see an instance of ill health differently [R3]. This is closely associated with the argument that compassion's meaning has to be carefully integrated with beliefs about responsibility, fault, and candour if it is improve healthcare practice and prevent malign paternalism [R4]. To this end, he has also made the case for framing medical professionalism and compassion in terms of covenantal thought, applying this to the growing marketisation of healthcare [R5]. Hordern's recent monograph brought these strands together in a detailed theological investigation of compassion and medical professionalism, tailored to various healthcare contexts. Identifying the multiple pressures upon compassion in healthcare practice, this work advocates an understanding of compassion less as a personal virtue, and more as a two-way relationship among patient and professionals. Drawing upon Augustinian Christian thought, the work conceives compassion as paradigmatically a quality of relationship between wayfarers and pilgrims. Hordern argues that compassion's content in specific encounters is determined by how individuals' narratives and their beliefs about time and responsibility meet and interact in the normally consensual conversations that characterise everyday healthcare practice. The work argues that consciously forming such compassionate relationships within healthcare teams and between staff and patients is vital to mutual understanding and deliberative reasoning towards decisions about actions [R6].</p>		

Hordern's exploration of compassion as a two-way, consensual feature of relationships underpinned the process of co-designing the OUH workshops. The project workshops drew directly on Hordern's argument that the ways in which people discuss and interpret their stories and negotiate issues of responsibility gives content to compassion's cognitive, affective, participative, alleviative and persuasive nature [R3, R6]. The workshops helped to crystallise the practical implications of this research framework. Similarly, the workshops drew on the research's investigation of rival sources for the content of compassion, bringing into conversation diverse notions of narrative, time and responsibility, drawn from Aristotle, classical tragedy, Christianity and Buddhism. This process enabled illumination of the practical significance of compassion in complaints and in candour about responsibility when things go wrong clinically [R4, R6]. The research also shaped the architecture and content of the AMP report. Insights from Hordern's work that informed AMP included the selection and description of the 7 characteristics of doctors, the programmatic first chapter on healing [R6], as well as the wider themes of compassion [R1, R3, R4], patient partnership, remote medicine and intelligent technologies [R6], all of which informed the practical implications of the AMP report.

3. References to the research (indicative maximum of six references)

All by Joshua Hordern as sole author; all available on request.

- R1.** [Journal article] 'What's wrong with 'compassion'?', *Clinical Ethics*, 8:4 (2013): 91–7. DOI: [10.1177/1477750913502613](https://doi.org/10.1177/1477750913502613)
- R2.** [Journal article] 'Religion and Culture', *Medicine* 44:10 (2016): 589-592. DOI: [10.1016/j.mpmed.2016.07.011](https://doi.org/10.1016/j.mpmed.2016.07.011)
- R3.** [Chapter] 'Compassion in Primary and Community Care' in A. Papanikitas, and J. Spicer (eds.), *Handbook of Primary Care Ethics*, (CRC Press, 2017), 25-33. ISBN: 9781785230905
- R4.** [Journal article] 'Compassion and Responsibility for Disease: Trump, Tragedy and Mercy', *Theology* 121:2(2018):102-111. DOI: [10.1177/0040571X17740527](https://doi.org/10.1177/0040571X17740527)
- R5.** [Chapter] 'Covenant, Compassion, and Marketisation in Healthcare' in T. Feiler, J. Hordern, and A. Papanikitas (eds.), *Marketisation, Ethics and Healthcare: Policy, Practice and Moral Formation* (Routledge, 2018), 111-130. ISBN: 9781138735736.
- R6.** [Authored Book, listed in REF2] *Compassion in Healthcare: Pilgrimage, Practice and Civic Life* (OUP, 2020). ISBN: 9780198790860.

Grants:

AHRC Leadership Fellowship, 'Compassion in Healthcare' (2017-18; AH/N009770/1) GBP199,258.
 British Academy Rising Star Engagement (2015-16; EN150004) GBP19,314.
 Sir Halley Stewart Trust, 'Healthcare Values' (2015-18), GBP40,000.
 Wellcome Trust Institutional Strategic Support (2014-18; 105605/Z/14/Z) GBP158,405.

4. Details of the impact (indicative maximum 750 words)

I) Changed attitudes and improved practices regarding compassion in OUH

Hordern's research contributed to the design, conduct and content of a series of 12 OUH compassion workshops (Mar 2017-Jun 2018), held across four departments: Vascular Services, Haematology, Obstetrics and Gynaecology. These workshops were co-designed and co-led by Hordern and departmental clinical leads, with the aim that participants would use the workshop material to explore their department's ethos and challenges, and so identify service developments to promote compassion. Hordern led every workshop, with his research [R1-4, R6] underpinning the material and guiding conversation. Each workshop series was attended by 6-14 people. A report summarising the workshops and participants' recommendations was produced, with follow-up ongoing for two years afterwards. The primary beneficiaries were the 40 healthcare professionals who attended, including doctors, nurses, midwives, carers, therapists, pharmacists and administrators. The series offered participants the opportunity to explore their understanding of compassion in dialogue with colleagues, and to make changes to departmental practices arising from this reflection, with follow-on benefits for staff and patients.

With NHS services under pressure including issues around staff retention, the advantages of cultivating healthcare institutions' compassionate ethos are vital for public life.

Impact on reflection, understanding and attitudes: Participants claimed that the workshops offered staff a rare chance to **step back from their daily practice and think about compassion's nature and practical significance within a structured and supportive environment**. One pathway coordinator said: 'The workshop was helpful in giving me space to reflect and providing theoretical frameworks to support my reflection' [A]. An occupational therapist said: 'I really appreciated the atmosphere of equality in the sessions which embedded honest conversation and opportunity to reflect on how to improve collegiality' [B]. The lack of previous opportunity to think about and discuss compassion in OUH is evident in a comment of the lead vascular consultant, which also attests to the sense of positivity the workshops engendered among staff: 'participants felt very positive about the process and felt they got a valuable opportunity, previously unavailable to them, of a forum in which they could reflect and air their views' [D]. This benefit for staff morale continued across departments. The lead haematology consultant observed that the workshops were 'brilliant and helpful', 'a positive intervention which raised awareness of compassion'; 'that positivity has continued' [D]. Such positivity has led to renewed belief in improvement. For a team coordinator, 'the workshop helped me to feel that we could affect institutional values from the bottom up' [A, E].

Following the workshops there has been **improvement in team culture and attitudes**. In haematology, a ward sister said, 'we are very good at being compassionate towards patients but the workshops highlighted the challenge of being compassionate towards each other' [C]. After the workshops a haematology consultant observed how the work on compassion has 'softly influenced behaviours and attitudes', yielding 'a stronger team spirit and identity' [D]. Similarly, a vascular doctor remarked: 'overall [the workshop series] was a great team building experience' [B]. This enhanced collegiality reaches across professional boundaries. An Advanced Nurse practitioner said that, because of the workshops, 'I am more conscious about listening to colleagues and patients. Now I take time to listen to the stories of my colleagues, even when I'm busy, because that's what compassion means. As a senior on the Ward, I really want to make every member of staff feel valued' [B]. The vascular consultant observed that 'the therapists in particular found the workshops very useful in getting better understanding about their roles, and their value to patients, within the team... team members [gained] a better appreciation of each other's values and work ethics', with this change in compassionate collegiality sustained over time [D].

According to staff members, **the theological, religious and philosophical approaches to compassion were crucial**. An obstetrician commented on 'how the theology lens was a positive and useful way to frame compassion' [D]. A midwife noted that the 'Christian perspective helps as it talks about 'judging' – helps to support the idea of not judging – enables one to look at the situation and acknowledge its complexities' [E]. Similarly, a consultant commented that their practice would be affected by the insight that 'truth is necessary but that it can hurt and should be used with care' [E]. Another consultant said that the workshops 'made me challenge my own spiritual views on compassion...realise the split between individual provider compassion versus institutional compassion [and]... conceptualise the importance of interprofessional...compassion' [E]. A vascular doctor noted: 'I found the compassion workshops interesting and thought-provoking. In particular, by framing the discussion in a philosophical and religious context...it allowed participants to express diverse opinions' [B].

Impact on professional medical practice: These shifts in reflection, attitudes and thinking **led participants to recommend and implement changes to professional culture and practice**, summarised in three reports [A, B, C]. In the vascular service, an interview with the lead consultant revealed 'how much has changed and improved' [D]. By September 2019, the recommended 'new multi-disciplinary ward round', to enable compassionate collegiality among medical and health professionals, had 'been instituted from Monday to Thursday', allowing 'space for reflection on individual patients with the wider team, and for team learning.' According to the consultant, all staff are now more aware of patient needs, 'particularly challenges for discharge' [D]. There has also been improvement to the department's monthly 'Morbidity and Mortality' meeting which is now 'much more focused on compassion'. What this means in practice is that 'staff are challenged if appropriate, but in a much more constructive way which focuses on learning' from mistakes, rather than criticising individual staff. This 'culture change',

reflecting the workshops' focus on compassion and error, 'is now part of department practice, and should be sustained going forward as there is strong acceptance that this is appropriate practice' with benefits for all staff [D]. The same is true of the Central Services Unit monthly meeting, which now offers an opportunity for 'new staff to introduce themselves and their role', creating a more compassionate and collegial working environment [D]. This benefit is mirrored in haematology where, by Sept 2019, there was a new awareness that 'certain [new] team members were 'on the fringe' and that it was 'now clearly part of team practice' that 'the team should make specific efforts to include [them]' [D].

There was also an **improvement in the tone of team meetings**, especially those after serious incidents or when things have gone wrong. [D] For example, the lead consultant's colleague believed the workshops had 'influenced the positive discussion with nursing staff about a difficult incident in which a patient who was not appropriate for resuscitation has been resuscitated. [D] In obstetrics, change has been galvanised by a consultant who participated in the workshops before becoming clinical director. According to her testimony (Dec 2019), the workshops had convinced her that 'compassion is not a bolt-on activity but an essential part of healthcare practice, which leads to more effective and high-quality care'. [D] Under her leadership, three sets of issues explored and validated in the workshops have been acted upon. First, on compassionate collegiality, she has implemented the workshops' discussion of consultant career development by engaging compassionately in clinicians' long-term narratives. Whereas previously 'some consultants were seen as more important with others feeling 'left behind', now other specialisms have been given roles (such as in 'education' and 'quality assurance') which have boosted their status and motivation' [D], benefitting them. Second, she reported that 'the discussion during the workshops influenced her thinking about compassion and complaints' and that 'she has been able to implement concrete changes to the complaints system in the obstetrics department' [D]. Avoiding what the workshop called 'acquiescence' to patient perspectives in complaints, the position now is that 'an apology should be given to patients when appropriate, but where it was not appropriate, an explanation of what had happened, and empathy for the outcome, would be offered instead. This helped to avoid making a long-drawn out process, which dragged staff into a negative cycle of guilt' [D]. She explained: 'We don't apologise for trivial things and we get it done quickly. The emphasis is on the learning' [D]. Beneficiaries of these changes are patients who get accurate responses to complaints and staff who are fairly represented. Third, reflecting the workshops' focus on compassion and responsibility, she has implemented 'training on how to talk to patients in a way that helps them understand their health problems but which leaves agency for their situation with them' [D].

Influence of the report *Advancing Medical Professionalism (AMP) (with RCP)*

While on the RCP Ethics Committee, Hordern became a core AMP project team member and co-author of the AMP report [F] in 2018, alongside the former President of the RCP and a National Clinical Director's Fellow. Hordern's research made a material conceptual contribution to the report and three expert workshops (Mar-Oct 2017), which he co-convened and which were attended by 40+ academics, clinicians, patients, carers and students. The former RCP President described how Hordern's research 'contributed to the architecture of the report, and the content, especially in relation to compassion, patient partnerships, healing and technology' [G]. **The report has shaped the approach to professionalism in the Royal College of Physicians and professional practice** among doctors and those who are responsible for medical education and professionalism in the NHS and medical schools. The RCP has adopted the report's approach and recommendations, as shown by the words of its current President, who confirms that 'the RCP is committed to supporting its members and fellows to develop the skills and attributes of the modern doctor described in this work' [F].

An engagement launch event in Oxford (Jan 2019), attended by 30+ invited healthcare professionals, researchers and educators, demonstrated the **report's significance for medical education and practice**. As feedback [H] shows, 14 attendees said they might use ideas or activities from the report in their practice, or with colleagues, trainees, or students. When asked how useful they expected the report to be in their professional context, over 90% described the report as 'useful' [H]. The OUH Director of Medical Education said, 'this report is fantastic...talking to someone from outside makes you think about what you're doing in a different way.' She found that 'having [Hordern] from a humanities background really helps us...analyse what we're doing and... enhances that experience of thinking about what it is to be

a doctor' [I]. As a speaker at the event herself, she committed to using the AMP report in OUH as a 'toolkit' and 'reference point in our teaching, training, research, and quality improvement initiatives' [J]. She has provided evidence of how this had begun to happen [K] before COVID-19 paused progress. Other video testimonials by event attendees indicate their positive perception of the report's power to change teaching, training, and professional development. A GP and leading medical educator commented that: 'what I'm particularly pleased about...is the focus on developing the individual as a professional' [I]. A cancer doctor said that the report gives a 'framework for talking about professionalism...and how that applies to everyday care' [I].

The interest inspired by the AMP report's launch has led to **significant change in Oxford University's undergraduate medical curriculum**. An approach from some of Oxford's medical school educators, concerned about professionalism among their students [L], gave rise to a project, funded by the Wellcome Trust and co-led by Hordern. This project designed and embedded a new, compulsory professionalism curriculum, drawing on humanities disciplines such as theology and history, for all fifth-year medical students, within a combined neurology/psychiatry course. Whereas previously, as a lead medical educator attests, 'there was no articulated professionalism course in Oxford' [M], the curriculum, which draws on Hordern's research on compassion, covenant and remote medicine [R5, R6] and is partly delivered by Hordern, centres upon the seven characteristics explored in the AMP report [F]. These are described by the Director of Clinical Neurosciences Undergraduate Education as 'important for being a professional doctor of tomorrow' [L]. A gerontology doctor and medical educator attests Hordern's role in curriculum change: 'we're trying to demonstrate that you need to teach [professionalism] all the way through...that's where humanities appeared in the curriculum. [It was Josh's] idea, and he was very insistent.' She observed that 'Josh has got the medical language... and then the other way, we've come on board a lot more with the humanities side of things' [L]. On the contribution of Hordern's research to the new curriculum, the Director of Clinical Neurosciences Undergraduate Education testifies that compassion runs 'throughout the curriculum', and that Hordern's 'expertise and his work' has 'helped guide how we deliver our focus on medical professionalism' [L]. The new curriculum helps medical students to develop values of compassion, respect and integrity, as well as skills in empathy, communication and clinical judgement [N]. Despite COVID-19, the first 8-week curriculum ran in Sept-Dec 2020. It now constitutes a sustainable change to the undergraduate medical curriculum, delivered to 180 students annually. Student proposals for improving professionalism, based on the curriculum, have been presented to the OUH Director of Medical Education, Trust leads and patients, establishing a sustainable improvement cycle [N].

5. Sources to corroborate the impact (indicative maximum of 10 references)

- [A-C] Reports summarising the impact of the compassion workshops within four OUH departments: [A] Obstetrics and Gynaecology; [B] Vascular Services; [C] Haematology.
- [D] Reports of interviews with OUH consultant leads: Vascular Services, 23/09/2019; Haematology, 11/09/2019; Obstetrics and Gynaecology, 05/12/2019.
- [E] Collated feedback provided by 28 participants in multiple OUH compassion workshops.
- [F] *Advancing Medical Professionalism* report, 2018.
- [G] Letter from former President, Royal College of Physicians, 11/12/2020.
- [H] Collated questionnaire responses from 21 attendees at AMP launch.
- [I] Videos of interviews recorded at AMP launch. www.healthcarevalues.ox.ac.uk/advancing-medical-professionalism
- [J] AMP blogpost on Oxford Science Blog, quoting the Director of Medical Education at OUH, 29/01/2019. <https://www.ox.ac.uk/news/science-blog/advancing-%E2%80%99medical-professionalism%E2%80%99-vital-doctor-satisfaction-and-high-quality>
- [K] Report of interview with Director of Medical Education, OUH, 22/11/2019.
- [L] Reports of interviews: Director of Clinical Neurosciences Undergraduate Education, Nuffield Department of Clinical Neurosciences, University of Oxford, 09/06/2020; Associate Clinical Medical Tutor, Harris Manchester College, University of Oxford, 13/05/2020.
- [M] Report of interview with Teaching Lead for Communication Skills, Nuffield Department of Primary Care Health Sciences, University of Oxford, 17/12/2020.
- [N] Humanities Curriculum and Handbook approved for University of Oxford medical students.