

A culture of compassion: How timeless principles of kindness and empathy become powerful tools for confronting today's most pressing healthcare challenges

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Abstract

The role of compassion in healthcare is receiving increased attention as emerging research demonstrates how compassionate patient care can improve health outcomes and reduce workplace stress and burnout. To date, proposals to encourage empathy, kindness, and compassion in healthcare have focused primarily on training individual care providers. This article argues that increasing the awareness and skills of individuals is necessary but insufficient. Compassionate care becomes an organizational norm only when health leaders create and nurture a “culture of compassion” that actively supports, develops, and recognizes the role of compassion in day-to-day management and practice. The article profiles four organizations that have adopted compassionate healthcare as an explicit organizational priority and implemented practical measures for building and sustaining a culture of compassion. Common principles and practices are identified. These organizations demonstrate how compassion can lead directly to improved outcomes of primary importance to healthcare organizations, including quality and safety, patient experience, employee and physician engagement, and financial performance. They show how compassion can be a powerful yet often underappreciated tool for helping organizations successfully manage current challenges.

Introduction

Compassion has always been integral to healthcare. Patients and families consistently rank compassion among their greatest healthcare needs.¹ The goal of providing compassionate care for all patients is embedded in the ethics of healthcare professionals.² Compassion is a motivating force for healthcare providers, often the central reason they choose to work in a field that is undeniably challenging but offers extraordinary opportunities to help others.

Compassion in healthcare is receiving increased attention today, in part because of evidence that it is not always present. There are reports of burnout, compassion fatigue, and cases where the workloads placed on providers are too demanding to allow for the personal, human contact that underlies compassionate care.³ A recent survey of 1,300 patients and physicians in the United States found that nearly half of all respondents believe that healthcare systems do not provide compassionate care consistently, despite the fact that three-quarters of respondents believe that compassion is so important for treatment success that it could be the difference between life and death.¹ Cases of neglect in Canadian nursing homes have received national media coverage.⁴ A high-profile public inquiry in the United Kingdom identified a lack of compassion as a major factor contributing to medical errors, poor patient experience, and breakdowns in care delivery.⁵

Providing compassionate care for all patients is, arguably, more difficult in contemporary healthcare systems that are under pressure to deliver more services with limited resources,

while managing increasing complexity and rapid change. But there is a countervailing view. A growing number of researchers, clinicians, and health leaders argue that compassion is now more important than ever and can play a critical role in managing current healthcare challenges. Research is demonstrating how the purposeful integration of compassion into care delivery can improve patient experience and outcomes, while creating more positive work places, with more engagement and less stress, burnout, absenteeism, and turnover.⁶ The power of compassion, something many providers have always understood intuitively, is being confirmed scientifically.

Research is also pointing to the role healthcare organizations play in enabling compassionate care. Frontline providers cannot be expected to deliver compassionate care on their own, for all patients in all circumstances, without the support of a broader organizational culture. Conversely, the lack of a well-aligned culture can undermine even the best efforts of individuals.

The organizational role in compassionate care is the focus of this article. The purpose is to review strategies and tactics used by leading organizations to build and nurture a “culture of

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compassion” that supports, guides, recognizes, and rewards individual care providers as they incorporate compassion into their daily practices.

Four leading healthcare organizations are profiled. These organizations are diverse, but they all share a strong commitment to compassionate care that is initiated at senior levels of leadership and translated into action and results. They are demonstrating how a culture of compassion can be a force for positive change, driving improvement on key indicators ranging from patient experience and employee engagement to quality, safety, financial performance, and population health.

Background

Compassion is a fundamental human response that combines feelings of empathy and sympathy for others who are suffering with a strong desire to alleviate that suffering. It finds its basis in love, vulnerability, and reciprocity.⁷ Self-compassion is the awareness of one’s own suffering coupled with a desire to alleviate that suffering through loving kindness.⁸

Compassion is expressed and experienced in healthcare every day. Compassionate care addresses the patient’s innate need for connection and relationships and is based on attentive listening and a genuine desire to understand the patient’s context and perspective. Compassionate providers relate to each patient as an individual, understanding and responding to individual needs while also providing appropriate clinical expertise and professionalism. They use self-awareness to manage their emotions and understand how their reactions affect patient interactions and decisions about care, so they can always act in the patient’s best interest.¹

There is considerable overlap between compassionate care and patient-centred care, defined by the Institute of Medicine as “care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”⁹ Patient-centred care is now a widespread policy priority,¹⁰ and standardized survey instruments such as the *Consumer Assessment of Healthcare Providers and Systems (CAHPS)*¹¹ in the United States and the *Canadian Patient Experiences Survey—Inpatient Care (CPES-IC)*¹² enable measurement of key indicators from the perspective of patients and families, such as whether they are involved in care decisions and treated with courtesy and respect.

As healthcare organizations strive to improve on patient-centred indicators, many are confronting the practical realities of making compassion a priority. Patient-centred care might begin with tactics such as better communications and patient representation on committees and boards yet must ultimately include the capacity to develop genuinely compassionate relationships with each patient and family member. Care without compassion cannot be truly patient-centred.¹

The importance of compassionate care to patients is demonstrated routinely in surveys. Patients and families consistently identify components of compassion, such as receiving care that is person-centred, responsive, dialogic, and

respectful as indicators of quality care.¹³⁻¹⁵ When patients surveyed about care priorities are not limited to pre-structured questionnaires but free to express themselves, they tend to focus on fostering relationships, with an emphasis on personal attention, warmth, and empathy.¹⁶

Compassionate care is more than something patients want; it is increasingly linked to better outcomes. Patients report that compassionate care aids recovery and gives them a greater sense of responsibility and control over their health.¹⁷ Physician empathy in general medical practice has been shown to help improve patient satisfaction and strengthen patient enablement while reducing anxiety and delivering better clinical outcomes.¹⁸ A study of human immunodeficiency virus (HIV) patients found a significant association between patients’ perception of being “known as a person” and receiving treatment, adhering to treatment, and having undetectable serum HIV RNA.¹⁹ Another study showed that physician empathy was positively associated with the likelihood that diabetic patients have good control of hemoglobin A1c.²⁰

As reports of burnout among healthcare providers become increasingly widespread,²¹ research also shows that providers who consistently practice with compassion experience less burnout. Compassion, particularly when combined with tactics of self-compassion, perspective-taking, and mindfulness, may be protective for providers, helping them to manage stress and improve personal well-being.²²⁻²⁴ Further, the opportunity to care with compassion, part of the purpose-driven nature of healthcare, remains a strong motivator for providers despite workplace stresses.²⁵

Healthier, more resilient providers deliver benefits to health systems as well as to patients by helping to increase engagement and reduce absenteeism and turnover. Research suggests that more person-centred care is associated with decreased use of healthcare services including diagnostic tests, visits for specialty care and hospitalizations, with significant potential for financial savings.^{26,27}

Compassionate care begins with compassionate people, but the organizations in which they work must reliably enable them to express and act on their compassion rather than impede it.²⁸ The culture of a practice environment can have a profound effect on the behaviours of providers and is therefore a major determinant of how patients are treated.^{6,29}

Researchers are recommending actions organizations can take to foster and encourage compassionate care and so far many of these involve the training of healthcare professionals.⁵ Although the degree to which compassion is an innate quality versus something that can be learned continues to be debated, many studies have concluded that compassion-based qualities can be taught, or at least “awakened” through effective training.^{7,30,31}

The Schwartz Center for Compassionate Healthcare provides thought leadership and resources to support patients, providers, and organizations (note 1). A recent article identifies seven commitments needed to make healthcare systems more compassionate, including commitments to provide compassionate leadership, to teach compassion, to value and reward compassion, to support caregivers, to partner with patients and

families, to build compassion into healthcare delivery, and to deepen our understanding of compassion.²⁸

Research to better understand how commitments such as these are translated into practice is ongoing. Meanwhile, many leading healthcare organizations have extensive experience with compassionate care and offer valuable insights into how a culture of compassion can be developed and sustained.

Cultures of compassion

Huron Studer Group's international network of healthcare partners includes many organizations that are actively building cultures of compassion as part of improvement journeys that draw upon Evidence-Based LeadershipSM, along with coaching and various tools and tactics from Huron Studer Group's portfolio of resources (note 2).¹⁰ Evidence-Based Leadership is a proven framework that supports culture transformation by making the organization's mission, vision, values, and strategic plan come alive as the fundamental "why" that drives all activities. Goals and priorities are fully aligned to this "why" and all leaders, staff, and clinicians are held accountable for executing organizational goals, whatever their roles. Rigorous systems for standard work ensure that essential behaviours and practices are applied consistently, so that excellent care is provided *always* for every patient, every time. Culture transformations are focused, sustainable, and organization-wide.

Four Huron Studer Group partner organizations are profiled below. These organizations were selected because (1) compassionate care has been clearly and explicitly established as an organizational priority, (2) work is underway on multiple fronts to deliver on this commitment at an organizational level, and (3) significant measurable improvements are being achieved in top-priority performance metrics. Senior leaders from each of the selected organizations were interviewed to gather insights into the measures applied, their effectiveness to date, and lessons learned.

Cooper University Health Care, Camden, New Jersey, is a regional academic health system that includes Cooper University Hospital, a 635-bed, Level 1 trauma centre, a children's hospital, an ambulatory surgery centre, urgent care centres, and more than 100 outpatient offices. The system also operates the MD Anderson Cancer Center at Cooper in partnership with the Texas-based MD Anderson Cancer Network and is affiliated with the Cooper Medical School of Rowan University. The health system employs more than 650 physicians and a staff of close to 7,500.

In 2013, Cooper's leadership team established a new organizational structure to strengthen its focus on the "quadruple aim" to drive better service, improved quality, lower costs, and increased employee engagement. Since then, total annual outpatient visits have grown by more than 39% from 1.2 million to almost 1.7 million in 2018. Eight new operating rooms were opened to accommodate a 49% increase in surgical procedures.³² Patient experience has improved throughout this period of rapid growth, with top-box CG-CAHPS[®] scores for access to care increasing from 59% to 79% (note 3) and top-box

HCAHPS scores for overall hospital rating increasing from 69% to 74% (note 4).

Compassionate care is playing an important and, in many ways, ground-breaking role in this process. Researchers at Cooper are recognized thought leaders in the science of compassionate healthcare. A team led by Dr. Stephen Trzeciak, chair of medicine and medical director of the Cooper Adult Health Institute, and Dr. Anthony Mazzarelli, co-president of Cooper University Health Care, has proposed the term *compassionomics* to refer to this emerging field. They have compiled an extensive body of evidence and developed a framework to test hypotheses that compassionate care is beneficial for patients (better outcomes), healthcare providers (lower burnout), and healthcare systems and payers (lower costs). As these hypotheses are confirmed, compassionate healthcare can be established in the domain of evidence-based medicine.²⁹ Their findings and concepts are presented in a new book.³³

Dr. Mazzarelli explains the approach: "We know that compassion matters from a human and personal perspective. There is a moral imperative. But we asked ourselves: 'Does compassion matter in the context of the same hard metrics that healthcare organizations have always measured?' The answer is, yes, it does. Compassion is a powerful tool for doing better on the same measures of quality and safety, costs and resources, and staff engagement and well-being."

Cooper has established compassionate care as an organizational priority and Dr. Trzeciak, Cooper's top National Institute of Health researcher, is leading a renewal of patient experience and physician engagement processes. Measures include a focused effort to build compassionate relationships with patients and families, and among staff and clinicians. Cooper sponsors an active employee assistance program, with both internal support and external community outreach. The Urban Health Institute, a business unit dedicated to improving care delivery to underserved populations, is leading a major initiative on population health and wellness.

Dr. Mazzarelli acknowledges that translating knowledge about compassion into practice can involve time-consuming processes of change management. But he is confident these processes will continue. "Physicians and providers are very good at delivering evidence-based care, which they see as the *science* of medicine. Compassionate care is seen as something separate, the *art* of medicine. The reality is that compassion is part of the science. The more we understand this, the more compassionate care will become something that all of us in healthcare focus on, with benefits for both patients and providers. How often do you have a treatment that is good for the patient, but also good for the person giving the treatment?"

St. Joseph's Health Care, London, Ontario, is a multi-site academic health system with over 1,000 beds, more than 4,000 employees, and hundreds of physicians in hospital, clinic, long-term care, and community-based settings.

St. Joseph's was founded in 1869 as a faith-based institution and has a long-standing tradition of compassionate care, community service, and outreach to vulnerable community

members. Leadership places a strong emphasis on aligning all activities to St. Joseph's vision "to earn complete confidence in the care provided and make a lasting difference in the quest to live fully." "Confidence begins with trust," according to president and CEO Dr. Gillian Kernaghan, "Patients and families come to us when they are anxious and afraid. We build trust that our people will answer their questions and provide excellent care. Earning complete confidence stretches us to listen harder, learn more, and be better."

Compassion is a core value at St. Joseph's, along with respect and excellence. Values-based behaviours are aligned with each value and, for compassion, these include: be with others; understand their needs, realities, and hopes; give from the heart; sustain the spirit; make a difference. Questions linked to these behaviours are used during recruitment to help ensure that new employees are ready to join an organization that lives its values daily. Dr. Kernaghan speaks directly to mission, vision, values, and expectations at monthly orientation sessions. Engagement surveys confirm that more than 80% of staff and physicians feel their values align with those of the organization.

In practice, the principle of "presence" is used to transform routine patient encounters into compassionate relationships. Dr. Kernaghan explains, "We talk in very practical ways about the quality of our presence and how important that is. When you are truly present you are engaged and anticipating peoples' needs. It is not enough to care simply for the issue that is presented to you. You have to understand and care for the whole person. The next step is giving our best and making sure we are paying attention to that."

St. Joseph's applies a leadership excellence framework that defines responsibilities for each leader, including consistent execution of key behaviours in areas such as communication, reporting, and feedback to team members. Compassionate care, based on principles such as presence, is embedded into these processes. New team members are immersed in this culture and adapt quickly, typically within weeks and often indicating that they notice and welcome the difference immediately.

This culture helps drive engagement and patient experience. Positive scores for overall engagement at St. Joseph's consistently rank among the top comparator organizations, approaching or exceeding 80% for both employees and physicians (note 5). Top-box responses to overall hospital rating on patient experience surveys have averaged close to 80% since 2016 (note 6).

The culture of compassion also drives innovation. St. Joseph's has established the President's Grant for Innovation, offering funding to frontline providers for new ideas that improve the quality of patient care, safety, or the work environment. In one of 27 innovations so far, a therapeutic recreation specialist discovered that urban poles for walking sparked an interest in getting outdoors and exercising among patients with severe mental illnesses. A grant was used to purchase poles and running shoes, breaking down barriers related to stigma and cost, and leading to measurable health benefits. At St. Joseph's, this is seen as another expression of

compassionate care—engaging fully with patients, thinking deeply and openly about their needs, and responding thoughtfully and creatively to help.

Sioux Lookout Meno Ya Win Health Centre (SLMHC) operates a rural 60-bed hospital and a 20-bed extended care facility. Approximately 450 employees provide health services to about 30,000 residents in Sioux Lookout and a region of Northern Ontario that includes 32 First Nations communities, many of which are isolated and accessible only by plane or winter ice roads.

Sioux Lookout Meno Ya Win Health Centre opened in 2010 as the result of the Four Party Agreement, through which representatives from Nishnawbe Aski Nation, the Municipality of Sioux Lookout, and the Ontario and Canadian governments came together to address serious healthcare challenges. Nursing stations provide the only healthcare services in many remote communities. Foods, medications, and healthcare products can be very expensive due to shipping costs. Chronic conditions and poor health outcomes are much more common than in the general Canadian population.³⁴

"Meno Ya Win" means health, wellness, and well-being in the Anishinaabe language and refers to holistic healing and achieving a state of complete wellness. This concept underlies SLMHC's approach to patients, staff, physicians, and the communities served. The mission of SLMHC is "caring for people, embracing diversity, and respecting different pathways to health" and the organization applies a fully integrated model of healthcare that offers both traditional and western medicine.

Leadership sees compassionate care as essential to delivering on this highly patient-focused mandate. Sioux Lookout Meno Ya Win Health Centre's values are respect, quality, teamwork, and compassion, which is expressed as a "promise to provide care that is compassionate and reflects humility, caring, dignity, empathy, and love." According to Heather Lee, president of SLMHC, "We try to make a personal connection and offer the best possible care for the individual, respecting that people will take different pathways. Compassion motivates us to seek an understanding of the people we serve so we can deliver on this promise. It is truly an expectation for working here."

Traditional resources, in addition to a full range of conventional hospital services, are available to support this approach. There is a Traditional Healing Medicine, Foods and Supports Program, and patients can access traditional healers and ceremonies, along with 24-hour interpreter services. All staff participates in mandatory training focused on the culture and history of the First Nations communities, and how personal beliefs and values affect care, particularly when delivered across cultures.

Compassionate care at SLMHC also involves addressing the logistical challenges of serving remote communities. Patients may have to stay in Sioux Lookout, far from their families, for weeks or months. The local health authority operates a hostel, and SLMHC supports patients through elders-in-residence, activation workers, and opportunities to connect virtually with family members. On discharge, staff do follow-up phone

calls and can arrange video conferencing. If local services are limited, they provide medical supplies and connect with the nursing station to help manage post-acute care.

Extending healthcare across cultures and over long distances presents many challenges, but the patient-centred approach is producing positive results. Close to 85% of patients gave SLMHC an overall hospital rating of eight or more out of ten in FY 2017/18 (note 7). Top-box responses to the question, “Did the hospital staff take my cultural values and those of my family or caregiver into account?” averaged more than 71% for the same period (note 8).

Sioux Lookout Meno Ya Win Health Centre is also one of the first healthcare organizations in Ontario to launch a comprehensive program to become a high reliability organization (HRO) (note 9). Heather Lee sees this as a natural extension of compassionate care. “It comes down to human kindness. As clinicians we want to provide care that is clinically and culturally safe. When it is all linked together, doing no harm is really ingrained in what we do.”

Adventist Health Castle (AHC) is a community health system based in Kailua, Hawaii, on the island of O’ahu. It includes a 160-bed hospital, two professional centres, and a rural health clinic with more than 1,000 employees and 300 physicians. Adventist Health Castle is one of 20 hospitals in the non-profit, faith-based Adventist Health System based in California.

In 2017, AHC received the prestigious Malcolm Baldrige National Quality Award, recognizing the organization’s status as one of the top-performing hospital systems in the United States. Adventist Health Castle consistently meets or exceeds top 10% performance levels in measures of compliance to evidence-based clinical practices. It maintains rates from below 1% to 0% in common hospital-acquired infections and falls. Physician engagement ranks in the top 10% nationally. Employee engagement ratings recently increased from 81% to 87%, with 96% of employees participating. All of this has been achieved and sustained while maintaining top-decile financial performance.³⁵

Compassionate care is purposefully integrated into organizational culture. A core competency, known as *Love Matters*, encompasses a broad range of behaviours that translate principles of compassion into practice. According to Kathryn Raethel, president of AHC, “Love Matters drives us to really put the patient and the family at the centre of everything we do.”

All patient encounters involve focused listening, two-way engagement, an attitude grounded in kindness and empathy, and a genuine commitment to understanding and responding to patient needs. A patient room with a call light on is considered a “no pass zone”—no employee or clinician can walk by without first fulfilling the request or finding someone who can. Leaders are required to model these and other key behaviours as part of their performance expectations within the organization’s accountability framework.

Love Matters is introduced to all new employees through a mandatory Empathy Training Program. “We believe you can teach behaviours that demonstrate empathy and we provide

specific examples showing how empathy is expressed,” explains Kathryn Raethel. A parallel program, taught by and for physicians, is under development.

Empathy training is effective in part because of a recruitment process designed to find people who are aligned with AHC’s mission and values. Many candidates are aware of the culture and high standards at AHC through colleagues, friends, and family before they apply. Adventist Health Castle maintains a prominent position in a community that fought hard for the establishment of the hospital and retains a strong sense of ownership. This is strengthened by activities such as sponsorship of events and support for grass-roots organizations. Adventist Health Castle also places a high priority on population health and wellness, offering outreach services such as health education.

The broader community supports compassionate care in other, more general ways. Although commonly used as a simple greeting, “aloha” has deeper cultural and spiritual significance to native Hawaiians, referring to love, affection, peace, compassion, and mercy.³⁶ Kathryn Raethel acknowledges that her organization “lives in an environment where there is a tremendous amount of care and compassion for fellow humans. It is a good foundation for us to build on.”

Overall, the culture of compassion at Adventist Health Castle is seen as closely connected to the capacity to deliver exceptional performance. “This connection,” according to Kathryn Raethel, “is that because love matters, because I truly care about you as a person, a patient, a family member, I will do everything in my power to make sure you don’t suffer any harm and you receive the best possible care. Because love matters, I care about my staff and my physicians. I want them to be engaged and to want to practice here. Because love matters, we can see this in our results.”

Discussion

Although each of the organizations profiled above is creating a unique culture of compassion that is adapted to specific goals and needs, common principles and practices can be identified:

- *Compassionate care is clearly established as a promise to patients, families, and providers.* Compassionate care is made explicit as a fundamental organizational priority, embedded into mission, vision, and values and shared widely through internal and external communications. This commitment is expressed in various ways to reflect organizational mandates, history and cultural context but, in all cases, it is an integral part of the organization’s “why,” so that resources can be mobilized and aligned to define the “what” and implement the “how.”
- *Building a culture of compassion starts with senior leadership.* Senior leaders assume responsibility for supporting, guiding, and communicating about compassionate care. They recognize compassionate behaviours and reward success, motivating staff and clinicians and

creating a fully-aligned culture of compassion. It is a top-down commitment extending through all organizational levels.

- *Staff recruitment and orientation can support and accelerate a culture transformation.* These processes help leaders select employees and clinicians who understand and share organizational values and goals. They prepare new team members to quickly integrate with and contribute to a culture of compassion.
- *Best-practice communication tactics are strengthened and enhanced by compassion.* The organizations studied use proven Huron Studer Group tactics such as AIDET[®] and Key Words at Key Times (note 10). In addition, they develop the skills and capacity to listen carefully with an attitude of respect, openness, and humility that enables them to understand each individual and collaborate to find the best care pathway. This added dimension makes communication tactics truly patient-centred by building the trust, confidence, and understanding that underlie compassionate care.
- *Compassionate care is mandatory.* Behaviours and practices that are essential for compassionate care are fully integrated into accountability systems to ensure they are applied for all patients in all circumstances. Rigorous accountability supports a culture of compassion. It enables compassionate care to become an organization-wide standard of practice and a cultural norm. Employees and physicians know that compassion will be recognized and rewarded. They can rely on colleagues to practice compassionately with patients and with each other.
- *Training is used to introduce and reinforce key principles and practices.* Training methods ranging from staff orientation sessions to full-day workshops and leader development programs are selected and applied to meet organizational needs. Modelling behaviours is an important tactic in all cases. Organizational experience to date suggests that there is potential for broader training initiatives that integrate compassionate care more fully into professional education.
- *Compassion and engagement are mutually supportive.* A culture of compassion is welcomed by staff and clinicians and seen as enabling them to do their best work. Although culture transformation starts from the top down, leaders work hard to understand the perspectives of frontline providers and offer constructive feedback. Providers who are motivated by compassion feel more engaged as these motivations are validated. Engagement flows from leaders to clinicians and employees to patients and families and back again in a self-reinforcing cycle.³⁷
- *A culture of compassion is strengthened by community connections.* The organizations studied are vital parts of their communities, connected through patients and families, employment, and cultural traditions. Their activities extend beyond patient care to community service and population health. These connections help

nurture a culture of compassion, as a strong sense of community ownership and widespread awareness attracts more patients, staff, and clinicians who are seeking a compassionate environment.

- *A culture of compassion drives performance improvement.* Each organization measures progress on key indicators of quality, safety, and organizational performance. Data are reported regularly and linked to initiatives such as compassionate care, thereby informing and motivating continuous improvement. Leaders see how compassionate care drives results and, conversely, how compassionate care cannot be realized without high standards of quality and safety. They also see the benefits that compassion delivers to staff and clinicians and, ultimately, to the financial performance and long-term success of their organizations. Empirical research to define and validate the impact of compassion on key outcomes is ongoing, as noted. Interventions at an organizational level, including those listed above in areas such as recruitment, training, accountability, engagement and community outreach, suggest many possible directions for further research and development.

Conclusion

The organizations profiled above are signalling an important development in healthcare. As they leverage Huron Studer Group's Evidence-Based Leadership framework to build and sustain cultures of compassion, they are refining and improving contemporary approaches to care delivery, engagement and leadership, while renewing principles of kindness, empathy, and love that have been central to healthcare for generations.

This development is important because it enables better care for everyone involved. Compassion is a powerful tool that can, in fact, improve critical outcomes for patients, families, and providers. It will inevitably become more important as the science linking compassion to outcomes evolves, and the measurement of these outcomes is increasingly tied to health system management and funding.

Further, more compassionate care may be particularly timely given current and anticipated healthcare demands. Organizations and providers will need much more well-rounded and genuinely compassionate relationships with individuals and communities to help serve aging populations, manage chronic conditions, foster wellness, support population health, and deliver fully integrated services.

In short, compassion offers exceptionally comprehensive benefits that are readily available at relatively low cost. There are no barriers to entry other than a sincere and well-informed commitment to begin.

This does not mean there are no challenges. A culture of compassion can be easy to understand but much more difficult to achieve. Health leaders may believe their organizations are delivering compassionate care, without fully understanding the scope of work and the transformation required to create and

sustain a true culture of compassion, one that is recognized immediately and experienced *always* by anyone who enters an organization to work, practice, or receive care.

The steps required to realize the true power of compassionate care touch upon everything an organization does, at every level. They simultaneously engage the “heart” by enabling our innate desires to care for each other and the “mind” by creating systems that provide compassionate care to every patient, every time. Leading healthcare organizations are demonstrating that this is not only possible but may be necessary to create the kind of healthcare experiences we expect and deserve.

Notes

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