So close to love: compassionate leadership in healthcare

Evans, David

British Journal Healthcare Management

DOI:
https://doi.org/10.12968/bjhc.2021.0135

Published: 14/04/2022

Publisher's PDF, also known as Version of record

British Journal of Healthcare Management

LITERATURE REVIEW

So close to love: compassionate leadership in healthcare

David Evans

Author details can be found at the end of this article

Correspondence to:
David Evans;
david.evans@bangor.ac.uk

Abstract

Compassionate leadership has received significant attention in the UK health system, particularly following the COVID-19 pandemic. This scoping literature review aimed to explore current knowledge about compassionate leadership in healthcare. A search of MEDLINE, CINAHL, PsycINFO, PubMed and ASSIA databases identified 34 papers published between 2015 and 2020. The review found broad agreement regarding the definition of and need for compassionate leadership, as well as the existence of differences in practice, dependent on the hierarchical levels in healthcare organisations. However, current research lacks clarity and depth concerning the theoretical underpinnings of compassionate leadership. The question 'how can you be critical of something so close to love?' draws attention to the paucity of critical analysis and research. As a result, the ability of compassionate leadership to define a new way of working and deliver real change is unclear.

Key words: Compassionate leadership; Healthcare; Scoping review

Submitted: 7 October 2021; accepted following double-blind peer review: 4 January 2022

Introduction

Compassionate leadership is an ubiquitous term in healthcare, found across policy (NHS England, 2012, 2014; NHS, 2016) and strategy documents (Nursing and Midwifery Council, 2015; Royal College of Psychiatrists, 2015; Health Education and Improvement Wales, 2020), as well as a growing body of formal research into the subject area (de Zulueta, 2015). Francis' (2010) findings relating to failings at the Mid-Staffordshire NHS Foundation Trust led to calls for a change in the way that healthcare organisations are led. In response to this, the NHS leadership model (NHS Leadership Academy, 2013) marked a shift from the traditional hierarchical approaches to one that shared or distributed power across all staff (Hewison et al, 2018). Within a context of increasing focus on compassionate leadership, Pedersen and Obling (2019) noted how compassion itself was being compared to love, asking 'who can be critical of something "so close to love"?'. Now, over 10 years on from Francis' (2010) report, it is time to take stock and ask what is known about compassionate leadership in healthcare, what the focus of research on this topic has been and what this looks like in practice.

This review will explore the need for compassionate leadership and the context in which it has developed, as well as definitions of compassionate leadership according to existing literature. It will also consider how compassionate leadership is conceptualised in both theory and practice.

Methods

The structured scoping review framework developed by Arksey and O'Malley (2005) was used to explore the evidence base, excluding the optional consultation phase. To identify relevant articles, the population, concept and context search structure was used (Peters et al, 2017). Boolean operators and search terms included 'compassion' and 'manage' or 'leader' (and synonyms). Articles focusing on clinical and non-clinical roles, compassionate culture, hospital or community were all included. The search was limited to articles written in English.

Following pilot searches, the MEDLINE, CINAHL, PsycINFO, PubMed and ASSIA databases were selected because of their combined ability to generate evidence that was

How to cite this article:
Evans D. So close to love: compassionate leadership in healthcare. British Journal of Healthcare Management. 2022. https://doi.org/10.12968/bjhc.2021.0135

specific to the research topic. An iterative approach to searching for and selecting papers (Davison et al, 2021) was used to refine the eligibility criteria, excluding topics such as andragogy and spirituality in relation to compassionate care, as this was not the focus of the present study. Searching for articles published between 2015 and 2020 provided a sufficient and appropriate critical mass of literature, so the time period was limited to these years. The methodological quality of papers was not a criterion, as this is not standard practice for scoping reviews.

The initial search identified 2785 articles across the databases (849 from PubMed, 628 from Medline, 593 from PsychInfo, 532 from CINAHL and 183 from ASSIA). After the titles and abstracts were screened, 130 were deemed eligible for full review, of which 34 articles met the inclusion criteria. These 34 articles were analysed using NVivo software and Braun and Clarke's (2006) approach to thematic analysis to collate, summarise and report the results.

Results

The 34 eligible articles included peer-reviewed research (both primary and secondary analysis), opinion pieces and policy documents. There were 23 articles from the UK or Northern Ireland, of which eight were peer-reviewed primary research, nine were peer-reviewed secondary research, four were policy comments, one was a book chapter and one was a commercial document. The remaining 11 articles were from North America, of which four were peer-reviewed primary research, six were peer-reviewed secondary research and one was a commercial document. The thematic analysis identified 1805 data items; the codes were mapped to the aims of the review.

Context and the need for compassionate leadership

The need for compassionate leadership was often linked to failings in the past, such as at the Mid-Staffordshire NHS Foundation Trust (Francis, 2010, 2013), which led to reviews of other UK-based hospitals (Keogh, 2013; Kirkup, 2015). The findings of these investigations underpinned the need for compassionate leadership identified in the literature (Ali and Terry, 2017; Tierney et al, 2019; Willis and Anstey, 2019; Landers et al, 2020). Failings were also identified in the NHS staff survey, which was used as evidence of the negative impact of current leadership styles on staff in several studies (West and Chowla, 2017; Hewison et al, 2018; Bailey, 2019; Bailey and Burhouse, 2019; McClelland and Vogus, 2019; Straughair, 2019; Lown et al, 2020; Papadopoulos et al, 2020; Vogus and McClelland, 2020). Healthcare leadership was found to have deep-seated structural problems (de Zulueta, 2015; Gabriel, 2015; Pedersen and Obling, 2019), with an enduring focus on top-down 'scrutiny and control' and target-driven management (West and Bailey, 2019).

Generally, compassionate leadership was presented in the literature as an opportunity to drive innovation and improvement by managing workplace culture (Bailey and Burhouse, 2019; Hewison et al, 2019; Bailey and West, 2020). Many studies portrayed compassionate leadership as a means of solving policy problems by creating the conditions required to improve quality of care (West et al, 2015; Ali and Terry, 2017; West and Chowla, 2017; Bailey and Burhouse, 2019; Hewison et al, 2019; Saab et al, 2019; West and Bailey, 2019; Vogus and McClelland, 2020). Compassionate leadership was conceptualised as being acheived through the development of 'supportive, caring cultures, within teams, within organisations and in the system as a whole' (Hewison et al, 2019).

Defining compassionate leadership

In general, there was agreement in the literature regarding the overall definition of compassionate leadership. However, the practice of compassionate leadership was affected by the hierarchical perspective from which it was presented. The four main components of compassion were identified as noticing, appraising, feeling and acting (Atkins and Parker, 2012). Several studies defined compassionate leadership by applying these components to the context of leading others (West and Chowla, 2017; West et al, 2017; Hewison et al, 2019; Pedersen and Obling, 2019; West, 2019).

At a macro level, compassionate leadership was defined by its function of providing a bridge between boundaries within and outside of the organisation (West et al, 2017; Hewison et al, 2019; Lown et al, 2019; Vogus and McClelland, 2020). At a mezzo level, compassionate leadership was seen as being able to determine the needs, values and culture of the wider organisation (Ali and Terry, 2017; Quinn, 2017; West and Chowla, 2017; West et al 2017; Hewison et al, 2019; McClelland and Vogus, 2019; Pedersen and Obling, 2019; Papadopoulos et al, 2020; Vogus and McClelland, 2020). At this level, there was disagreement about who undertakes compassionate leadership in healthcare organisations. For example, Staughaur (2019) argued that it should emanate from the top, but Vogus and McClelland (2020) believed that it would develop from the ground. Hewison et al (2019) saw compassionate leadership as being 'everyone's business', while West et al (2017) argued that compassionate leadership is a product of both bottom-up and top-down leadership.

At a micro level, the definition of compassionate leadership was presented in terms of individual values or characteristics, found across 11 of the articles included in the analysis. Characteristics included humility, authenticity, kindness and support (Tomkins and Simpson, 2015; Ali and Terry, 2017; West and Chowla, 2017; West et al, 2017; Bailey and Burhouse, 2019; Hewison et al, 2019; Shuck et al, 2019; Bailey and West, 2020); vulnerability, courage, honesty, guts and tenacity (Ali and Terry, 2017; West and Chowla, 2017; West and Bailey, 2019; Auria et al, 2020; Bailey and West, 2020); and enabling individuals to move forward (Ali and Terry, 2017; Martin and Heineberg, 2017; West and Chowla, 2017; Hewison et al, 2019). Being a visionary, influencing organisational norms, defining goals, being able to communicate, understanding challenges, protecting, being assertive and listening were also all traits attributed to compassionate leaders (Ali and Terry, 2017; Bailey and West, 2020; Martin and Heineberg, 2017; West and Chowla, 2017; Shuck et al, 2019; West et al, 2017).

The relationship between compassionate leadership and organisational culture was evident in the literature. The definition of culture was generally agreed to be related to shared assumptions (McSherry and Pearce, 2018), shared values and beliefs (de Zulueta, 2015), and shared social norms and behaviours (West et al, 2015).

A core defining feature of compassionate leadership is that it assumes the potential for purposive cultural management (Mannion and Davies, 2018), which prioritises the need for leaders to create cultures (West and Chowla, 2017; West, 2017; McSherry and Pearce, 2018; Brown, 2019).

Conceptualising compassionate leadership

The literature generally conceptualised compassionate leadership at the level of the individual, often at the expense of a greater understanding of context. This individualisation is illustrated through the use of language to conceptualise compassionate leadership in practice, using terms such as 'head and heart' (Ali and Terry, 2017), 'great wisdom' (Bailey and West, 2020) and 'guts and tenacity' (Bailey, 2019). Studies also emphasised the need for the compassionate leader to reduce pain, understand suffering and pride (Papadopoulos et al, 2020), tolerate distress and show empathy (de Zulueta, 2015). However, Gabriel (2015) and Ali and Terry (2017) highlighted the need to explore the broader context and explore the ways in which compassionate leadership approaches are disseminated and implemented within a complex healthcare system that has developed over many decades. For many leaders, the notion of compassion is another target to achieve, which risks the development of superficial displays of compassion. This focus on the individual leader, at the expense of the wider system (and its traditional structures and norms), may lead to traditional systemic issues being ignored or overlooked (Tierney et al, 2019).

Tomkins and Simpson (2015) and Pedersen and Obling (2019) challenged the intense focus on the individual and questioned the over-optimism of compassionate leadership, highlighting the risks associated with normative control. The potential benefits of humanising care and expanding leadership to all staff must be balanced with the risks. For example, the focus on individual values, emotions and ideals may cause difficulties if the individual leader fears that they cannot live up to these idealised notions (Tomkins and Simpson, 2015).

In theoretical terms, compassionate leadership was found to be unique, yet familiar (Shuck et al, 2019). It does not have a consistent theoretical framework, instead drawing from a range of similar leadership theories (Table 1). These theories share a focus on the

Table 1. Leadership theories used to provide theoretical framework for compassionate leadership

Leadership theory	Supporting literature
Transformational leadership	West et al (2015); de Zulueta (2015); Ali and Terry (2017); Shuck et al (2019); Willis and Anstey (2019)
Servant leadership	West et al (2015); Quinn (2017); Hewison et al (2018); Shuck et al (2019)
Distributed leadership	Hewison et al (2018)
Authentic leadership	West et al (2015); de Zulueta (2015); Ali and Terry (2017); Vogus and Mcclelland (2020)
Collective leadership	West et al (2017); Hewison et al (2018)

Table 2. Examples of compassionate leadership in healthcare across different hierarchical levels

Who?	What?	Examples from the literature
System leaders and policy makers	Bridging values between organisations	Matching individual and organisational values (Ali and Terry, 2017) A collaborative endeavour, management of complex relationships between internal and external stakeholders (Hewison et al, 2019)
Organisation and team leaders	Developing team and organisational culture	Influencing organisational culture by setting expectations and norms relating to the desired behaviours. This can be done by role modelling compassionate behaviours and by implementing policies, practices and structures that enable compassion (Vogus and Mcclelland, 2020)
Individuals	Demonstrating values and characteristics	Demonstrating kindness, honesty and consistency, with the courage to challenge behaviours that are not compassionate towards patients. Making decisions with both 'the head and the heart' (Ali and Terry, 2017)

idea of leadership affecting organisational culture (Barr and Dowding, 2020), although there are fundamental theoretical differences between them. The literature focused on providing accounts of what has worked, rather than explanatory or theoretical development of the subject (West et al, 2015; Papadopoulos et al, 2020). In fact, de Zulueta (2015) suggested that the lack of clear theoretical underpinning of compassionate leadership may be problematic.

So, what is compassionate leadership? Table 2 presents a summary of who the literature regarding compassionate leadership has focused on and what this means in practice. Ali and Terry (2017) captured this complexity by stating that: 'Compassionate leadership is multi-faceted, requiring different interventions to target different levels of the organisation by stopping compassion killers and encouraging practices to help reconnect with values and behaviours of compassionate care.'

Discussion

The need for compassionate leadership in the healthcare system is clear, particularly in light of the impact that COVID-19 has had on individuals, communities and the NHS. A causal relationship between leadership and improvement in care quality was a consistent theme in the literature (West et al, 2015; Bailey and Burhouse, 2019; Hewison et al, 2019; West and Bailey, 2019; Vogus and McClelland, 2020), indicating that compassionate leadership could play a significant role in addressing the need for change. Despite the absence of a clear theoretical framework, there was consistency across the literature in the definition of compassionate leadership and the different ways in which it functions at different levels of the hierarchy.

The studies explored in this review highlighted the importance of organizational leaders in the development of a compassionate leadership culture that could improve care outcomes (Ali and Terry, 2017; West and Chowla, 2017; Bailey and Burhouse, 2019; Hewison et al, 2019;

Vogus and McClelland, 2020). In practice, this means that a compassionate leader should act as a role model, establishing and reinforcing positive values through their own behaviour. The focus of the literature around compassionate leadership has largely been on individual leaders within a healthcare practice, who are expected to adopt, adapt and demonstrate these behaviours. However, de Zulueta (2015) argued that this could be dehumanising, calling instead for 'a living complex adaptive system' of organisational leadership. This suggests that compassionate leadership could have a 'dark side' if excessive focus is placed on the individual rather than the organisation, potentially leading to performative compassion which could have dehumanising effects on the individual leader and staff.

Although other leadership theories have been associated with compassionate leadership, the review did not find a clear or consistent theory that was specific to compassionate leadership theory, which makes it difficult to critically challenge. Although the review did find clear evidence of the value of compassionate leadership in practice, Tierney et al (2019) argued that existing structural and systematic problems needed to be addressed through fundamental change before compassionate leadership can be implemented. There is also a risk of placing an excessive focus on individual values and virtues, which may put pressure on individual leaders. Therefore, a clear theoretical foundation is needed to guide the future development of compassionate leadership and to consider who benefits from it (Gabriel, 2015).

The limitations and gaps identified in this review indicate that there is a need for in-depth longitudinal exploratory multi-method fieldwork (Einola and Alvesson, 2021). Instead of focusing on whether compassionate leadership is 'good' or 'bad', it should explore the effects of such leadership in healthcare (Learmonth, 2017).

Conclusions

This review has explored a growing body of research about compassionate leadership within a healthcare context, which has developed alongside significant strategic and policy statements and is hoped to influence the management of healthcare moving forward. Compassionate leadership is often presented in the literature as a solution to the challenges faced by healthcare services and as a core part of improving healthcare in the UK. Many of the studies emphasised the negative impact of current leadership approaches and organisational culture on staff, suggesting that a different approach to leadership is required. Therefore, it is critical to ensure that compassionate leadership can deliver on these high expectations.

In practice, compassionate leadership can be defined across different levels and functions. Overall, the studies explored in this review found that there are potential risks associated with applying compassionate leadership to a system that is largely still driven by traditional ideas of command, control and targets. Theoretically, the conceptualisation of compassionate leadership has been drawn from other leadership frameworks, such as transformational and collective leadership. As a result, there is a lack of theoretical clarity or consistency around compassionate leadership. Any emerging conceptualisations of compassionate leadership must take into account the contextual complexity in which leadership occurs, as well as lessons from past failings.

Author details

School of Medical and Health Science, Bangor University, Bangor, Wales

Key points

- Compassionate leadership could play a significant role in addressing the need for change in the NHS.
- There was consistency across the literature in the definition of compassionate leadership and the review highlighted the different ways in which it functions at different levels of the hierarchy.
- The review did not find a clear or consistent theory that was specific to compassionate leadership, suggesting that further study is needed.

Conflicts of interests

The author declares that there are no conflicts of interest.

Declaration of funding

The Open Access licence for this study was funded by Bangor University (Bangor, Wales).

References

Ali S, Terry L. Exploring senior nurses' understanding of compassionate leadership in the community. Br J Community Nurs. 2017;22(2):77–87. https://doi.org/10.12968/bjcn.2017.22.2.77

Arksey H, O'Malley L. Scoping studies: towards a methodological framework. Int J Soc Res Methodol. 2005;8(1):19–32. https://doi.org/10.1080/1364557032000119616

Atkins PWB, Parker SK. Understanding individual compassion in organizations: the role of appraisals and psychological flexibility. Acad Manage Rev. 2012;37(4):524–546. https://doi.org/10.5465/amr.2010.0490

Auria GD, Nielsen NC, Zolley S. Tuning in, turning outward: cultivating compassionate leadership in a crisis. 2020. https://www.mckinsey.com/business-functions/people-and-organizational-performance/our-insights/tuning-in-turning-outward-cultivating-compassionate-leadership-in-a-crisis (accessed 2 March 2022)

Bailey S. Compassion: your greatest leadership contribution? 2019. https://www.kingsfund.org.uk/blog/2019/02/compassion-your-greatest-leadership-contribution (accessed 2 March 2022)

Bailey S, Burhouse A. From super-hero to super-connector, changing the leadership culture in the NHS. Future Healthc J. 2019;6(2):106–109. https://doi.org/10.7861/futurehosp.6-2-106

Bailey S, West M. COVID-19: why compassionate leadership matters in a crisis. 2020. https://www.kingsfund.org.uk/blog/2020/03/covid-19-crisis-compassionate-leadership (accessed 2 March 2022)

Barr J, Dowding L. Leadership in health care. London: Sage; 2020

Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101. https://doi.org/10.1191/1478088706qp063oa

Brown S. Compassion and efficiency not mutually exclusive in health care. Can Med Assoc J. 2019;191(27):E775–E776. https://doi.org/10.1503/cmaj.109-5773

Davison G, Kelly MA, Conn R et al. How do children and adolescents experience healthcare professionals ? BMJ Open. 2021;11:e054368. https://doi.org/10.1136/bmjopen-2021-054368

de Zulueta PC. Developing compassionate leadership in health care: an integrative review. J Healthc Leadersh. 2015;8:1–10. https://doi.org/10.2147/jhl.s93724

Einola K, Alvesson M. The perils of authentic leadership theory. Leadership. 2021;17(4):483–490. https://doi.org/10.1177/17427150211004059

Francis R. Independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 to March 2009. 2010. https://www.gov.uk/government/publications/independent-inquiry-into-care-provided-by-mid-staffordshire-nhs-foundation-trust-january-2001-to-march-2009 (accessed 2 March 2022)

Francis R. Report of the Mid Staffordshire NHS Foundation Trust public inquiry. 2013. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf (accessed 2 March 2022)

Gabriel Y. Beyond compassion: replacing a blame culture with proper emotional support and management comment on 'why and how is compassion necessary to provide good quality healthcare?' Int J Health Policy Manag. 2015;4(9):617–619. https://doi.org/10.15171/ijhpm.2015.111

Health Education and Improvement Wales. A healthier Wales: our workforce strategy for health and social care. 2020. https://heiw.nhs.wales/programmes/health-and-social-care-workforce-strategy/ (accessed 2 March 2022)

Hewison A, Sawbridge Y, Cragg R et al. Leading with compassion in health care organisations. J Health Organ Manag. 2018;32(2):338–354. https://doi.org/10.1108/jhom-10-2017-0266

Hewison A, Sawbridge Y, Tooley L. Compassionate leadership in palliative and end-of-life care: a focus group study. Leadersh Health Serv. 2019;32(2):264–279. https://doi.org/10.1108/lhs-09-2018-0044

Keogh B. Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. 2013. https://psnet.ahrq.gov/issue/review-quality-care-and-treatment-provided-14-hospital-trusts-england-overview-report (accessed 15 March 2022)

Kirkup B. The report of the Morecambe Bay investigation. 2015. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf (accessed 2 March 2022)

Landers M, Hegarty J, Saab MM et al. Nurses' and midwives' views of the 'leaders for compassionate care program': a qualitative analysis. Collegian. 2020;27(1):2–10. https://doi.org/10.1016/j.colegn.2019.03.005

Learmonth M. Making history critical: recasting a history of the 'management' of the British national health service. J Health Organ Manag. 2017;31(5):542–555. https://doi.org/10.1108/JHOM-11-2016-0213

Lown BA, Shin A, Jones RN. Can organizational leaders sustain compassionate, patient-centered care and mitigate burnout? J Healthc Manag. 2019;64(6):398–412. https://doi.org/10.1097/JHM-D-18-00023

Lown BA, Manning CF, Hassmiller SB. Does organizational compassion matter? J Nurs Adm. 2020;50(2):78–84. https://doi.org/10.1097/nna.0000000000000845

Mannion R, Davies H. Understanding organisational culture for healthcare quality improvement. BMJ. 2018;363:k4907. https://doi.org/10.1136/bmj.k4907

Martin D, Heineberg Y. Positive leadership, power and compassion. In P Gilbert (ed), Compassion: concepts, research and applications. London: Routledge; 2017

McClelland LE, Vogus TJ. Infusing, sustaining, and replenishing compassion in health care organizations through compassion practices. Health Care Manage Rev. 2021;46(1):55–65. https://doi.org/10.1097/hmr.0000000000000240

McSherry R, Pearce P. Measuring health care workers' perceptions of what constitutes a compassionate organisation culture and working environment: findings from a quantitative feasibility survey. J Nurs Manag. 2018;26(2):127–139. https://doi.org/10.1111/jonm.12517

NHS. Leading change, adding value: a framework for nursing, midwifery and care staff. 2016. https://www.england.nhs.uk/publication/leading-change-adding-value-a-framework-for-nursing-midwifery-and-care-staff/ (accessed 2 March 2022)

NHS England. Compassion in practice. 2012. www.england.nhs.uk/wp-content/ uploads/2012/12/compassion-in-practice.pdf (accessed 2 March 2022)

NHS England. Building and strengthening leadership: leading with compassion. 2014. https://www.england.nhs.uk/wp-content/uploads/2014/12/london-nursing-accessible.pdf (accessed 2 March 2022)

NHS Leadership Academy. Healthcare Leadership Model. 2013. https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/ (accessed 2 March 2022)

Nursing and Midwifery Council. The Code: professional standards of practice and behaviour for nurses and midwives. 2015. https://www.nmc.org.uk/standards/code/read-the-code-online/ (accessed 2 March 2022)

Papadopoulos I, Lazzarino R, Koulouglioti C et al. Obstacles to compassion-giving among nursing and midwifery managers. Int Nurs Rev. 2020;67(4):453–465. https://doi.org/10.1111/inr.12611

Pedersen KZ, Obling AR. Organising through compassion: the introduction of meta-virtue management in the NHS. Sociol Health Illn. 2019;41(7):1338–1357. https://doi.org/10.1111/1467-9566.12945

Peters MDJ, Godfrey C, McInerney P et al. Scoping reviews. 2017. https://jbi-global-wiki.refined.site/space/MANUAL/3283910770/Chapter+11%3A+Scoping+reviews (accessed 2 March 2022)

Quinn B. Role of nursing leadership in providing compassionate care. Nurs Stand. 2017;32(16–19):53–63. https://doi.org/10.7748/ns.2017.e11035

Royal College of Psychiatrists. Compassion in care: ten things you can do to make a difference. 2015. https://www.rcpsych.ac.uk/docs/default-source/members/faculties/general-adult-psychiatry/general-adult-fr-gap-02-compassionate-care.pdf?sfvrsn=e6852ee1_2 (accessed 2 March 2022)

Saab MM, Drennan J, Cornally N et al. Impact of a compassionate care leadership programme. Br J Nurs. 2019;28(11):708–714. https://doi.org/10.12968/bjon.2019.28.11.708

Shuck B, Alagaraja M, Immekus J et al. Does compassion matter in leadership? Hum Resour Dev. 2019;30(4):537–564. http://dx.doi.org/10.1002/hrdq.21369

Straughair C. Cultivating compassion in nursing. Nurs Educ Pract. 2019;35:98–103. https://doi.org/10.1016/j.nepr.2019.02.002

Tierney S, Bivins R, Seers K. Compassion in nursing: solution or stereotype? Nurs Inq. 2019;26(1):e12271. https://doi.org/10.1111/nin.12271

Tomkins L, Simpson P. Caring leadership: a Heideggerian perspective. Organization Studies. 2015;36(8):1013–1031. https://doi.org/ 10.1177/0170840615580008

Vogus TJ, McClelland LE. Actions, style and practices: how leaders ensure compassionate care delivery. Leader. 2020;4(2):48–52. https://doi.org/10.1136/leader-2020-000235

West M. Compassion and Innovation in the NHS. 2017. https://www.kingsfund.org.uk/blog/2017/09/compassion-and-innovation-nhs (accessed 2 March 2022)

West MA. Compassionate leadership in health and care settings. In Galiana L and Sansó N (eds). The power of compassion. London: Nova Science; 2019

West MA, Chowla R. Compassionate leadership for compassionate health care. In Gilbert P (ed). Compassion: concepts, research and applications. London: Routledge; 2017

West M, Armit K, Loewenthal L et al. Leadership and leadership development in health care: the evidence base. 2015. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf (accessed 2 March 2022)

West M, Bailey S. Five myths of compassionate leadership. 2019. https://www.kingsfund.org.uk/blog/2019/05/five-myths-compassionate-leadership (accessed 2 March 2022)

West M, Eckert R, Collins B et al. Caring to change: how compassionate leadership can stimulate innovation in health care. 2017. https://www.kingsfund.org.uk/publications/caring-change (accessed 2 March 2022)

Willis S, Anstey S. Compassionate leadership in district nursing: a case study of a complex wound. Br J Community Nurs. 2019;24(2):50–57. https://doi.org/10.12968/bjcn.2019.24.2.50