**NHS Education for Scotland**

**Talking about Bereavement Podcasts Series – Transcript of ‘The Team Compassionate Space in Bereavement**’ **Podcast**

**Presenter**: Lynne Innes, Senior Educator, NHS Education for Scotland

**Speaker**: Andy Gillies, Head of Spiritual Care, Staff Care and Person-Centred Care, NHS Ayrshire and Arran

**LI**: Hi, I'm Lynne Innes. I'm a Senior Educator at NHS Education for Scotland, otherwise known as NES, in the Bereavement workstream. In this podcast, I'm going to introduce you to the work that our team does, share what we do, and also share our learning. So what is NES Bereavement? When I ask this question, sometimes people aren't sure what we do. However, in essence, it's putting people at the heart of bereavement care and our aim is to support health and social care staff to do that for the people in their care. We know that evidence suggests that person-centred care in bereavement matters as it improves people's experience, and bereavement care and the communication around that with those who are bereaving is core business for many staff groups across health and social care. It's also known if it's poorly handled, there can be the risk of causing additional harm and that subsequently might have negative impact on staff wellbeing. This is a short introductory series of podcasts, which will look at the compassionate space in bereavement. I'll introduce three guests from different parts of Scotland who are all working in health and social care and ask them to share their thoughts and reflections on that space for us as individuals, teams, and organisations.

**LI**: In this podcast, I'm going to chat to Andy Gillies. Andy’s the Head of Spiritual Care, Staff Care and Person-Centred Care in NHS Ayrshire and Arran. And his work is influenced by seeing the value of psychologically informed spiritual care practice and the transformative impact of reflective practice for individuals, groups and organisations. He believes that compassion is more than a willingness to hear the burden carried by others, and that the extent to which we explore our own inner world and spiritual self, correlates to the quality of care we give.

**LI**: Hi, Andy, thanks so much for being part of this podcast series for NES Bereavement. And I'm just wondering how you are today?

**AG**: Well, hi Lynne. And thank you for inviting me onto this series. I'm well. I cycled in so I feel like I've got a bit more energy, even though I’ve probably expended more calories than normal. I get a wee bit of an energetic payback which doesn't, I never regret it until it's home time and it's raining and windy and I think why did I cycle in? So, no I'm well.

**LI**: And then you've got to get back on your bike and cycle back the way and hopefully the wind’s behind you maybe? Or is it more likely to be against you?

**AG**: No, it's always, against me both ways every time. I think every cyclist will tell you that. Because I would have been going so fast, had it not been for the wind, doing 180 change then. Nah, hopefully it’ll be behind me tonight.

**LI**: Well, I, I hope it is. Because it's a bit windy today, I think. So, you have very kindly agreed to talk about the compassionate space in bereavement and, we, I've asked you specifically to talk about that from a team’s perspective. You know, what is the compassionate space in bereavement from a team's perspective? And I, I just wonder what your thoughts are on what we, we can do as health and social care staff or professionals to help support compassion in bereavement?

**AG**: Yeah, and in that context of teams. So, because I'm starting to write down what is the ask here? It’s compassion in bereavement in the context of teams, and when I was looking at those layers. I was thinking how well any team, or any group is, a collection of individuals, so what's applicable to the individual will often be applicable to the group. But one of the big differences I suppose is that the group function well or not by the extent to which they have revealed to one another their expectations. Because you, you know what you expect as an individual. It's quite easy to say, well, what is my journey toward compassion as an individual? But actually asking that of a team, I think’s a wee bit more complicated. So thanks for giving me a more complicated task, and the organisation one you can just be good, such objective generalities, that that's an easy one as well, so I'm, you know fully accepting you’ve given me the hardest task. No problem. But one of the, one of the immediate things that came to mind was, what can a team do, in order to operate from a more compassionate place, particularly around about bereavement? And the first thing that came to mind was just giving yourself permission not to think dualistically, compassionate or not compassionate, good or bad, but to almost think of a spectrum. Every single group, every single team will be on a spectrum of compassion. There is no team where compassion is completely absent. And no one has it perfect. And I think that one of the first things we can do is give, or take yourself off the hook, and say, it's not about really getting it right or getting it wrong. It's maybe being aware about where we are on that spectrum. And that lens, about non, non-duality or whatever, or just seeing things not quite as simple as black and white. It's quite a gifted space within compassion, because actually what does the individual who's on the receiving end of it, need? And unless we actually ask what is it you're expecting from us, or what is it you need from us, how do we even, or even if we ask afterwards, did that feel compassionate? How do we know we were compassionate as a team? So I think that taking ourself off out, how another thing a team, as well as probably as an individual is not to be wedded to the outcome. If you believe that compassion is only worthwhile if somebody then gets better as a result of your compassionate intervention, and I'm doing my fingers like, quoting, what have you got, finger quotes? If you believe that the compassion you offered was only worth it if the person gets better, you’d constantly be disappointed. In grief and bereavement people aren't moving from a black to a white state. They're just moving along a spectrum of grey, and maybe to a slightly brighter grey. And if you think that unless somebody walks out smiling saying that was just the compassionate space I needed, and that you're wedded to that for it to be worthwhile then, I think as a team, you'll struggle to keep, sustain a compassionate stance.

**LI:** I was just going to reflect on you saying, in this kind of state of grey. And, and I can't remember how you described it about being a slightly different shade of grey. I haven't really thought about that before. That kind of shade of grey and how, and how you know, wonder if that if that's the reality for people. That shade of grey, actually they never, they potentially they may not get to black or white but they stay in grey and, and I suppose I'm wondering how that feels. In terms of, in that compassionate space?

**AG:** Absolutely. So, I wonder, I wonder to what extent like using a colour to describe a collective set of emotions and body experiences is helpful, you know? Or maybe come, maybe like grief you could just describe as a sound like a, a faint wailing? But if, if you're on the receiving end of compassion, and the person's trying to cajole you along to white, to it's all good. Then you don't have permission to be, and, so part of my perception around about holding a compassionate space as a team for the long run is to not think that your own worth as an individual or as a team comes from somebody being all good in the end. That it's a worthwhile act to hold a compassionate space for someone or for each other, even if data doesn't tell you that things are better. In fact, I bet you've had so many occasions working in NES around about bereavement to know that at times when people come out of task one as William Worden would call, that, task one of accepting the reality of the loss, when they come out of that fog and, and allow more space for working through the pain of the loss, it can feel like a step back. You know, it's these spiral dynamics of, you don't just make consecutive linear steps forward, that you often will have setbacks, two forward three back, four forward one back. And part of being compassionate means actually being okay with that, in fact not just being okay with that, almost expecting it. And being willing to empower the individual. Or even the group, you know, because a, because a team can be experiencing the loss of a colleague. So being able to say to that team, sounds sore right now. You know, and I've often held a reflective space and said to the team, it sounds like what's happening right now is really sore. So yeah, and what's that soreness like? Then you might describe that in a bit more depth. Say, I wonder if it's normal that it would be sore because you cared so much about this person. And they would say yes. So, so what do you do going forward? And then let's say going forward I might just be like, maybe we'll be a wee bit kinder to each other or maybe we'll just adjust our pace accordingly. And, and part of the, the challenge, I think for, for a team, when there's so many people in it, often if you're thinking about what does a compassionate team look like? And might not necessarily be a leader of compassion within it, so the ability for people to be heard safely, seen and supported and able to express what's happening will depend on the ability of the teams to listen and to not try and put on outcomes to folk. So, what might you do going forward from here? Somebody might say, ‘what I need to do from here is just go home, put all the lights out, get out under the duvet, and just cry for a week’. And if that doesn't fit with your idea about what they should be doing and, and then you tell them that, then the person adds on top of their grief, judgement.

**LI:** Yeah.

**AG:** So, it's like, and if you really think that somebody's talking about some unhealthy way forward, it’s okay to say, I wonder, I wonder about, I wonder what, I wonder how that fits in with your own idea about moving towards feeling better? And they can sometimes explain something, the person that says, ‘I want to go and draw the blinds’, they might say ‘I'm just constantly around other people’s needs. You know, I’m a busy mum, I work, friends that are, I’ve always been the one in the friendship group that protects them’. So maybe they do need that time just to, something, to do something that we don't need to. And so how do you equip your whole team to be able to listen and not be wed to their idea of what a good outcome is? Contaminating a person's ability to express what they need.

**LI:** So how, how do we then equip our whole team to listen?

**AG:** Well, there's, I think there's so many cool theories out there. I'm just, I'm really thinking about, the idea about, weak link organisations or weak link teams, rather than strong link teams. And how the more complex an issue gets, can you get more complex than grief and bereavement, and grief. The more complex something gets, the positive outcomes more dependent on the weakest link rather than the strongest links, and one amazingly compassionate person in the team isn't as effective as having a whole team of people who are quite compassionate. I think skill development and listening is like, how do you, tune in to say it's going to be normal that you're going to want to jump in. It's going to be normal, and practising that, team making space. Making actual space so the team meetings agenda does not, is not stacked. There's actually within any organised thing that the team’s doing, that they hold space within it .And then just formal, formalising check-ins that aren't about, about work first and foremost, but checking in at the individual level. And people think, well, I'm not going to have time to do that. It's actually, total nonsense. Anybody who's attended a Spaces for Listening, knows that within two minutes you can run yourself dry of how you're doing in that moment. It doesn't take a long time. And also I think maybe teams just taking time to develop their identity. Who are we as a team? What values do we want to live out of? Those hugely help their ability to be compassionate. A team charter or just having your team’s why? A vision statement for your team, if you've not got that, who are you?

**LI:** And when you were talking about Spaces for Listening, I was actually thinking about, you, when we, when we support people, or supporting people to listen. That, that I, I wonder if the next part of that is the part of really listening? And I think, you know, that's what Spaces for Listening enables, is that, you know, two-minute of really listening because nobody else is speaking in that 2 minutes. So, I know most of us think we know how to listen, but actually we do a lot of, I think there's a lot of listening to potentially reply. So, it's that, how do we really enable listening?

**AG:** Yeah.

**LI:** Real listening.

**AG:** Yeah. And do you know I was thinking about this, more than 95% of what we do is driven by our unconscious. And, and, and there's, you know, if you, if you believe there's, there's no one in there. So, what we are doing in autopilot is just habit. So, practising the skill of listening can become reflexive. It can become something that we actually, we actually embody. Not just in our facial expression. You're giving me a very good facial expression of listening really well Lynne, but even more than that, an ability to with less cost to us, listen. But to be honest, I reckon that, possibly the biggest thing that any team can do that wants to listen, wants to operate out of compassion for someone, but a group who bereaved, is to just not hold the belief that the bereaved person's broken. Soon as you go into that black and white broken fix modality, you've got a task which has an outcome rather than an intent, and a way of setting up a way of being. And that will, if you don't perceive it as broken, this is a person who's carrying a wound, probably because of, they've been stupid enough to have loved in the first place. That will inform how you then treat them.

**LI:** So, I’ll, really value how we've spoken, you know, we’ve, how you've brought in love there. Because, you know, compassion stems from love, is built in love, feeds in love, it's just all of that, just and that, that yeah. That's what, for me, I know that's what it's all about, you know? I know that's what it's all about for me. And that's, lovely, a lovely that you brought it back round to, or you brought it to that, you didn't bring it back round, you brought it to that. And that's the, the fundamental of, of why we do what we do.

**AG:** I wonder if every team was to, to ask the individuals within it to say, write down three things that a loving team does. And then bring that together and just hear that from one another. How much better equipped might that team be to operate out of a compassionate way of being?

**LI:** Yeah, so that's our, I think that could be our final message Andy our, our three things that a loving team would do or could do. Thank you so much Andy for taking the time to have this conversation. It's, it's been wonderful, actually. Really, truly enlightening and refreshing actually to have these conversations that often that we may not have.

AG: Really loved it and really aware that actually could talk all day about this with you. Maybe hear more, and speak more another time.

**LI:** Thank you.

**LI**: Thanks to Andy for sharing his thoughts with us. I hope that you've enjoyed this podcast on the team compassionate space in bereavement. Our next podcast will focus on organisational compassionate space in bereavement, with Dr Donald Macaskill. I hope you can join us then.

The podcast was recorded in February 2023 and can be found at <https://www.sad.scot.nhs.uk/events/podcast-series/> or <https://talkingaboutbereavement.podbean.com/>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or contact supportarounddeath@nes.scot.nhs.uk

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