# What The World Needs Now is……………..

It’s not often in a career that we get the opportunity to write completely freely and informally; this is that chance for me. In this short piece, I want to share a personal and a professional journey – one in which I have become engaged with the social movement of compassion and the specifics of self-compassion. I have come to believe deeply in the potential for compassionate approaches to life, nursing and leadership to nourish us in a world which sometimes feels devoid of anything that feels like empathy or compassion. I have written elsewhere that to choose a compassionate way to work and to lead is a political act[[1]](#footnote-1) – by this I mean that we can engage with activism as a way of living and working, that is inspired by the definition of compassion as offered by Paul Gilbert “*a sensitivity to the suffering of others and self with a commitment to prevent and alleviate it*.”[[2]](#footnote-2) Having spent over 40 years in mental health nursing, I have worked intentionally to uphold a strong value-base of equity and equality, have actively supported policy and practice that is both evidence-based and at the same time, provides a strong foundation for meaning, purpose and authenticity.

We now live in a political arena that no longer serves us with a moral purpose or a shared sense of belonging, nurturing and loving kindness – it can feel cruel, isolating and de-humanising. The power of this can seep into the way we feel about our own lives, our work and our relationships – if we let it. One thing I wish I had known many years ago and had been taught – is how to manage and soothe my nervous system. Now I feel that we should share this well-established knowledge in our teams and organisations – that anxiety, uncertainty, criticism and system failure provides the complex contexts for staff to be chronically stressed, feel overwhelmed, burnt out and sick…sick in our hearts and sometimes, sick to our stomachs….

What is the consequences of this? I believe there is a diminishing capacity for creativitiy, trust, learning and connection and I also believe that whilst compassionate leadership, as described by Michael West[[3]](#footnote-3), provides the healthcare system with the architecture to curate this, there is a responsibility on us all as individuals to support a compassionate approach to our work. We can do this relatively easily by developing ‘compassionate flow’ – compassion we feel for others, compassion we can receive and compassion we offer to ourselves – in this way becoming more aware of the flow around us and between us, developing attunement for the suffering of ourselves and our colleagues and at the same time taking steps to notice, understand, empathise and take action. Kristin Neff[[4]](#footnote-4) has described this ‘action’ part as ‘fierce self-compassion’ - to protect from harm, provide for ourselves and motivate us into activism. I was reminded recently of the need to draw from our own examples when we are attempting to teach or coach others in this. There have been many examples along the way, but for me the most compelling was in 2002 when I led the development of the RCN’s women’s mental health group; spurred on by bearing witness to the paucity of gendered knowledge, policy and practice in mental health and beginning to appreciate that any attempt to wait for someone else to do it was seriously flawed! I became increasingly aware of my own responsibility to use the role I was in and the platform I had, made my step into leadership a ‘must’. I later came to appreciate the courage in this and have never regretted stepping into a space that was unfamiliar, uncomfortable and sometimes lonely. Now I often observe the same in others – the deep desire to change or challenge the status quo but with a hesitancy to stand out and speak up. Whilst there is almost always nobility in the intention, there is often fear holding the person back. It is a privilege to support leaders take that first, second and many more steps – the path, as we know, is only paved as we walk it……

And yet, we work and live in times that are increasingly more stressful and thus, the need for good well-being and mental health is at a tipping point. In a post-covid climate where resources are scarce, workload pressures greater than ever, it is only a matter of time before we have a largely ‘sick’ workforce – overworked and under-supported. So, we remain in contradictory terrain – on the one hand we have a greater ease of language about our anxiety and depression, burnout and suicidality and on the other hand, we expect people to develop individual ‘resilience’ without sufficiently addressing the underlying organisational factors that contribute to the process of dis-ease.

As I write this, it is World Suicide Prevention Day and it is apposite to draw attention to existing initiatives to understand more about [suicide in NHS healthcare staff](https://sites.manchester.ac.uk/ncish/resources/suicide-in-nhs-staff-a-national-data-collection-to-inform-prevention/) , the support resources available to staff and specifically for female nurses, the [Nurses Suicide Study](https://www.nursesuicidestudy.com/), who are considered to be at 24% higher risk of suicide than the general population. Implementation of all these resources provide guidelines and policy to create a workplace culture that promotes mental well-being, encourages early intervention, and supports recovery following traumatic events. Both compassion for others and self-compassion are vital components in achieving workplaces that are psychologically safe, where there is openness and individuals can seek help when they are struggling with work-related stress. We really do need to look after ourselves at a deep level as we work to be in service of others – our colleagues and our patients.

As we also have access to a greater knowledge and wisdom about our collective nervous system across the health sector, there is no excuse now for leaders at all levels to be aware of the effects of stress on the body, mind and brain. It is limited indeed, for leaders to ignore the warning signs…only this week I have heard words like ‘savage’ and ‘brutal ‘ as descriptors of organisational change – it is hard to hear that after all these years, we really haven’t come that far in practising what is preached – inclusive and compassionate cultures where psychologically safe teams embrace vulnerability as strength, where bringing your whole self to work is encouraged and where trust is upheld as the most important value in healthy, effective team-working and relationships.

As we accept our shared and common humanity, inherently flawed, we must endeavour try to connect authentically with people who are suffering, as are we. We are expected to do this in an imperfect system, society and world where vulnerability is yet to be seen as a strength, where inequalities persist and where national policy is uncertain. To make systemic change is to be part of a social movement of compassion, to participate in actions that can work towards the prevention of suffering and injustice.

### Therefore, the healthcare workforce, educators and leaders need to have the curiosity to notice and name suffering around them, to have the complex skills and personal qualities to respond with compassion and have the courage to always act with integrity and wisdom. To work compassionately is a skill and a choice; perhaps more importantly, and to return to my beginning, it is a *political act*.

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1. Jackson A (2025) Chapter 3 Deep-Level Well-Being: Compassion and Self-Compassion in Hardy S (2025) Workplace Well-Being for Nurses, Health and Care Professionals. Routledge/Taylor Francis. Oxford [↑](#footnote-ref-1)
2. Gilbert P (2009) The Compassionate Mind, Robinson, Great Britain. [↑](#footnote-ref-2)
3. West, M (2021) Michael West Compassionate Leadership – sustaining wisdom, humanity and presence in health and social care [↑](#footnote-ref-3)
4. Neff K (2021) Fierce Self-compassion – How women can harness kindness to speak up, claim their power and thrive, Penguin Life, G.B. [↑](#footnote-ref-4)