LEADERSHIP IN PRACTICE | MODULE 06

Compassion, culture and psychological safety

Combine attention to people with clear standards, so that difficulty can be spoken about and acted upon.

- ✓ 14 min reading
- ✓ Full teaching, practical next steps and reflection
- ✓ Six practice questions with answers and explanations
- ✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education	This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Compassionate leadership is not the absence of accountability. It means noticing distress, understanding context, responding helpfully and maintaining fair standards without humiliation or avoidance.

Three next actions

- Ask one team member what makes it easier or harder to raise a concern.
- Respond to difficult news with thanks and questions before judgement.
- Make one expected behaviour and one support route explicit.

Learning objectives

- Explain psychological safety without confusing it with comfort or absence of standards.
- Combine compassion, fair accountability and visible follow-through.
- Recognise how small leadership responses accumulate into organisational culture.

Why this matters

Culture is often discussed as though it were a general atmosphere. Staff experience it through repeated practical signals: whose question is welcomed, whose interruption is tolerated, what happens after an error, how opportunities are allocated and whether leaders return after promising action. These small moments teach people what is safe, valued and likely to change.

Compassion and psychological safety are sometimes misrepresented as soft alternatives to performance. In fact, teams cannot maintain reliable standards when people hide uncertainty, avoid reporting mistakes or believe that difficulty will be met with humiliation. The leadership task is to make truth easier to bring forward while keeping expectations and accountability clear.

Culture is created in small moments

Formal values matter, but staff learn culture from what repeatedly happens. A leader who invites challenge in a strategy document but rolls their eyes during a ward discussion sends the stronger message through behaviour. A department that praises wellbeing while rewarding permanent availability teaches that recovery is privately desirable and professionally costly.

Look for patterns rather than isolated impressions. Who is interrupted? Who receives developmental work? Whose error is explained by context and whose is explained by character? Who hears the outcome after raising a problem? These questions make culture observable enough to examine and improve.

Psychological safety is not comfort

Psychological safety means people can ask questions, admit uncertainty, offer ideas and raise concerns without an unreasonable fear of humiliation or retaliation. It does not mean every conversation is comfortable, every idea is accepted or poor conduct has no consequence. A safe team can disagree firmly because the disagreement addresses work and evidence rather than personal worth.

Leaders strengthen safety by responding constructively, acknowledging their own uncertainty, inviting views before declaring a preference and protecting people from detriment after legitimate challenge. They weaken it when they demand public agreement, reward silence or treat concern as disloyalty.

The first response to bad news

When someone brings a mistake, concern or disappointing result, the first minute shapes what happens next. Begin with thanks for raising it, establish whether anyone remains at immediate risk and ask enough questions to understand what is being reported. Avoid a verdict before the facts are known.

Your face, tone and first question are part of the response. A leader may later follow every procedure correctly, but visible anger or dismissal can still teach observers not to return. If you react poorly, repair it: acknowledge the response, invite the information again and state what will happen next.

Compassion and accountability belong together

Compassion involves attending to distress, seeking to understand context and responding helpfully. It does not require abandoning the standard. A colleague affected by workload, illness or inadequate supervision may need support and a change in conditions; patients may still need immediate protection and the expected practice may still need to be clear.

Fair accountability separates system conditions, human fallibility, capability, deliberate conduct and reckless disregard. These categories may lead to different responses. Premature blame prevents learning, while automatic reassurance can leave risk unaddressed. The question is what a fair and proportionate response requires now.

Incivility, interruption and humour

Small acts of incivility can accumulate. Repeated interruption, sarcasm, exclusion from informal information and jokes about grade or background may appear minor individually while gradually reducing participation and belonging. Humour is particularly sensitive to power: the person with less authority may laugh because declining feels unsafe.

Address patterns early and specifically. Describe the behaviour and its effect, restate the expected standard and invite context without debating whether harm was intended. Leaders should also examine their own ordinary behaviour, because seniority amplifies gestures that might otherwise pass unnoticed.

Listening must lead somewhere

Listening is not demonstrated by the length of a meeting. It is shown when the leader's understanding or action changes, or when the leader explains why it cannot change. After receiving a concern, state the next step, owner, confidentiality limits and expected update. Do not promise an outcome that the process cannot guarantee.

Failure to close the loop converts speaking up into emotional labour for the person who raised the issue. Even when a full investigation is continuing, provide an appropriate progress update. Protecting confidentiality does not require organisational silence about whether learning or action occurred.

Measure culture without pretending it is one number

Staff surveys, turnover, sickness, incident reports, speaking-up data, complaints and qualitative accounts each reveal part of culture. None alone provides a verdict. Low reporting may indicate safety or fear. High reporting may reflect risk, trust or both. Triangulate measures and examine differences between groups and locations.

Repair is practical. Revisit the meeting where someone was dismissed. Correct an unfair allocation. Explain what changed after feedback. Remove a process that repeatedly silences contribution. Culture becomes credible when leaders respond to evidence in visible, proportionate ways.

The SAS doctor as culture carrier

Long-serving SAS doctors often carry organisational memory and provide continuity across rotating teams. They can model safe challenge, generous supervision and respect across grades. They can also become expected to absorb dysfunction without authority. Their cultural influence should be recognised without turning it into unpaid responsibility for fixing every problem.

A useful conversation identifies the cultural work already occurring, the risks being contained and the support required. New consultants and formal leaders should treat experienced SAS colleagues as sources of service knowledge while retaining their own accountability for role clarity and change.

Common mistake

Avoid this	Calling avoidance “kindness”, or using accountability as permission to shame a person before understanding the system and context.

Pause and reflect

What does your team learn from your face, tone and first question when the news is bad?

Takeaways

- Compassion and accountability belong together.
- The first response shapes future candour.
- Listening needs visible follow-through.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. Which best describes psychological safety?

A. Ability to question, admit uncertainty and raise concerns without unreasonable fear of humiliation or retaliation

B. Agreement with the most senior person

C. Freedom from all uncomfortable discussion

D. Permission to ignore standards

2. A junior doctor reports a possible error. What should the leader do first?

A. Promise that nobody will face any consequence

B. Protect immediate safety, thank them and clarify the facts

C. Identify who is to blame

D. Explain the department's reputation

3. Why can humour become a cultural risk?

A. People with less power may feel unable to decline participation or challenge the joke

B. Intent always determines impact

C. Humour is never appropriate at work

D. Only written jokes affect culture

4. What is a compassionate response to a performance concern?

A. Reassure the person that no action is needed

B. Remove the standard

C. Begin with a judgement about character

D. Understand context, protect safety, offer support and state the standard clearly

5. A leader has listened to a concern but cannot yet give the final outcome. What should happen?

A. A promise that the concern will be upheld

B. Transfer all responsibility back to the person who spoke

C. No contact until the investigation ends

D. A proportionate update on process, ownership and next contact within confidentiality limits

6. What is the safest interpretation of low incident reporting?

A. It needs triangulation because low reporting may reflect safety, under-recognition or fear

B. Staff are fully satisfied

C. The service has no risk

D. The culture is definitely safe

Answers and explanations

1. A — Ability to question, admit uncertainty and raise concerns without unreasonable fear of humiliation or retaliation

Psychological safety supports candour and learning while preserving clear standards and fair accountability.

Review 'Psychological safety is not comfort' and distinguish safety from ease or agreement.

2. B — Protect immediate safety, thank them and clarify the facts

The first response should make safety and understanding possible before judgement.

Return to 'The first response to bad news' and plan your first three sentences.

3. A — People with less power may feel unable to decline participation or challenge the joke

Power affects whether apparent participation is voluntary and whether harm can be named.

Review the section on incivility, interruption and humour.

4. D — Understand context, protect safety, offer support and state the standard clearly

Compassion and accountability should operate together rather than being treated as opposites.

Review 'Compassion and accountability belong together' and separate support from avoidance.

5. D — A proportionate update on process, ownership and next contact within confidentiality limits

Closing the loop includes progress information even when the final decision is not available.

Return to 'Listening must lead somewhere' and identify the next update point.

6. A — It needs triangulation because low reporting may reflect safety, under-recognition or fear

A single measure cannot establish culture. Multiple quantitative and qualitative sources are needed.

Review how to measure culture without pretending it is one number.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: Leadership and management guidance
UK · https://www.gmc-uk.org/professional-standards/the-professional-standards/leadership-and-management/about-this-guidance

NHS Leadership and Management Framework
England and Wales · https://www.england.nhs.uk/leaders/nhs-leadership-and-management-framework/

NES: Compassionate leadership
Scotland · https://learn.nes.nhs.scot/12525

NHS England: Being Fair tool
England · https://www.england.nhs.uk/publication/being-fair-tool/

Edition and verification

Editorial edition: 9 September 2026. The page source-review date is 2026-09-06. A publication date, editorial edit and substantive source check have different meanings. See sasdoctors.com/corrections for material corrections and the scope of review.

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