
A compassionate health service

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#legermåleve may go down in history as the action campaign that changed Norway's health sector.



Photo: Einar Nilsen

On 4 June 2023, a young female hospital doctor took her own life. A few days later, her partner wrote a Facebook post urging doctors and healthcare workers to take action to address their working conditions. He told how his loved one had been overworked and had developed a mental illness that was partly linked to major pressure at work.

Five months later, the Facebook group '#legermåleve' (doctors must live) has over 5,000 members. Doctors all over Norway have appeared in newspapers, on TV and on the radio, sharing stories of indefensible working conditions, burnout, long shifts and demanding work schedules. One of the first pinnacles of the call to action was when Norway's public service broadcaster featured the topic in three TV programmes in the same week: *Lørdagsrevyen*, *Dagsnytt 18* and *Debatten*. In the latter, representatives of the action campaign, the Health Minister, the President of the Norwegian Medical Association and the director of Norway's largest hospital met to discuss the topic. It is difficult to remember a time when doctors' working conditions were the subject of this much national attention.

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How could a personal tragedy trigger such a powerful movement? Compassion is an inherent human trait. The response arises in the face of someone else's pain and can be broken down into three phases: We recognise the pain. We deeply empathise with the other person's experience and feel their pain. A desire is triggered to act, and to do something to alleviate the pain and suffering (1).

Compassion between individuals and groups is evident. We are social beings that instinctively need each other, care for each other and seek emotional connection. Perhaps what is more surprising is that organisations can also develop empathy and compassion. The process does not necessarily need to start at the top, as might be assumed. The changes can come from 'the ground up', starting with the employees themselves.

In 2012, an American research group published a model for how a 'pain trigger' such as a personal tragedy can send such powerful shockwaves through the system that an organisation changes forever (1). Such an event can prompt the closest colleagues to spontaneously organise a compassionate response. When needed, empathetic employees will set aside their work duties to take care of a coworker's human needs. As employees become aware of and act upon human suffering, they simultaneously expand the set of values that is intrinsic to the role of employee (1).

When a number of independent agents start to interact, the effect of what began as a small, local initiative can spread like ripples in water. As the wave of compassion spreads through the organisation, it reaches a critical level. New rules and structures are established without prior planning. Perceptions of roles and values change, and a new and more compassionate work culture emerges.

According to research on complexity in systems, three elements must be present for changes like this to happen spontaneously in an organisation: agent diversity, role interdependence and social interactions [\(1\)](#). The greater the diversity of employees, the more likely it is that someone will notice, feel and respond to an opportunity for self-organising a compassionate response. The more reliant people are on working with others, the greater the potential for influencing each other. By exchanging information and experiences, individuals learn from each other and modify their own behaviour.

The purpose of the health service is to alleviate and treat pain and illness. It would perhaps be reasonable to assume, therefore, that there is more than enough compassion in such a system. Paradoxically, there is evidence to suggest that even though caring for patients is part and parcel of the work of healthcare personnel, they do not exhibit the same level of care for themselves or their colleagues. A pilot study in a hospital in the United States found that expressions of compassion were reported to be less frequent in departments directly involved in patient care than in administrative units [\(2, 3\)](#). The authors in the study speculated whether this could be due to unwritten rules about resilience among medical personnel or whether it could be due to a form of emotional burnout commonly seen in professions dedicated to helping others.

Why should the health service be more empathetic as an organisation? Just a couple of weeks ago, we could read on nrk.no about a senior consultant at Sørlandet Hospital who resigned from the neurology department after 27 years [\(4\)](#). The workload had become too much. A more compassionate employer would have procedures in place for identifying whether employees are overburdened. This could lead to new norms, where continual job overload is no longer acceptable.

«Is compassion beneficial? Yes, it is»

Finally, the question that must be asked today: Is compassion beneficial? Yes, it is [\(2, 3\)](#). When we experience compassion from colleagues, it strengthens the emotional bonds we have with each other. Job satisfaction reduces staff turnover and absenteeism. We feel pride in and greater attachment to the organisation and can be more productive [\(3\)](#). A more compassionate health service will also pay closer attention to the work-life balance. It will be beneficial for patients as well as doctors.

REFERENCES

1. Madden LT, Duchon D, Madden TM et al. Emergent organizational capacity for compassion. *Acad Manage Rev* 2012; 37: 689–708. [CrossRef]
2. Gjelsvik B. Inn i krisen. Veier til å møte og forstå intense kriser og selvmordsfare. Oslo: Gyldendal, 2022: 168–88.
3. Lilius JM, Worline MC, Maitlis S et al. The contours and consequences of compassion at work. *J Organ Behav* 2008; 29: 193–218. [CrossRef]

4. Ditlefsen H, Tørressen AR. Sa opp som overlege: - Kjente på en økende vantrivsel. NRK 18.10.2023. <https://www.nrk.no/sorlandet/sorlandet-sykehus-mangler-80-overleger--gjor-tiltak-1.16591575> Accessed 19.10.2023.

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