

Fact-File 32: Cultivating Compassion – the role it plays in self-care and stress-relief...



Extracts from a presentation for the first Let's Care for Healthcare Forum, Brisbane November 2013

Healthcare is rewarding. We're uplifted by stories of recovery, renewal, courage and hope. Yet it's also occupationally highly prone to stress and burn-out. Daily heavy-duty demands, over-loaded schedules and a sheer sense of rush-and-hurry can leave us exhausted and drain our reserves of resilience, caring and compassion. *We're in healthcare because we care. But how do we care for ourselves?* We can feel unsupported and isolated ourselves as stress and toxicity take their toll on our emotional and physical well-being. We all need to find ways to re-energise and renew ourselves in body, mind and spirit. That's what this LC4HC Forum is about - and in this factfile we look at how cultivating compassion can help...

Our *Putting Patients First* Clinics centre on 5 principles to cultivate what we call the 3-C's: *Caring, Connecting and Compassion*'.

Some clinicians remain convinced there's no time for compassion. Yet that's what great carers do make time for. Others see compassion as a kind-hearted, soft-headed response that gets in the way of good clinical practice and has little impact on patient outcomes. Emerging research says the opposite: the compassion that comes with the mindful act of putting patients first, not only has direct impacts on clinical and patient outcomes but also contributes to more emotional balance and less stress amongst healthcareers.

Compassion – the caring core



Compassion seems to be an enduring value in healthcare. Patients expect it by virtue of the fact we work in health. Yet there's growing concern that despite healthcare's bio-

technical sophistication, it's faltering, as Robin Youngson says, at the basic level of caring and compassion. *While it's wrong to say a majority of clinicians don't display compassion, do we pay less heed to it these days?* Compassion should be core to caring, but it's often absent.

Will compassion make a come-back or will it be swamped in a tidal-wave of medical technological detachment? A prime focus for the overhaul of the UK Health System is to create a culture of compassion. The reaction of many in healthcare to pleas to be more compassionate is dismay. In our minds, this is what we do day-in and day-out.

We all like to think we're compassionate, but we all know there can be a big gap between what we say we value and how people behave. Some cultures militate against compassion. Clinicians who openly display compassionate values may be ridiculed by compassion-hardened comrades. Others notice the adverse influence of medical regimes where speed or through-put is rewarded.

Compassion is a conscious choice to understand, and emotionally identify with, someone's plight - patient, workmate, friend, foe or stranger and want to do something about it. It's benevolence - doing small acts of kindness for others, regardless of how they treat you. It's a warm face, human touch, a small piece of comfort or simply being there supportively. It's selfless: putting other's needs first, without 'favour-trading' or expecting a return and it's being unconditional. You act this way to all. Finally, it's committed action: being generous and willing to act to alleviate pain and suffering where you can.

Compassion Aversion



There's a widespread belief clinicians must stay stoic and keep feelings at bay. Hospital cultures tell staff to "*harden up, leave emotions at home or put a*

teaspoon of cement in it!" It's confusing how these emotionally-hardened cultures seem to put up more easily with dysfunctional emotions like irritation, anger or abruptness than with empathy and compassion?

Many in healthcare have not embraced the value of compassion for their patients and certainly not for themselves. Here's some of the many reasons for compassion aversion:

- ❑ A belief that staying clinical is what good professionals do. They don't deal with or display emotions and compassion is seen as giving into grief or being overly sympathetic
- ❑ Healthcare people are naturally gifted with high levels of compassion. Patently not true.
- ❑ Many fear overly-empathetic clinicians are at risk of burnout – that it's safer to maintain emotional detachment.

Compassion-Fatigue Myth

It's a mistaken belief too much empathy causes 'compassion-fatigue' and clinical detachment is the way to defend against the stress of caring too much.



This reflects a basic misapprehension of what compassion fatigue is that has grown into a damaging myth.

- ❑ *Compassion fatigue isn't a myth.* What is a myth is that compassion causes it. It is really

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traceable to stress overload, overwork, poor self-care and inability to insulate ourselves from the effects of toxic emotions

- ❑ Compassion fatigue isn't caused by having too much compassion. It's having too little. Experiences of those who are compassionate is that they increase their resilience.
- ❑ Combating compassion fatigue means not cutting compassion, but working on emotional self-management (and other stress-relieving) strategies to help process toxic emotional encounters, retain emotional balance and build resilience.

When compassion, an emotion that buoys, uplifts and restores, is stifled, and we feel forced to cut or curtail it, it leaves us more vulnerable to the stress effects of toxic emotions.

"Compassion fatigue or, 2ndary traumatic stress disorder, is characterised by a gradual lessening of compassion over time. Compassionate patient relationships can protect clinicians against stress, burnout, substance abuse, and even suicide attempts" Shanafelt, TD. "Enhancing the Meaning of Work: A Prescription for Preventing Physician Burnout and Promoting Patient-Centered Care." Journal of the American Medical Association, 302, 2009:1338-1340

Toxic Emotions



Brain-wise, our immune system is wired to our emotions, which is germane to understanding why compassion's a key practice for patients and health-carers alike.

- ❑ When emotions are up we're resilient and resistant. If we're down, our immune system gets depressed and more vulnerable. If we manage moods well, we're buoyant, positive, supportive and connective. Patients feel supported and we feel better too.
- ❑ It helps us handle stress and stay balanced too. But bad moods are equally infectious. If you're abrupt, people may be rude back. If you're cranky, you infect others and they treat you the same.

Toxic emotions festering in your facility can often go unchecked. People coming to work constantly cranky can create a toxic climate if this continues over the long term. It's far too common to hear people in health talk of toxic workplaces and tell stories of emotional outbursts, caustic comments, disruptive emotions or counter-productive behaviours. It's even more uncomfortable to

detect a degree of resigned acceptance of bad behaviour ("that's just the way they are") – to put it down to stress and strain of the job, shift or patient overload, lack of sleep, or other justifications that don't change the bottom line for colleagues or patients finding themselves on the wrong end of unfettered frustrations.

Toxic emotions you generate or pick up from others, leave a residual that can slowly penetrate our defences. Repeated bursts of adrenaline and cortisol begin to wear down our immune system leading to physical and mental ill-health.

"Strong negative emotions such as anger, sadness, frustration, or despair can be particularly toxic to the human body and affect the immune system's ability to protect it...contagion can be negative or positive and emotions experienced by one person can be absorbed by the person who attempts to help. Trying to ease another's pain might prove a psychological and even physiological threat to the handler, who might become vulnerable to the same emotional pain." Peter Frost *Toxic Emotions at Work* HBR 2003 pp. 3-6

From Stress to Distress

Healthcarers deal with dramas every day: death and dying, conflict with colleagues, heavy workloads, pressures to get results. Stress is a natural bodily response to tense situations. It's an emotional reaction first and EI plays a big role in how we cope with it.

- ❑ Short term stress is good. Measure this over minutes. Long term stress is bad. Measure over months. Chronic stress over prolonged periods drains energy, liveliness and makes you feel exhausted, distracted, irritable or forgetful and lead to feelings of hopelessness.
- ❑ When stress levels go into the red, chemicals that energised and made us alert, like cortisol and adrenaline, work in reverse. They build up in our system – drain us, fatigue sets in, we can't focus, anxiety increases, we feel out of control.



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- ❑ These feelings affect behaviour. We start relating in scratchy ways – snapping at people as we start snapping on the inside. We feel the job or those around us are demanding too much, which eats into our relax-time and physical or other pursuits that kept us balanced – and we go into meltdown.
- ❑ To combat our distress, we work harder, schedules begin to drive us – or we withdraw into our shell, distance ourselves and stop connecting – the one way we derive support in stressful moments.

None of this is sudden. It's insidious and slow. We ignore wake-up signals and rationalise our dissonant behaviour. We make excuses, blame or find fault with others for our feelings and behaviour. The stress and pressure medical staff work under, leads to more caustic behaviour and toxic work climates, as others catch our distress.

"Physicians report alarming levels of professional and personal distress. Up to 60% report symptoms of burnout, defined as emotional exhaustion, depersonalisation (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, lawsuits and decreased ability to express empathy." Michael Krasner et al American Medical Association Sept 29-30 2009 vol 302 No 12

The Cure of Compassion

Not everyone reacts to stress the same way. Some control the stress response better than others and often seem more robust, calm and controlled. Research shows compassionate clinicians have the least risk of burnout. It seems to shield us from toxic emotions, helps us stay less stressed and builds resilience.



"Positive emotions such as compassion have a decidedly constructive effect on neurological functioning, psychological well-being, physical health and personal relationships. Consciously engaging emotions such as hope and compassion, counters the physiological and psychological harm done by stress." McKee, Boyatzis & Johnston *Becoming a Resonant Leader* p.38

- ❑ We call this emotional insulation. It's a way to avoid catching bad feelings from patients, colleagues or traumatic events.
- ❑ By contrast, if we detach, distance or depersonalise we make matters worse. We call this 'emotional isolation'.

Emotional isolation strategies don't stop us from having emotional reactions to distressing events or daily pressures – our emotional circuitry still registers them as bodily sensations. The reverse is actually true. Closing down can leave us more open to catching them.

Human Moments are Connective



We're born to connect. It's a basic, primal urge hard-wired into every single synapse. It's a badge of our basic humanity, and it's vital for emotional and physical well-being.

Connective moments are times our limbic system tunes into another person's. It may only be a moment but tension leaves their bodies as they incline toward each other and an aura of relaxed attentiveness pervades. Connective moments too easily slip past our notice amidst daily pressures, distractions and busy-ness but when it comes to caring both for our patients and ourselves, connecting, caring, and compassion serve us well in many practical ways.

"A human moment doesn't have to be emotionally draining or personally revealing. A 5-minute conversation can be a perfectly meaningful human moment. To make the human moment work, you have to set aside what you're doing and focus on the person you're with. Usually when you do that, the other person will feel the energy and respond in kind." Edward M. Hallowell "The Human Moment at Work" in Harvard Business Review Jan-Feb 1999

Research shows connective moments can calm, restore and heal. Their underlying chemistry is compelling evidence for why they're such a great stress reliever. Being connective can head-off emotional outbursts, cool-down situations and keep us emotionally balanced in the face of hostility. Clinicians lacking in connectivity and compassion often act in ways that antagonise colleagues and patients alike, generating negative emotions that boomerang to infect them and create contagious stress-creating circles.

Cultivating Compassion



Everyone knows about neuro-plasticity by now, how our brain changes according to what we do with it and what we expose it to. It attracts new neurons to whatever brain-part is being used for a certain thing to strengthen it – a bit like going to

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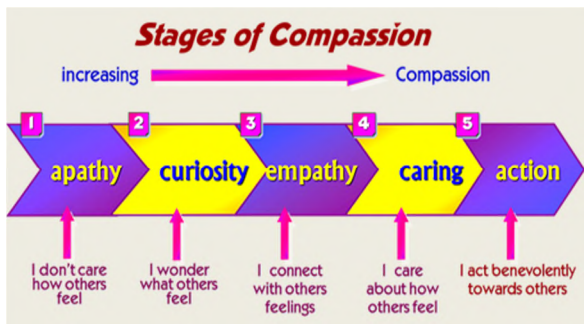


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the gym to develop muscles. This in turn affects our thinking, behaviour and emotional habits.

“The experience of all who empathise deeply and bring open-hearted compassion to their work is that they increase their store of love. Empathy, compassion and loving kindness have a biological basis. The daily practice of compassion may immunise the practitioner from negative emotions and diminish the risk of burnout.” Youngson Compassion in Healthcare NHS Paper #2 May, 2008

While we have a natural capacity for compassion, cultivating it doesn't just come naturally. Like most things, we have to work on it and integrate it into our practice. You can train your brain to tune in to compassion and get better at being in this space. Richard Davidson's fMRI studies at Madison-Wisconsin confirm that regular practice, can alter brain function, improve temperament, adjust our emotional style and make ourselves more compassionate.



But how do clinicians cultivate compassion? If we want to increase it, we need to practise acts that stimulate those neuronal pathways that enable compassion. For example:

- Mindfulness meditation (focussed attention exercises if you like) can nudge you to the positive end of the spectrum on the resilience scales and activate the insula that links to compassion. Sydney Uni Medical Faculty recommends it for stress-relief and Harvard Medical School runs a meditation course for clinicians on cultivating compassion.
- If meditation is too menacing, try training your brain for a daily act of spontaneous kindness. As you fall into this habit you begin to notice others may respond to you more generously.
- Go out of your way to connect with patients and colleagues. It isn't compassion but it's a step toward it and those connective moments certainly have a calming effect as we've seen.

- If compassion is a long-reach, try equanimity or even-mindedness (*this is not the same as neutrality, indifference or detachment*) where you keep your judgement filters switched off and just be curious, concerned and helpful.
- Emotional regulation can curb destructive emotions like anger, irritation, indifference, or busyness which are blocks to compassion.
- Compassion can be deepened by reflection. At the end of each day, reflect on significant interactions and diary-note events. Notice what happens in mind and body as you do

But the most simple way to show compassion is in conversations we take time to have. Bringing others into your space of kindness, tolerance and understanding may make momentous differences to a patient, colleague or for you. The most real manifestation of compassion is being **willing to act** in terms of benevolent attitude and resolved determination to help others.

Ultimately, compassion is seeing everyone as essentially human – like you, despite their foibles. It's a sincere wish for everyone to be well, happy or free from pain and suffering, without exception.

The Buddhists say the only mental state in which you can make clear, accurate perceptions is compassion – fully engaging the heart as well as the mind. So we'd better get more skilled in using our emotional intelligence in our roles as health professionals, rather than think we can leave emotions in a corner.

And since emotions are contagious, the calmness that comes with compassion spread to others around you. Your stress will be less, your focus will be clearer, your interactions will be more caring and respectful and your compassion may well be recalled by patients as the moment their real healing began.

The Change Forum runs awareness programs on **Putting Patients First: Caring, Connecting & Compassion in Healthcare**. Our suite of programs also includes emotional intelligence, dealing with difficult discussions, compassionate leadership, building respect and resilience. Visit on-line or contact **Bill Cropper**:

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