



## The Compassion Crisis in Healthcare

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*“Compassion is not grand gestures – but simply connecting at the human level” Dr. Thupten Jinpa.*

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### Introduction

Compassion has been recognized as a key aspect of high-quality healthcare. The ability to provide compassionate care is dwindling due to different types of demands such as, but not limited to; economic pressures, moral distress, toxic organizational cultures, job insecurity and work-overload [1,2]. These demands are causing healthcare professionals to become stressed and burnt out at an alarming rate and as a result both healthcare providers and patients are suffering. When healthcare workers are too busy trying to get through the long list of things they have to get done, they “forget” the patient. They don’t hear them, they don’t see them – because they are just “someone” maybe even “something” - a bother or something that they have to “get through”. Thoughts like “I just have to get through these next five patients and then I’ll be done” is not a healthy thought. Yet this would be a normal thought to have for someone who is stressed and have too many obligations at work. These are the early warning signs that access to our natural capacity for compassion is limited and that we are most likely providing decreased quality care.

Most people who go into the healthcare sector do so because they have a strong intention: They want to help others! This intention often gets lost, in the day-today business of exterior demands and pressures and slowly the initial intention gets buried underneath all the daily tasks leaving very little and often unsatisfactory room and time for patients. It leaves little time to connect with others, to share in others joys and sorrows.

Healthcare workers are also faced with grave human suffering daily – often more than 8 hours a day. They have been trained how to “fix” the illness or disease but not how to be with and relate to the human suffering. In many instances the kind of suffering they witness and face daily can’t be fixed or cured. The kind of suffering where healthcare staff know the person will either lead a life in chronic pain or he will die. The kind of suffering where acceptance is needed and yet the most difficult thing to do. Because to have acceptance feels like losing control, to surrender, to acknowledge inadequateness, and powerlessness. These are the feelings that arise daily when working in the healthcare sector. Yet these are

feelings that are seldom shared (or if shared it’s done so behind closed doors in strict confidence – so as to not let the secret out – the secret that healthcare workers don’t know how to be with the suffering they are witnessing daily).

An important article regarding the above-mentioned reality written by Back et al., (2015) talked about two distinct ways that healthcare workers react to suffering. They coined the term hypo and hyper engaged states [3]. They argue that the hypo engaged state feels resigned, apathetic and passive with a sense of shutting down, or putting up a barrier so as to not feel. The hyper-engaged state on the other hand feels pressured, anxious, or vigilant maybe even desperate and the person is experiencing empathetic distress. The point the authors are making is that when we are engaged in either state we are not able to relate to the suffering of the patient – we are not able to connect at the human level.

### What can be done?

Research into the question of how to decrease these negative trends have begun and one such answer is compassion training. Researchers are looking at the effects of bringing compassion and mindfulness-based education programs into the institutions that train doctors, nurses, psychologists, counselors, social workers etc. [2]. A recent study by Weingartner et al., (2019) looked at educational interventions for medical students that would help train their compassion, increase their well-being, decrease burn-out and increase doctor-patient relationships [4]. The authors evaluated an elective course for medical students which was modeled after the Compassion Cultivation Training (CCT) course developed at Stanford University. In this study qualitative analyses of self-reported experiences were gathered and used to understand the student’s perceptions of compassion training and its applications to their work as doctors. What the authors found was that the medical students found that the compassion training not only helped them address major stressors associated with personal academic and clinical responsibilities, but the students also reported that the skills strengthened their interpersonal interactions including the interpersonal interactions they had with patients.

The authors concluded: “To underscore the importance of interpersonal and cognitive skills such as

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compassion and mindfulness, faculty should consider purposefully modeling these skills to students. Modeling compassion cultivation and mindfulness skills in the context of patient interactions may address student empathy erosion more directly than stress management training alone”.

A study by Seppala et al., (2014) attempted to answer the question of what practical steps can be taken to buffer healthcare workers stress and burnout [5]. In the study they investigated the effectiveness of a ten-minute loving-kindness (LKM) meditation and it was hypothesized that the LKM would increase compassion and positive affect. They compared the LKM to a non-compassion positive affect induction and a neutral visualization. They looked at pre and post self-reported measures for social connection and self-and other -focused affect and found that LKM improved the well-being and feelings of connections more so than the positive affect inductions at both implicit and explicit levels. Results like this one, indicate that when we connect to our compassionate nature we feel more connected to others and have more positive affect, which are important qualities when working in healthcare or with people in general.

These findings are incredibly important because they complement the knowledge we already have regarding compassion in healthcare, which is: Compassionate care heals! Numerous studies have shown that when patients are met with compassion from healthcare staff they heal faster, they are released from the hospital quicker, compassionate care reduces readmissions, improves trauma outcomes, improves patient adherence, and compassionate care reduces healthcare costs [2,6]. We must start having conversations around bringing compassion back to the healthcare sector, into the entire organizational structure of our healthcare system.

In conclusion, a practice such as compassion, when thought of in terms of emotion regulations and relationship competence building skills, are incredibly important in fields where people are in constant

interactions with other human beings. Sometimes emotion regulations skills, social competence skills, and communication skills, to name a few, are given an umbrella term “soft skills”. Unfortunately the term does not do these practices and skills justice. There is nothing soft about being able to regulate your own fear, your shame, your anger, and your disappointments. It’s hardcore training to start being able to know your own mind, to know the sides of you that are imperfect, to accept when you feel inadequate, powerless and helpless and to do so with humility. To show that you are human and to be human means sometimes feeling scared, uncertain, confused, not having all the answers – to show your vulnerability is not soft – it’s hardcore! Compassion training invites you to connect with another individual-at the human level – person to person. It’s this that we must bring into the healthcare sector - we must bring our humanness back.

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