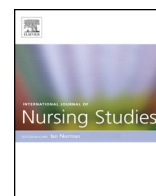




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Guest Editorial

## On self-compassion and self-care in nursing: Selfish or essential for compassionate care?

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Compassionate care in nursing is increasingly an international concern. While the literature to date has focussed on redressing a compassion and care deficit across the nursing discipline (Crawford et al., 2014; Dewar et al., 2014; Scott, 2014), we suggest here that due consideration be given to its relationship to self-care and self-compassion in nurses. After all, a deficit in these compromises nurses' therapeutic use of self in the provision of compassionate care to patients. As a noted scholar and practitioner of compassion, the Dalai Lama (2003, p. 125) argues that:

For someone to develop genuine compassion towards others, first he or she must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one's own feelings and to care for one's own welfare. . . Caring for others requires caring for oneself.

Compassion for others is surely a motivating factor for most that join the nursing profession. Indeed it could be argued that nursing care is synonymous with compassion. However, the degree to which nurses balance this care by extending compassion and care to themselves is given little attention. While much has arisen from Orem's self-care deficit theory (Wilkinson and Whitehead, 2009), there is a dearth of literature on self-care for nurses. Research on compassionate care is building momentum, but to date few studies have focused on nurses' self-compassion. Fewer still have considered its relationship to nurses' self-care and care for patients. We thus feel it is timely to discuss a broader perspective on compassionate care; valuing the primacy of self-compassion and self-care, to support nurses' compassionate care for patients.

Two seemingly distinct crises are discussed in the recent nursing literature – a global workforce crisis (Van den Heede and Aiken, 2013) and the 'crisis in nursing care' (Darbyshire and McKenna, 2013). Clearly, it is short-sighted to view these in isolation.

Given that nurses' wellbeing and quality of care have been shown to be interdependent (Maben et al., 2012), it is not surprising that compassionate care for patients has become a pressing issue. The impacts of occupational stress, burnout, and compassion fatigue feature prominently in the literature (Chang et al., 2007; Lee et al., 2012; Tucker et al., 2012); as does workforce turnover and nurse shortages (Hayes et al., 2012; Roche et al., 2014). Many nurses cope by distancing themselves from patients (Mackintosh, 2007). Whilst this has implications for the therapeutic relationship, of greater concern, is the dehumanisation of patients by a profession that espouses humanistic care (Maben et al., 2012; Trifletti et al., 2014). The nursing practice environment is a key factor (Norman, 2013), but within this environment nurses are, themselves, clearly in need of self-compassion and self-care. Despite the centrality of caring in nurses' work, many nurses neglect self-care (McAllister and McKinnon, 2009). Why is this so?

Richards (2013) asserts that self-care is vital and benefits both nurses and patients. Many might argue however, that for nurses, any emphasis on self per se, is contrary to the compassionate care of others. Self-care could be seen to foster a culture of selfishness throughout the nursing profession. Indeed, some have labelled self-care practice as 'responsible selfishness' (Adam and Taylor, 2013), but this serves only to perpetuate the existing stigma of self-care as selfish (Rose and Glass, 2008). The caring capacity of nurses, in a holistic sense, is questionable where nurses fail to care for themselves. Shapiro (2008) highlighted metaphorically that the human heart needs to first pump blood to itself. This is further supported by Watson's (2008) Theory of Human Caring, in which nurses' care for self and others is interdependent, rather than mutually exclusive. By practising self-care nurses can better embody their role as exemplars for health promotion (Blake and Harrison, 2013; McElligott et al., 2009). But

problems arise from a tacit understanding within nursing that the act of caring, for self or others, is dichotomous. This dichotomy and the lack of research evidence supporting self-care undermine the growing emphasis on holistic nursing care (Rose and Glass, 2008). Greater recognition of the importance of self-care is required.

Richards (2013) argues that the practice of self-care should be a professional expectation inherent to the role of nurses. This warrants consideration. The importance of nurses' self-care is evident in the International Council of Nurses' (ICN) competency standards for general registered nurses (Alexander and Runciman, 2003). However, corresponding standards in individual countries do not necessarily align with those of the ICN. In the UK for example, the importance of self-care for nurses is not evident in the Nursing and Midwifery Council's (2010) *Standards for competence for registered nurses* framework. Nor is it evident in practice standards for registered nurses in other countries such as New Zealand (Nursing Council of New Zealand, 2007), Canada (The College of Nurses Ontario, 2014), and the Philippines (Philippine Nurses Association, 2012). The problem of neglecting self-care for nurses within practice standards has also been identified in Korea (Shin and Eschiti, 2005).

The workforce literature shows the importance of self-care for all nurses, but these discrepancies suggest that this is not recognised consistently. This raises implications for the global development of nursing practice standards, or revision of existing standards that lack self-care content. While socio-political factors are likely to be influential in each country, without decisive action to promote the importance of self-care, it is likely to remain poorly visible and undervalued in nursing. Maben (2008) identified that the importance of nurses' caring work, in general, is often invisible and subordinated. Therefore, the imperative here is to make the importance of self-care visible and more valued in practice. It is questionable whether nurses will practice self-care if they are not explicitly trained or required to do so. But it is also uncertain whether the inclusion of self-care in education and practice standards would be effective, if nurses lack capacity to be kind to themselves through self-compassion.

Neff (2003) pioneered research into self-compassion, based on Buddhist psychology that considers compassion for self as equally important to compassion for others. As a construct, self-compassion was operationalised through the development and validation of a scale to measure its components of self-kindness, mindfulness, and common humanity (Neff, 2003). According to Germer (2009, p. 33) self-compassion is "simply giving the same kindness to ourselves that we would give to others." Comprehensive studies have linked self-compassion with increased compassion for others (Jazaieri et al., 2013; Neff and Germer, 2013; Neff and Pommier, 2013), in addition to resilience and emotional intelligence (Heffernan et al., 2010; Neff and McGehee, 2010), and other pro-social behaviours (Neff et al., 2007). Self-compassion has been found to be distinct from, and not associated with, narcissism (Leary et al., 2007). Moreover, randomised controlled trials have established that training interventions can increase compassion and self-compassion in certain populations (Jazaieri et al.,

2013; Neff and Germer, 2013). But the vast majority of self-compassion studies to date have originated from the discipline of psychology and non-clinician populations. Research into self-compassion has only recently begun to appear in the health professional domain.

Of only three known studies to investigate self-compassion in nurses, two demonstrated a positive correlation with emotional intelligence in both nurses and student nurses (Heffernan et al., 2010; Şenyuva et al., 2013); while the third explored clinical educators' understanding of self-compassion as a source for compassionate care (Gustin and Wagner, 2013). There is emerging evidence to suggest a relationship between nurses' self-compassion and compassionate care for patients. However, it is important to consider the organisational environment within which compassionate care is provided.

In a nursing context, compassion has been observed to be subtle, and yet, distinctly palpable in its benefit to both individuals and organisations (Frost, 1999). But to what extent can nurses be expected to provide compassionate care, if their workplaces are not compassionate? Dutton et al. (2008, p. 110) argue that "as human institutions, organisations are sites that inevitably harbour the emotional pain and suffering of their individual members." Therefore, compassionate leadership is vital. While some emphasise compassion at an individual level within organisations (Atkins and Parker, 2012), others underscore the importance of shared responsibility and organisational leadership (Scott, 2014; Straughair, 2012). Compassion is central to the practice of leadership (Georges, 2011). The primacy of compassion—for self and others—must be engendered within, and not merely espoused by, health-care organisations. To this end, Crawford et al. (2014) highlight the need for management, policymakers and professional bodies to foster organisational environments conducive to compassion. Within these environments, nurses can better embody the compassionate care that is expected of nursing as a caring profession.

Self-care is not selfish. For the wellbeing and congruence of nurses—as educators and health promotion advocates—it is essential. Similarly, self-compassion is not narcissistic. Rather, it is a foundation for compassionate care. But further research is needed: firstly to examine the influence of the relationship between self-compassion and self-care in nurses; then to test its relationship to compassionate care for patients. This emerging line of inquiry in nursing practice can serve to progress the imperative of compassionate care towards a compassion that is more genuine.

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