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# Health Practitioners and the Directive Towards Compassionate Healthcare in the UK: Exploring the Need to Educate Health Practitioners on How to be Self-Compassionate and Mindful Alongside Mandating Compassion Towards Patients

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## Abstract

Concerns have been periodically raised about care that lacks compassion in health care settings. The resulting demands for an increase in consistent compassionate care for patients have frequently failed to acknowledge the potentially detrimental implications for health care professionals including compassion fatigue and a failure to care for oneself. This communication suggests how mindfulness and self-compassion may advance means of supporting those who care for a living and extends the call for greater compassion to include people working within a contemporary health care setting in the United Kingdom. The potential benefits for both health professionals and patients is implied, and may well help to create a healthier, more authentically compassionate environment for all.

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Concerns about deficits of compassionate practice in contemporary UK health care have been widely discussed in policy reports, research and media.<sup>1</sup> To address these concerns, a number of policy directives and training have been planned and actioned including value based recruitment,<sup>2</sup> an e-learning program called Compassion in Practice<sup>3</sup> and the adoption of the 6 C's as part of a national strategy i.e., Care, Compassion, Competence,

Communication, Courage and Commitment.<sup>4,5</sup> Therefore, the expectation for UK NHS staff to act compassionately is now mandatory, whether it is possible to train people to become (more) compassionate is a separate issue that has been explored in the literature.<sup>6</sup> The emerging question now is how can staff be enabled and supported to consistently act with compassion towards their patients without detriment to their own wellbeing.

Recent suggestions and directives aimed at improving the health and wellbeing of healthcare workers,<sup>7</sup> whilst having the primary aim of reducing staff absence, could also be seen as a way of demonstrating care for NHS staff. These initiatives include plans to

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improve health by increasing physical activity and exercise opportunities: to provide a new occupational health service for General Practitioners suffering burn out and stress; and to increase healthy eating habits by improving the nutritional quality of food provided to staff within the NHS.

Whilst these are welcome steps, they do not fully address the complex needs and issues for health care staff when being asked to consistently provide compassionate care for patients. One of these urgent issues is how experts understand, define and subsequently operationalize compassion. Emphasizing the need for compassionate care, without a full understanding of the nature of compassion and the possible psychological costs to a person, may prove to be more problematic than beneficial in future years if the needs of healthcare workers in doing so are not fully addressed.

Compassion is defined as identifying the suffering of others and a desire to alleviate that suffering. Compassion has been associated with, or has been described as, being inclusive of other elements in psychological science, such as sympathy, empathy, selflessness, altruism and kindness.<sup>8</sup> Emphasizing compassion can lead healthcare professionals into the path of decentering from the self, where it is not all about 'me' and 'I', and when 'likening others to oneself' becomes an everyday reality.<sup>9,10</sup> However, 'likening others to oneself' is different from 'likening others over oneself'. If compassion is misunderstood as 'likening others over oneself', then caring for another may become a self-sacrifice that is filled with negative connotations: 'What about me?' or 'What have I done for myself lately?'<sup>11</sup> Considering the different manifestations of compassion and care, it is not surprising that professionals in the fields of health (as well as social care and education) – where they care and display compassionate feelings towards others – may suffer from compassion fatigue and become unable to care for their own needs.<sup>12,13</sup> It may become a cycle of self-destructive giving to others whilst ignoring the needs of oneself. Clearly further research and educational interventions for healthcare professionals are needed before further legislating for compassionate care. Two ways are suggested to support and reinforce health and well-being in healthcare, primarily for health care professionals – which may well improve the quality of care and compassion towards patients; namely, mindfulness and self-compassion.

Dispositional mindfulness has been described as the experience of centering attention and awareness on what is taking place in the present moment.<sup>14</sup> Research demonstrated that higher levels of mindfulness assist in noticing what exists (or is happening) in the present moment, while mindlessness prompts thinking of the past

and the future.<sup>14</sup> This in itself is a priority, as noticing the moments where compassion is required in contemporary healthcare settings may aid the ability to practically identify and enact compassion in everyday clinical practice. Research demonstrates that higher scores in mindfulness can relate to lower levels of affect, depression and anxiety<sup>14,15</sup> and successful self-regulation and tolerance of emotional stimuli.<sup>16</sup> With healthcare staff who are more mindful, general health outcomes may be equally beneficial for both staff and patients. If one is low in mindfulness, avoiding or being unable to tolerate undesirable, aversive or difficult moments in health care settings may well be little instances of inadequate self-care, which may reflect on patient care, and certainly proposes a topic that requires further attention.

Another approach quite similar to mindfulness is self-compassion. Like mindfulness, self-compassion is a powerful tool for dealing with every day anxieties, worries and suffering.<sup>17</sup> Self-compassion is described as a mindful awareness, which entails experiencing one's own suffering through feelings of kindness toward oneself, and an understanding that one's experience is part of the common human experience.<sup>18,19</sup> Self-compassion is associated negatively with depression, anxiety, rumination, and thought suppression; and positively with life satisfaction and social connectedness.<sup>20</sup> Overall, self-compassion provides the benefits that could emerge from mindfulness, and additionally offers a safety net of compassion for oneself, when external compassion may not always be displayed towards healthcare professionals. In essence, caring for oneself is required before caring for others can occur,<sup>21</sup> and this care will need to be in the form of workplace-compassion education and/or self-compassion.

It could be argued that given the strength of the evidence demonstrating the benefits of mindfulness, self-compassion and self-care, not implementing such ideas into workplace culture and practice could be construed as being harmful to healthcare workers. An absence of self-care could almost be seen to represent a form of intra-trogonic harm. In the way that post-incident counseling is now viewed as a basic necessity for any workers involved in traumatic experiences, access to information around self-compassion and self-care could usefully become incorporated into workplace education and professional development. While it is unquestionable that there is a general need to create more compassionate health care systems, it is also the case that there is a need to alleviate the everyday suffering of the people who care for a living,<sup>22–25</sup> and to enable them to continue to provide high levels of compassionate care without detriment to their own health and well-being.

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