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SCIENCES

Compassion, Clinical Effectiveness and Burnout

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and health*

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“Love and compassion are necessities,
not luxuries. Without them, humanity
cannot survive

~

THE DALAI LAMA¹

In the past few months, significant challenges to our wellbeing have revealed themselves in the forms of a pandemic, an economic depression, heightened national and global political tensions, fresh wounds from racial injustice, and all the while, an escalating climate crisis.

In particular, the extraordinary circumstances of the COVID-19 pandemic have highlighted the intrinsically connected nature of our human systems and the importance of placing the common good above our own self-interest. The mainstays of reducing the spread of the virus essentially require us to show solidarity with those who are particularly vulnerable by changing our own behaviour. Fundamentally, such collaboration is based on our human capacity for empathy and compassion. The sacrifices of front line healthcare staff, who put their own self-interests to one side for the good of others, sometimes with fatal consequences, provide exemplary examples of this.

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WHAT IS COMPASSION?

A large and growing body of research, including remarkable MRI studies of brain structure and functioning, has demonstrated that, not only is compassion important for our physical and psychological health, but that we humans are hard-wired to show empathy and compassion. Charles Darwin did not coin the phrase “survival of the fittest” to describe the basic driver of evolution. What he actually said is much more complex and much more compelling:

“Sympathy will have been increased through natural selection; for those communities which include the greatest number of the most sympathetic members, would flourish best, and rear the greatest number of offspring.”²

In other words, communities with the greatest compassion for others would evolve and prevail. The same is still true today.

The American Buddhist Zen teacher Roshi Kate Halifax, who has spent much of her time working with those facing death either on death row or in hospice wards, makes a useful distinction between empathy and compassion in her 2010 Ted talk “*Compassion and the True Meaning of Empathy*”³. Empathy means detecting and mirroring another’s emotions and experiencing their feelings; compassion adds another element, activity to alleviate the suffering. Put another way: empathy is feeling whereas compassion is action. Empathy with others’ suffering without compassion leads to burnout because empathy takes a toll on the individual – *it hurts* – whereas taking action heals.

Compassion is an inherent human quality, but for it to develop, it requires particular conditions. For Halifax, the enemies of compassion are pity, moral outrage, fear and, particularly relevant today, terror. In Buddhist teaching it is said that compassion requires a strong back and a soft front; strength to hold oneself in equanimity and softness to allow one to be open to another person.

Compassion and Well-being

“One of the deepest longings of the human soul is to be seen”

~

John O'Donohue⁴

“The question is not how to survive, but how to thrive
with passion, compassion, humour and style”

~

Maya Angelou

The extensive scientific evidence for the importance and value of compassion for our health is striking. In their remarkable book, *Compassionomics*, two U.S. doctors Professors Stephen Trzeciak and Anthony Mazzarelli have assembled the wide research

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literature demonstrating the extraordinary effects of compassion on both the receiver and the giver⁵. For example, early studies at the Mass General Hospital in Boston showed that a pre-operative compassionate connection with the anaesthetist increased calmness in patients receiving pentobarbital - the effect of compassion was more than double the effect of the drug alone. Compassionate pre-operative intervention by the anaesthetist also reduced the requirement for post-operative pain medication by 50%. Later research found that pre-operative compassionate care by nurses reduced post-operative pain scores by 50%. The list of scientifically validated effects of compassion continues to grow. Compassionate interaction has been shown to decrease stress responses, relax the heart, increase circulating levels of hormones associated with relaxation and improve immune functioning. In patients, compassionate care is associated with shorter hospital stay, better wound healing, better diabetic blood sugar control, better cholesterol control, better recovery from trauma, longer survival in cancer patients, reduced pain perception, better treatment adherence and increased satisfaction with care. The value of compassion is also well established in mental health where it has been shown to alleviate depression, anxiety, distress associated with cancer, and post-traumatic stress disorder⁶.

Compassionate Leadership

‘Suffering at work is a hidden cost to human capability’

~

Monika Worline and Jane Dutton

“Be kind whenever possible. It is always possible”

~

The Dalai Lama

“Cultures change faster than genes⁷”

~

Matthieu Ricard

There is a rapidly growing interest in the corporate sector in the need to create more positive organisations in which individuals flourish^{8,9}. Compassionate leadership is an important component of this trend¹⁰.

Professor Michael West, who is based at the King's Fund and Lancaster University, has been to the forefront in highlighting the value of compassionate leadership in healthcare and the lessons learned here are widely applicable. West has highlighted three core needs of professionals at work as (i) autonomy and control, (ii) belonging and (iii) competence. He and his team have demonstrated the importance of compassionate leadership in helping to meet these needs¹². His research has also demonstrated the importance of compassionate leadership in managing effective teams and in enhancing innovation. Practical applications of these ideas can be found on the NHS Improvement Website¹³.

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In an important recent book, Monica Worline and Jane Dutton¹⁴ note that compassion is more than an emotion; it is a felt and enacted desire to alleviate suffering. In the workplace, suffering can be pervasive but is often hidden. According to Worline and Dutton, “*forms of suffering arise from the work itself, through downsizing, restructuring, change processes, the stress of heavy workloads, performance pressure, feeling devalued, disrespectful interactions, and other organisational sources.*”

These authors provide a very useful and practical model of compassionate leadership in the workplace that involves four elements:

1. *Noticing that suffering is present* – Because suffering at work is difficult to express and often hidden, we must look for it in people’s patterns of energy and engagement and by asking gentle, humble questions about the others’ experiences.
2. *Making meaning of suffering in a way that contributes to a desire to alleviate it:* Cultivating more generous interpretations of poor performance, which often masks suffering, is challenging and involves assuming that others are basically good, capable and worthy of compassion, that their dignity is important and that we can focus on learning rather than blame.
3. *Feeling empathetic concern for the people suffering:* This involves deploying a range of skills such as taking the others’ perspective, listening actively and empathetically, monitoring our own and the others’ feelings and cultivating a calm awareness of how things are emerging, changing and developing.
4. *Taking action to alleviate the suffering in some manner:* This involves acting in a manner that is immediate, individualised and focused on addressing the suffering while keeping the work going. Practical examples include providing supports and resources to help alleviate the causes of suffering, providing flexible time, decreasing overload, monitoring and checking in and confronting toxic politics.

Compassion can be taught and learned

“Compassion... is a commitment. It’s not something we have or we don’t have – it’s something we choose to practice”

~

Dr Brené Brown

There is abundant evidence that compassion declines during clinical training¹⁵ and, while the reasons for this are complex, the hidden curriculum plays a major role. The good news, however, is that compassion can be taught and learned^{16 17}. Not only that, but there is evidence that practicing compassionate meditation changes brain structure and functioning. The remarkable effects of meditation seen in the brains of Buddhist monks, such as Matthieu Ricard, who practice loving-kindness meditation, have led to the finding that even a 6 hour course in this type of meditation can cause structural neurological changes that are detectable on MRI scans¹⁸. Based on neuroplasticity studies such as these, Dr Helen Riess, a psychiatrist at Mass General

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has developed a “neuroscience-informed curriculum” for teaching empathy and compassion¹⁹. Her acronym: EMPATHY (Eye contact; Muscles for facial expression; Posture; Affect; Tone of voice; Hearing the whole person; Your response) provides the basis for the programme.

Self-compassion

“The privilege of a lifetime is to become who you really are”

~

Carl Jung

“Compassion for others begins with kindness to ourselves.”

~

Pema Chodron

There is important research that demonstrates that compassion is associated with increased occupational satisfaction and decreased burnout²⁰. The distinction between empathy and compassion here is important as is the fact that these states are associated with the activation of different areas of the brain. When a person experiences empathy, they experience another's pain. However, taking action to relieve someone else's suffering - the key component of compassion - activates reward pathways associated with affiliation and positive emotion²¹.

Compassionate cultures in workplaces are associated with increased psychological vitality and decreased exhaustion and burnout in personnel. Of particular interest are findings that training in mindfulness²², meditation²³ and compassion²⁴ among other approaches, increases positive emotions and decreases burnout.

For most professionals, their education, training and practice can result in a situation in which they rightly adopt high personal standards but can judge themselves harshly for what they perceive as failure. Whereas development in empathy and compassion is increasingly part of leadership and management training, there is, as yet, little emphasis on the development of self-compassion. Dr Kristin Neff, author of *Self-Compassion: The Proven Power of Being Kind to Yourself*, puts it like this:

“I found in my research that the biggest reason people aren't more self-compassionate is that they are afraid of becoming self-indulgent. They believe self-criticism is what keeps them in line. Most people have gotten it wrong because in our culture being hard on yourself is the way to be”

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Compassion on a global scale:

“Life’s most urgent question is, ‘What are you doing for others’”

~

Dr Martin Luther King, Jr

“...we mutually pledge to each other our Lives,
our Fortunes and our sacred Honor.”

~

The last phrase of the US Declaration of Independence

Research, reflection and discussion on compassion in healthcare has the potential to inform the wider debate about the need for compassion in all aspects of life. The neurosurgeon, Professor James Doty, founder of the Stanford Center for Compassion and Altruism Research and Education said in 2016: “*We are at the beginning of an age of compassion. Right now it’s a ripple in human consciousness fuelled by compassion, but it’s a ripple that has the potential to become a tsunami*”^{26,27}. The COVID-19 pandemic has added further energy, volume and momentum to the wave.

On February 28, 2008 acclaimed scholar and bestselling author on the history of religion, Karen Armstrong, received the TED Prize and made a wish — to help create, launch and propagate a Charter for Compassion²⁹. After much work and the contribution of thousands of people, the Charter was unveiled to the world on November 12, 2009. The fundamental vision is to create a world where everyone is committed to living by the principle of compassion³⁰. The Charter cogently sets out a model for compassion in our cities, schools, places of worship, businesses and organisations.

Nearly 60 years before the Charter for Compassion was launched, Albert Einstein in a letter of consolation to a grieving father named Robert S. Marcus, then political director of the World Jewish Congress, whose young son had just died of polio called our fascination with our own self-interest an optical delusion:

“A human being is a part of the whole called by us ‘Universe’, a part limited in time and space. He experiences himself, his thoughts and feelings as something separate from the rest – a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection of a few persons nearest us. Our task must be to free ourselves from this prison by widening our circles of compassion to embrace all living creatures and the whole of nature in its beauty”

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