

# Becoming an inner ally: The compassionate minds approach to self-compassion online programme.

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## Abstract

A rapidly growing body of evidence indicates the enormous associated psychological burden on nurses and other healthcare workers which is resulting in high levels of psychological problems. These will have profound effects on individuals and long-term ramifications for healthcare systems. Effective interventions that can counter the adverse psychological effects of caring during the Covid-19 pandemic and beyond are urgently required. With this in mind we have created an online self-compassion programme to advance the health and wellbeing of the nursing workforce through developing proactive evidence base preventative teaching and learning strategies to promote compassion satisfaction and prevent compassion fatigue by improving self-compassion. The online programme is underpinned by compassionate minds theories and research.

**Keywords** Compassion focused therapy, psychological well-being, nursing, self-compassion, resilience.

## Background

Nursing is often viewed as an altruistic profession that requires commitment and compassion. Although nurse education consists of a strong evidence base, Crane and Ward (2016) suggest that it is a nurse's intrinsic desire to help people that draws them to the profession. As nurses we are usually acutely attuned to the physical and mental health needs of the patients, however, are not always as good at applying the same values and efforts to themselves. If this goes unchecked, this can lead to negative impacts for nurses both occupationally, and to the nurse's wider wellbeing. Compassion fatigue and mental health difficulties can negatively affect the nurse's ability to provide optimum patient care, and in the most extreme cases lead the prolonged periods of time off work, career changes or severe mental health difficulties including suicide (NCI 2020). Alongside the personal and psychological costs of caring for the individual nurse there is also the impact of compassion fatigue on the institution. There is a significant financial cost to institutions of having nurses who have low levels of job satisfaction and high levels on compassion fatigue, therefore it is imperative for hospital managerial teams to develop infrastructures to support employees (Cavanagh et al 2019)

The impact of COVID 19 on the health service has been well documented and exposed the psychological burden faced by nurses and healthcare workers (Brooks, 2020; Bridge and Taylor, 2020; Cai et al., 2020; Highfield et al., 2020; Kendall-

Raynor, 2020). Within the literature this is often referred to as vicarious or secondary trauma (McCann and Pearlman 1990). Secondary trauma has been identified as the leading cause of burnout, compassion fatigue and staff retention problems. The longer secondary trauma goes unprocessed, the harder it becomes to care for the self and others (Harris 2015).

The concept of secondary trauma within the student nurse workforce is limited, although there is an acknowledgement that providing care in the capacity of a learner can be emotionally challenging (Jack, 2017). Now, more than ever, there is a need to understand how secondary trauma impacts on the student nurses emotional and psychological wellbeing. This is crucial so that educators can develop strategies to prevent compassion fatigue among student nurses and prevent the negative impacts on the healthcare system due to learners leaving the profession (Van Mol et al., 2015; McKoldrick, 2018; WHO, 2020).

In order to explore the concept of secondary trauma further within the student nursing workforce a sequential exploratory mixed methods research project was undertaken, that explored professional quality of life in nursing students. Themes emerging from the research included the impact of providing care during the COVID pandemic, the psychological impact of caring and experiences that shape learning. These themes were also echoed in research undertaken that explored the psychological cost of caring on the HIV nursing workforce (Piercy et al 2022). The research findings, alongside the existing evidence base on secondary trauma, compassion focused therapy and post traumatic growth (Van Der Kolk 2015, Neff 2018, Gilbert 2010, Schwartz 2020) was used to develop a 6-week program which explores resilience development through a compassion-focused approach to developing self-compassion.

### **What is compassion focused therapy? The compassionate mind approaches**

Compassion focused therapy (CFT) is a psychotherapy approach developed by Professor Paul Gilbert (2010) that integrates concepts from cognitive behavioural therapy, evolutionary psychology, developmental psychology and neuroscience. It focuses on themes of shame and self-criticism, which can be associated with high levels of distress (Gilbert, 2010).

The central therapeutic technique of CFT is compassionate mind training, which teaches skills of compassion and self-compassion. Compassionate mind training helps transform problematic patterns of cognition (thoughts) and emotions, such as anxiety, anger, shame, often related to the thoughts, e.g., self-criticism. CFT aims to understand basic emotions and their purpose from an evolutionary perspective, using the three systems model of emotional regulation (Gilbert 2010).

What is the difference between Compassion focused Therapy and Cognitive Behavioural Therapy?

Cognitive Behavioural Therapy (CBT) is primarily focused on thinking and behaviour change, Compassion Focused Therapy (CFT) looks at the emotion behind people's thoughts

## What is the three systems model?

The role of emotional regulation is a central principle in CFT and can be used to help us understand and manage our inner world. The three systems; *drive, threat and soothing*, have evolved to help us survive a difficult world. The drive system activates us to find food, shelter and sexual partners, all very important for our survival. It also drives us to accomplish goals and is associated with feelings of joy and positive energy. The threat system signals danger, and is designed to protect us by responding to potential risk. It is associated with feelings of anxiety, anger and disgust, which function to keep us alert and safe. Whilst the threat system activates our survival mode (fight, flight, freeze), the soothing system encourages rest, digest, and nurturing bonds. It is connected to feeling connected and safe, slowing our physiology down.

The three systems interact with each other, with external and internal events triggering activation, meaning one system can become dominant. Which one, is dependent on the circumstances and the individual's internal response to it (Gibson et al., 2021) Ideally these systems are flexible with each other and there is a general sense of balance. However, the threat system is particularly powerful, designed to overpower the others, prioritising instinctive responses to danger and blocking rational thought. Often in healthcare we become out of balance, with threat and drive systems becoming dominant in response to work stressors and internal and external standards and expectations. This can make it difficult to access the soothing system to restore equilibrium.

## Self-compassion in healthcare

Self-compassion theories are heavily influenced by CFT and compassionate mind theories but have their own theoretical and evidence base (Neff 2021). Self-compassion is a practice where we learn to become a good friend to ourselves when we need it the most. Through self-compassion we learn to become our inner ally rather than our inner enemy.

The core elements involved in the definition of self-compassion are self-kindness (loving), common humanity (connected) and mindfulness (presence), to be accessed when in emotional pain. Self-kindness enables us to be less judgemental of mistakes and failures, and replaces 'beating ourselves up', with putting a caring arm around our own shoulder. Common humanity provides a sense of interconnectedness, a central component in recognising all humans are flawed and fallible 'works in progress', making mistakes and experiencing hardship. Mindfulness prevents our minds from moving backwards (ruminating on past difficulties) and forward (worries about the future) in time, enabling us to be aware of moment-to-moment experience. This allows us to accept and process our current reality and the impact that maybe having on our emotional world, which is beneficial for wellbeing. (Neff and Germer 2018; Orzech, Shapiro, Warren Brown & McKay, 2009).

## **Theory, research, and practice of self-compassion in practice.**

Leading researcher in the field of self-compassion Kirsten Neff (2021) examined the efficacy of the Self Compassion for Healthcare Communities (SCHC) program for enhancing wellbeing and reducing burnout among healthcare professionals. The research found that individuals who are very hard on themselves are more likely to benefit from self-compassion training. The research highlighted that what appears to be most needed are easy, practical self-compassion tools that healthcare professionals could use on the job to help them deal with stress.

Further research exploring self-compassion in nursing demonstrates a positive correlation with emotional intelligence (Heffernan et al 2010, Senyuva et al 2013) linking self-compassion with an increase in compassion for others (Neff and Garmer 2018,). Thus, self-compassion has been demonstrated to be a protective factor for empathy and has implications for care delivery and professional quality of life (Durkin et al 2016).

Based on the self-compassion research evidence within the healthcare setting we were keen to develop an online learning package that was underpinned by these theories, to establish if we could improve outcomes in relations to well-being retention and compassion satisfaction for nurses.

## **Developing an online programme to enhance self-compassion**

The overall aim of the online self-compassion programme is to advance the health and wellbeing of the nursing workforce through developing proactive evidence base preventative teaching and learning strategies to promote compassion satisfaction and prevent compassion fatigue by improving self-compassion.

Throughout the programme the learners are encouraged to develop their own self-compassion tool kit based on the resources provided. The ethos of the programme is clear from the start, in that we are not saying that it is acceptable for healthcare workers to be underpaid, overworked or experience secondary trauma, it is also made clear that the emphasis on developing resilience is not solely the responsibility of the nursing student/nurse and that the course is not designed to make them feel guilty about how they may have coped in the past. The aim is more about equipping healthcare professionals to better care for and protect themselves in an emotionally challenging work role and environment.

On successful completion of the programme the learner will be able to define self-compassion, explore some common myths about self-compassion and consider the benefits of self-compassion, when building the foundations of high quality practice. Learners will be also able describe the science of self-compassion by exploring underlying theory alongside the current evidence base. The overall aim of the program is to help learners develop strategies to enable the implementation of self-compassion with a view to developing and growing compassionate practice.

Over the 6 weeks program learners are encouraged to develop knowledge, awareness and resources around topics such as, physiology of self-compassion, managing difficult emotions, resilience and developing self-compassion in healthcare. Sessions within the program use a variety of different teaching and learning strategies such as asynchronous teaching periods (lasting between 20-30 minutes), reflection points, audio recordings and activities to engage the learner, such as developing a compassionate friend.

In order to establish the effectiveness and acceptability of the programme an evaluation has been built in to the course to review how the course meets the learning outcomes, the impact upon the lives of nurses taking the course and highlight any financial benefits for the employing organisation accrued as a result of the course. Although developed with nurses in mind the course has wider utility and could benefit the wider healthcare workforce, given the shared stressors and experiences across clinical roles.

## **Conclusion**

There is an increasing need to develop a resilient nursing workforce to minimise the impact of stress, compassion fatigue and burnout, which is contributing to the snowballing workforce crisis, compounded by the recent covid-19 pandemic. The pandemic's impact on healthcare services and those delivering the care has been unprecedented. A rapidly growing body of evidence indicates the enormous associated psychological burden on nurses and other healthcare workers, which is resulting in high levels of wellbeing problems. These will have profound effects on individuals and have long-term ramifications for healthcare systems. Effective interventions that can counter the adverse psychological effects of caring during the Covid-19 pandemic and beyond are urgently required.

Self-compassion training programs and resources may help healthcare professional's cope with job stress in a way that increases wellbeing and reduces compassion fatigue and burnout. Research has demonstrated that self-compassion training programs significantly increased compassion satisfaction and feelings of personal accomplishment, allowing participants to retain a sense of meaning and value in their work. The proactive support of resilience development through self-compassion has the potential to prevent compassion fatigue within a workforce with care at its heart.

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