

Compassion at the Heart of Well-being:

An interdisciplinary study of mindfulness, compassion and well-being in a healthcare setting

*Felicia Huppert, Anya Johnson, Paul Atkins
on behalf of the project team.*

Mindfulness and compassion

While mindfulness produces many well-being benefits, it has long been recognised in Buddhist teaching that true well-being requires both mindfulness and compassion.



“If you want others to be happy, practice compassion.”

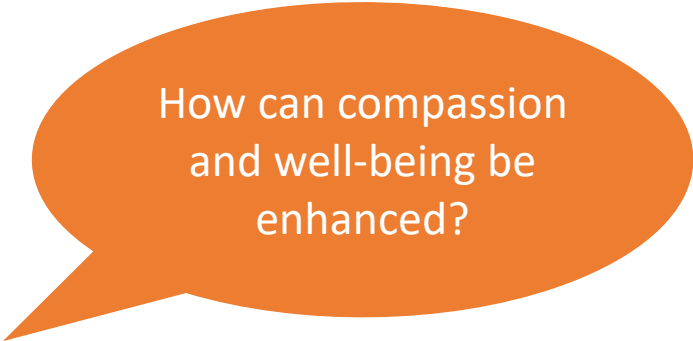
If you want to be happy, practice compassion”

(Dalai Lama 2010).

Two overarching research questions

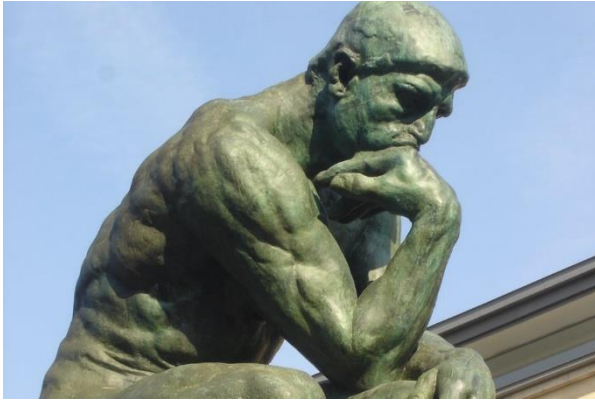


How important is compassion for promoting well-being?



How can compassion and well-being be enhanced?

Team expertise



Simon Keller



Geoffrey Samuel



Greg Fairbrother, Nickolas Yu



Paul Atkins, Sean O'Connor



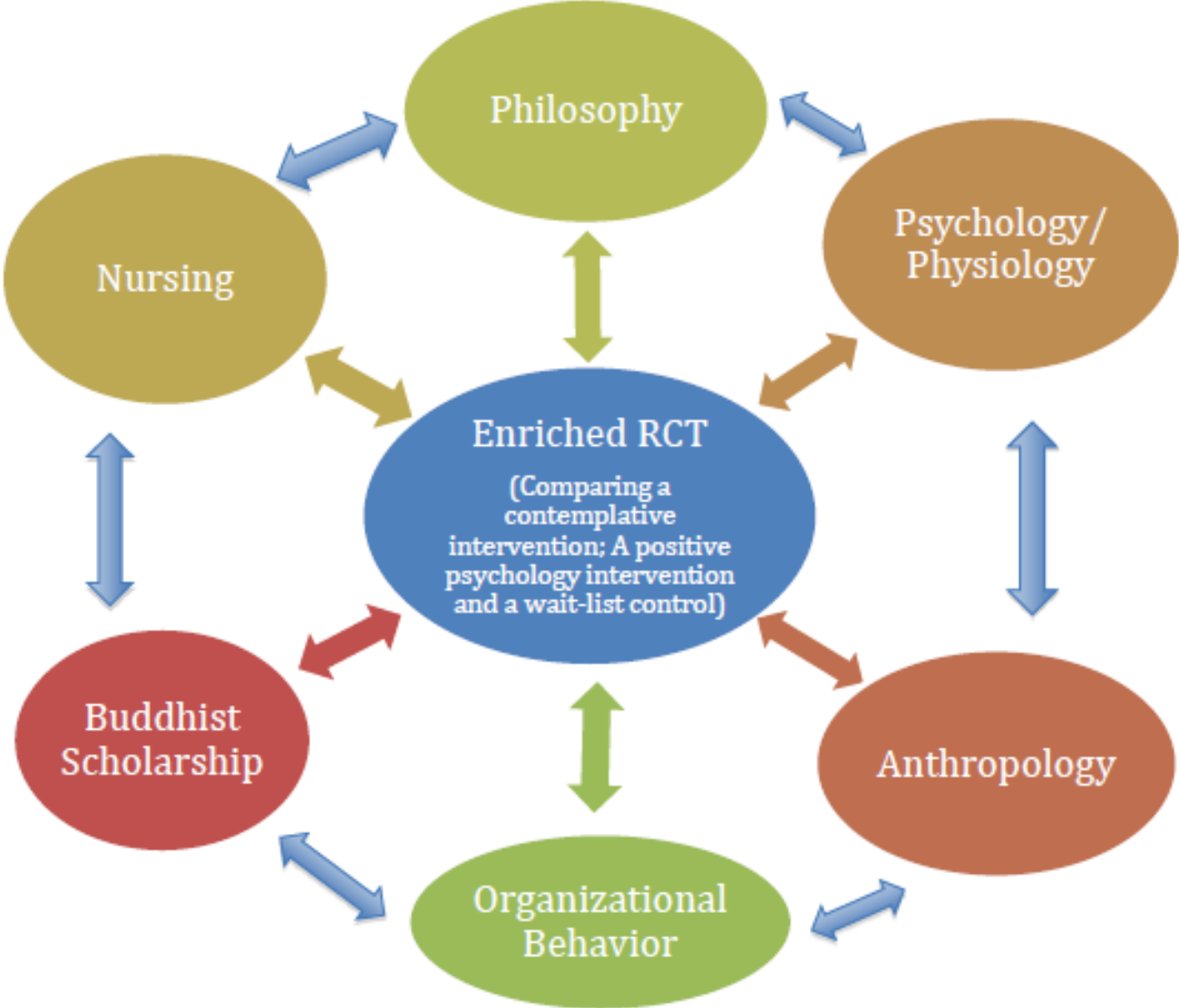
Joseph Ciarrochi, Felicia Huppert,
Baljinder Sahdra



Anya Johnson, Helena Nguyen,

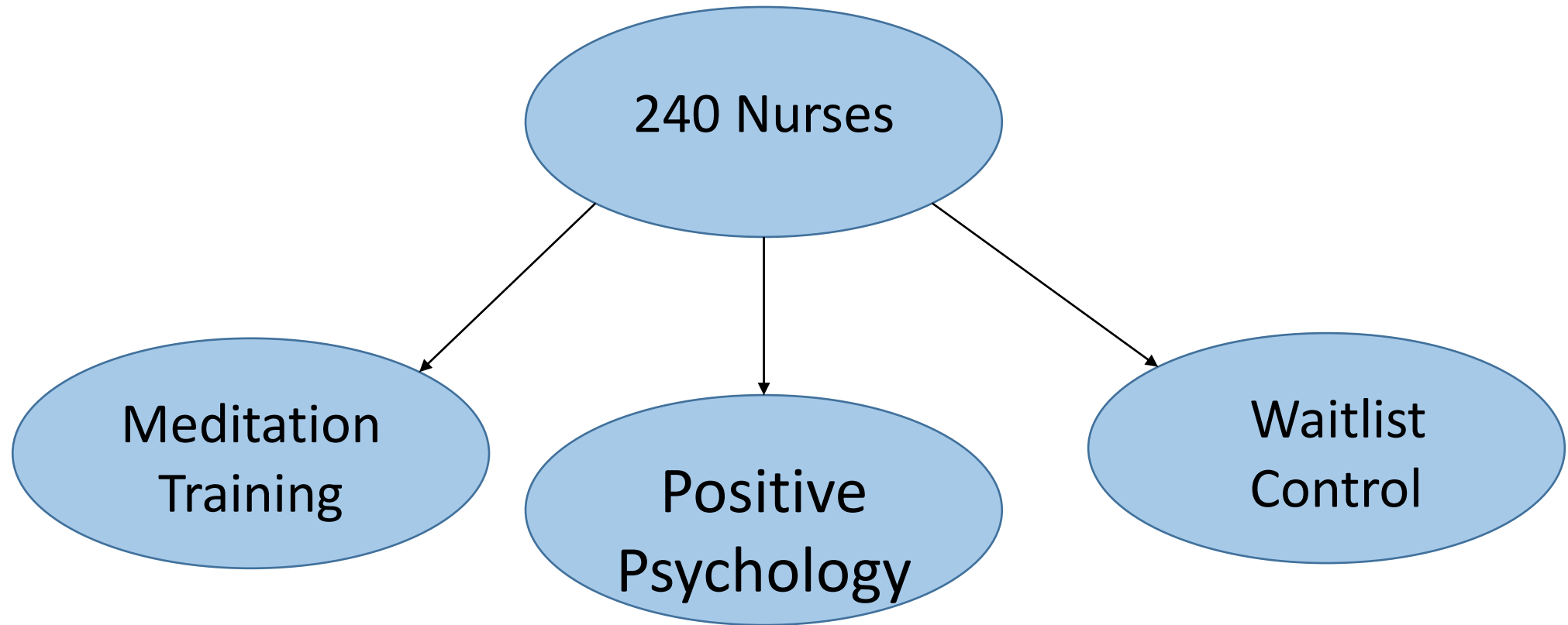
Supported by hardworking RAs: Larissa Blewitt, James Donald, Anastasia Sintchenko, Maria Ishkova, Shanta Dey, Patrick Cooper.

Interdisciplinary framework of RCT



Study design

RCT with wards as sampling unit



Interventions

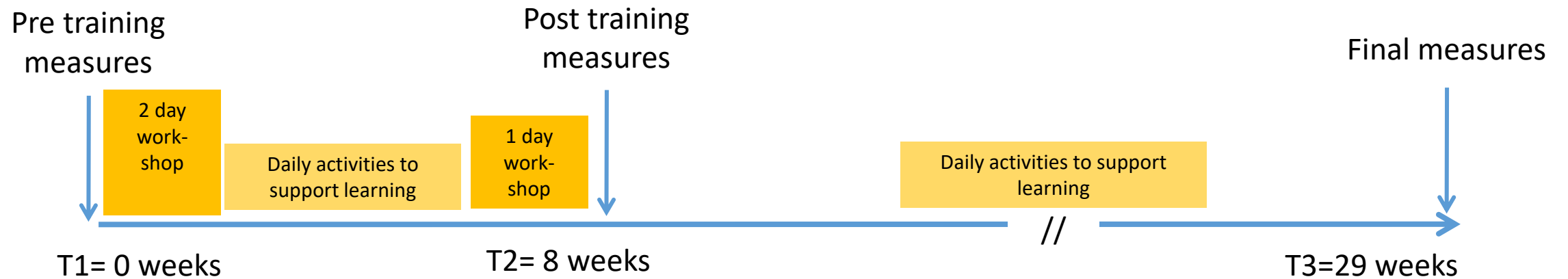
Meditation-Based

- Deep relaxation
- Mindfulness
- Kindness
- Compassion
- Self-Compassion

Positive Psychology-Based

- Goal mapping
- Character strengths
- Clarifying values
- Gratitude, kindness and compassion
- Care of self and others

Study timeline



Wide diversity of measures

- Self-report
- Performance
- Physiological
- Patient report
- Qualitative interviewing
- Ethnographic observation
- Social Network Analysis

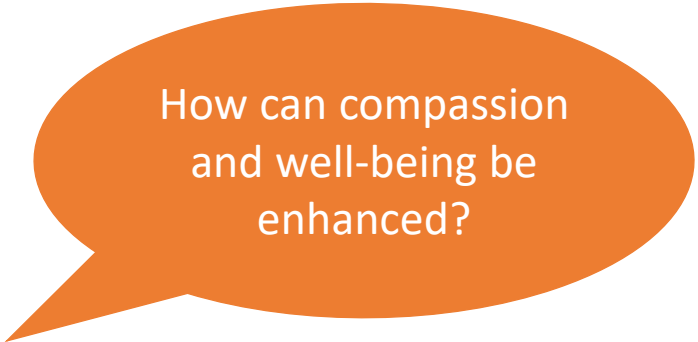


Preliminary findings

Significant improvements on self-report measures pre- to post-intervention - both groups

Self-oriented measures

- Well-being (WEMWBS)
- Mindfulness (nonreactivity)
- Self-compassion
- Goal-directed behaviour



How can compassion and well-being be enhanced?

Preliminary findings

Significant improvements on self-report measures pre- to post-intervention – both groups

Other-oriented measures

- Empathy (concern, perspective taking)
- Compassionate care (patient-centred care)
- Prosocial behaviours at work
- Appraisal of patients

Other outcomes

- Decreased burnout

Preliminary findings

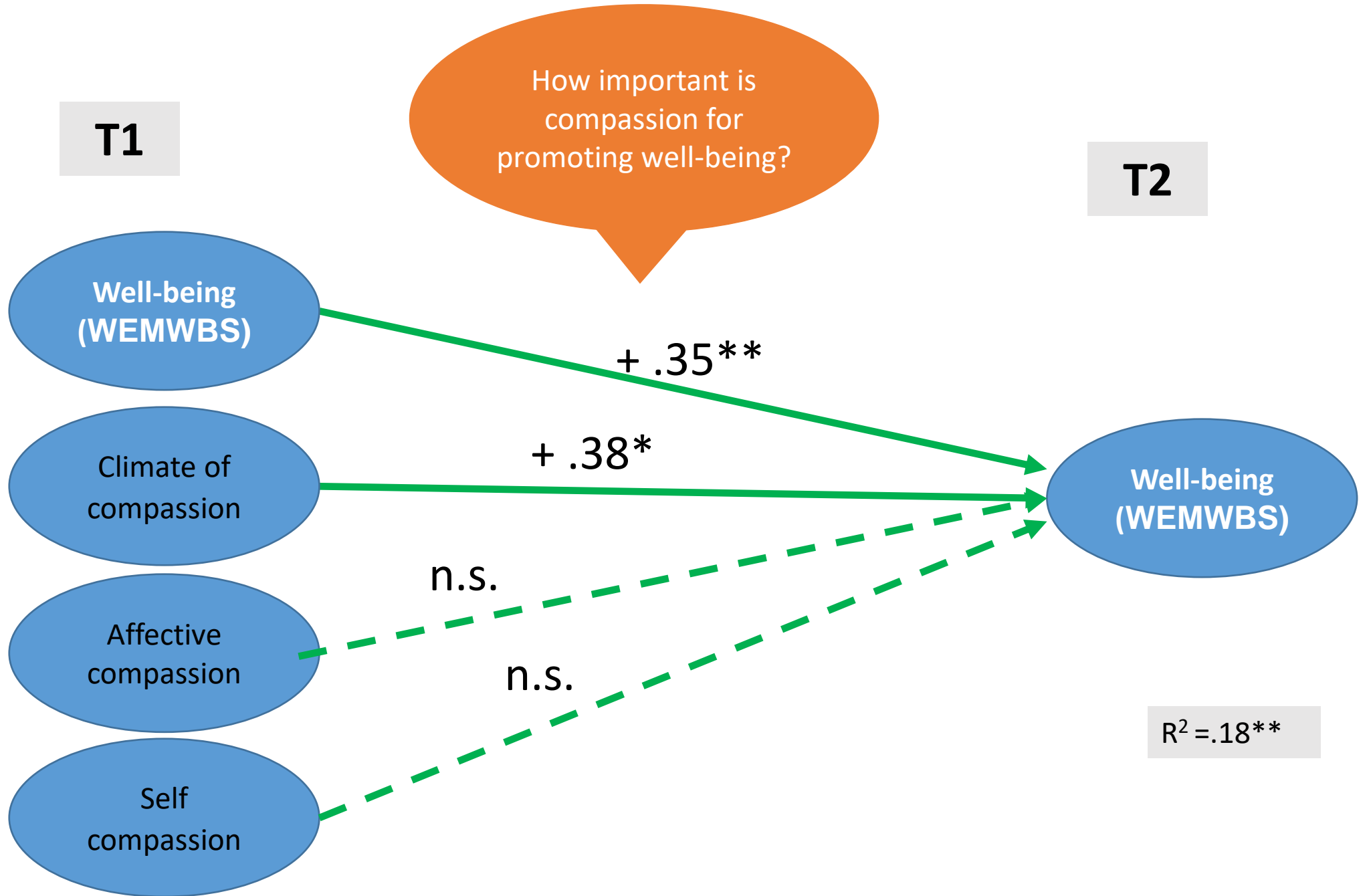
Significant difference between groups pre- to post-intervention

- Meditation group reported increased meaning at work
- Meditation group performed better on test of empathic accuracy

Preliminary findings

Did the benefits last?

Most (13/16) of the improvements seen at the end of training were sustained at follow up approximately 5 months later.



How important is compassion for promoting well-being?

T1

T2

Well-being (WEMWBS)

Climate of compassion

Affective compassion

Self compassion

Well-being (WEMWBS)

$R^2 = .18^{**}$


** = $p < 0.01$, * = $p < 0.05$

Patient reports

Significant difference in patient reports pre- to post-intervention


N
T1= 25
T2= 85

MEDITATION-BASED WELLNESS & COMPASSION (MWAC) PROGRAM



Purpose: Supporting staff wellness and compassionate care

Designed for busy nurses and midwives working in high stress environments



MIND LIKE SKY
Clear & Calm

HEART LIKE SUN
Warm & Open

BODY LIKE MOUNTAIN
Strong & Balanced


Cultivating wellness and compassion through
Deep relaxation, Mindfulness, Kindness, Compassion, and Self-compassion meditation.



- “focused on your feelings (as well as medical needs)”
- “Confidence in the care you received”
- “compassionate behaviour”.


N
T1= 70
T2=36

POSITIVE PSYCHOLOGY-BASED WELLNESS & COMPASSION (PWAC)



Purpose: Supporting staff wellness and compassionate care

Designed for busy nurses and midwives working in high stress environments

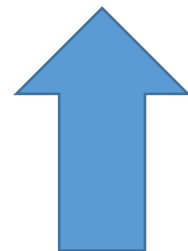


GOALS
STRENGTHS
VALUES

POSITIVITY
GRATITUDE
KINDNESS

CONNECTIONS
SELF-COACHING
VITALITY

Cultivating wellness and compassion through PP exercises and goal-directed self regulation (self-coaching)



- “genuinely listened to”
- “Confidence in the care you received”.



Qualitative and Ethnographic components

Some preliminary results from 20 qualitative interviews

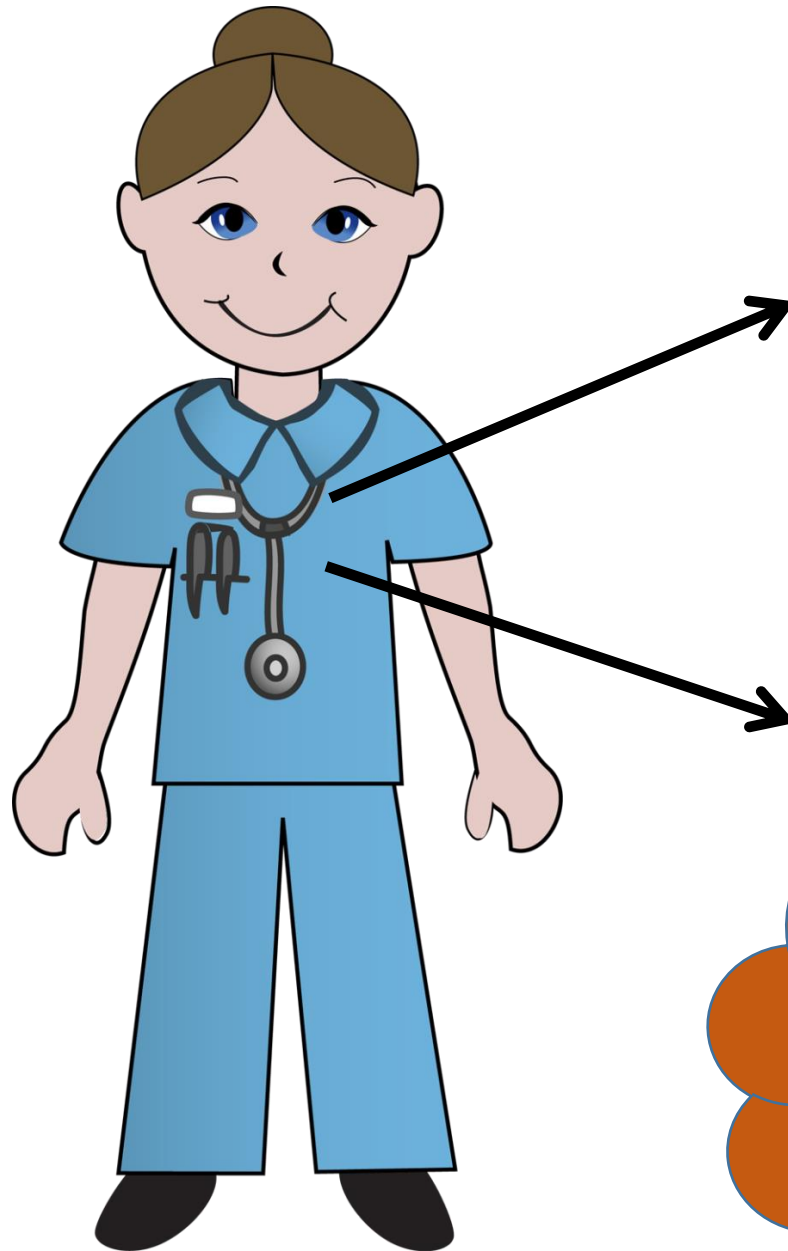
Questions

- What are nurses' and midwives' understandings of both compassion and well-being?
- What factors cause compassion and well-being?

With thanks to Greg Fairbrother in particular for this section

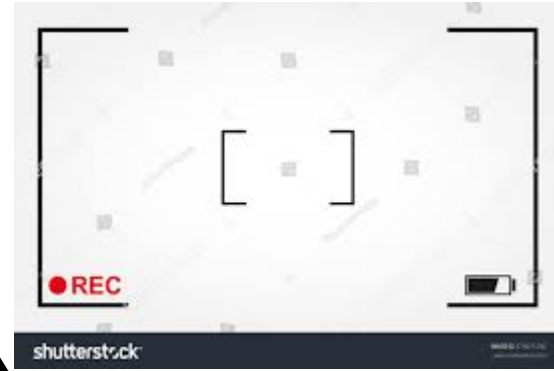
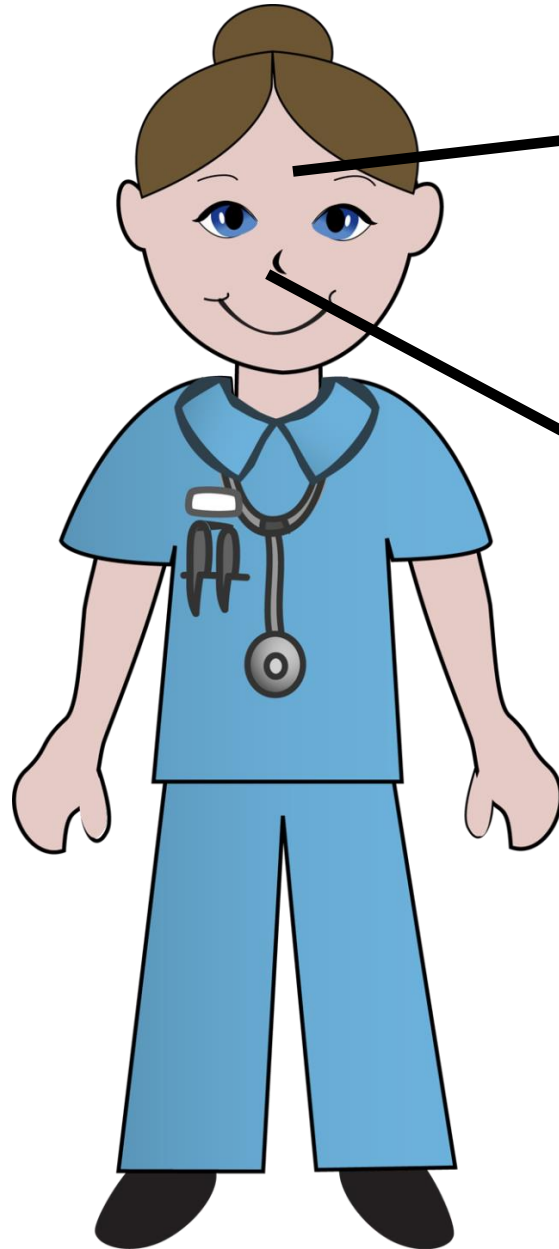
We can think of compassion in different ways

a reservoir



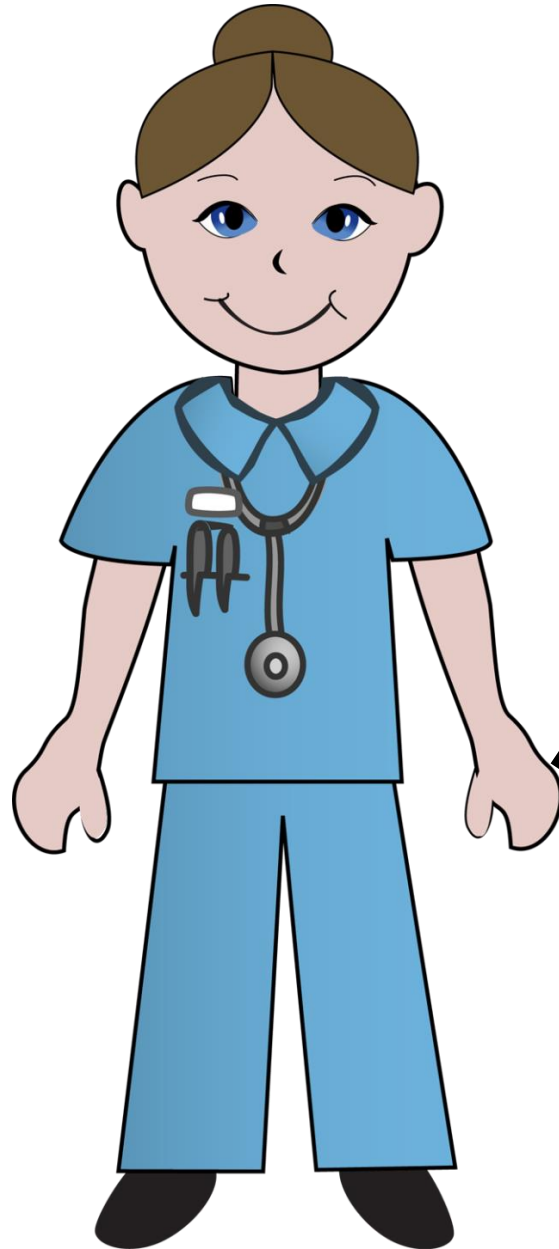
"I might be on day 4 of my week and dealing with a rude patient ... feeling drained ... then I'll see another patient who is sweet and delightful and pop! I'm filled up again .."

a perspective



“Having recently lost my mum, death is still heavy for me but I do know to step back and just let them be... it’s their grief not mine.”

a behaviour



“when I’m doing a cannulation, I try to do it with compassion, by watching the patient’s face as I insert the needle ... am I causing pain? I don’t play around ...”

who I am



What things can drain it?



Work pace
Demanding patients
Patient communication issues
Staffing and acuity

} extrinsic

Taking the work home
Taking in people's pain
Own mood
Own well being

} intrinsic

What things can fill it up?



Patient relationships/
connections

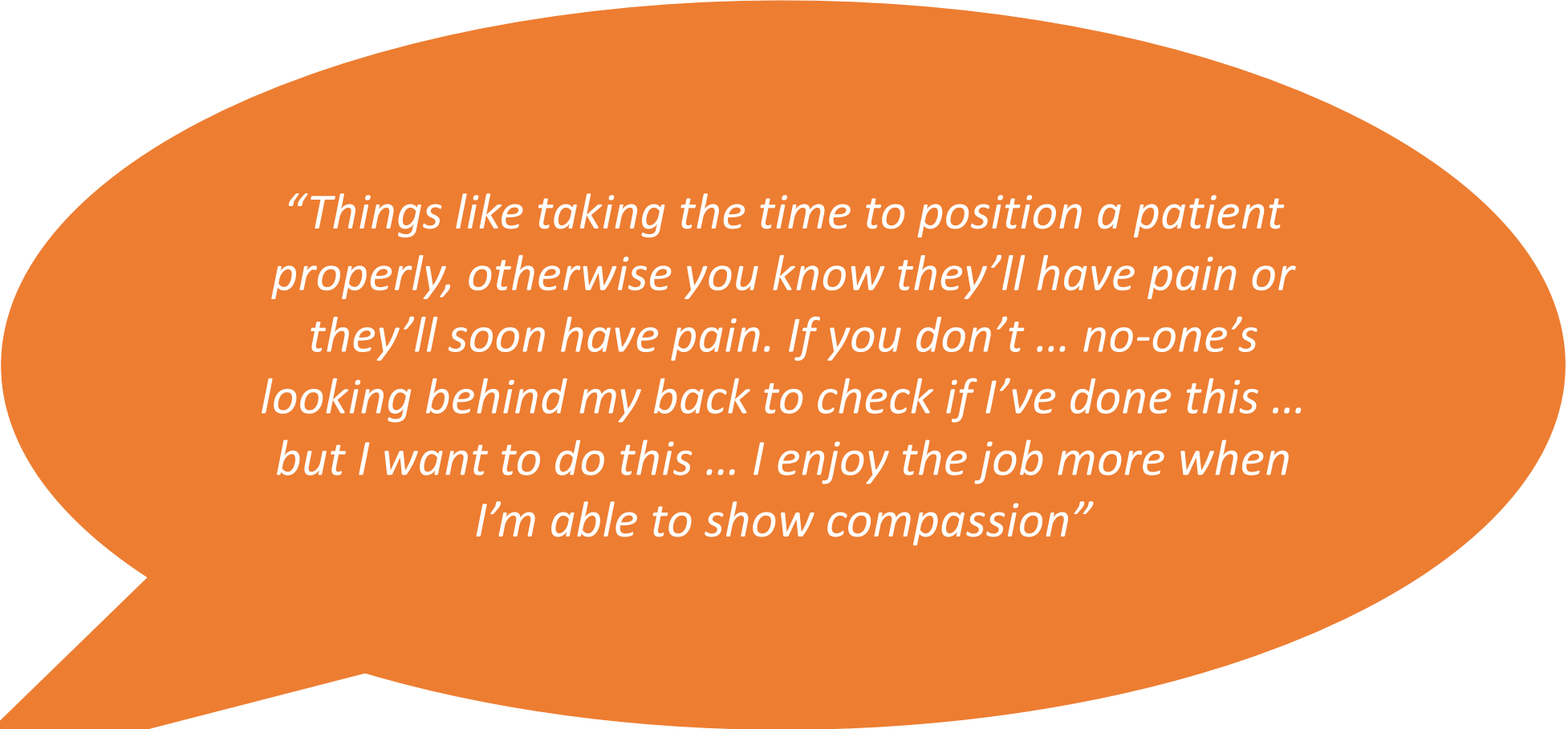
Peer support

Own sense of meaning

Own well being

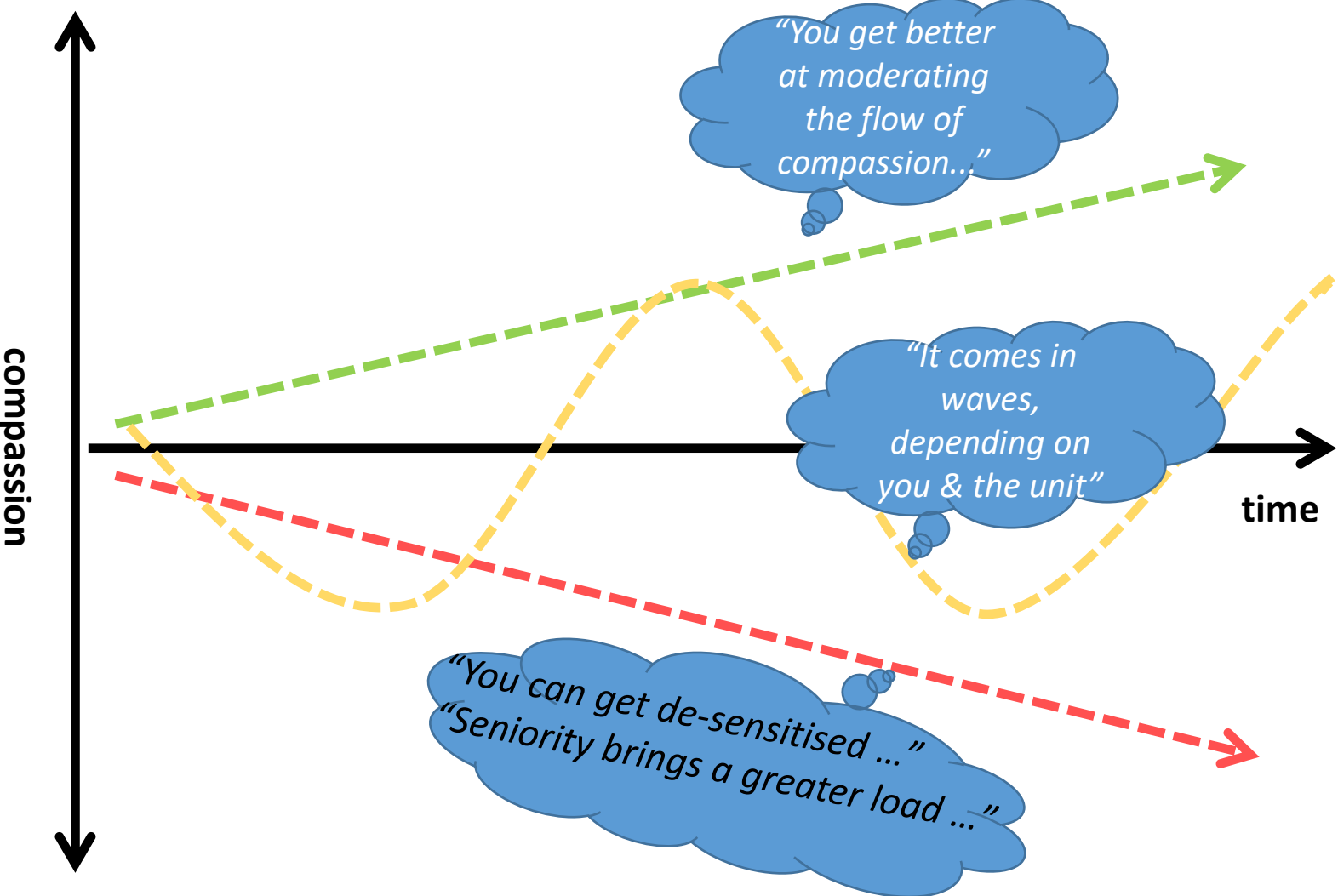
extrinsic

intrinsic



“Things like taking the time to position a patient properly, otherwise you know they’ll have pain or they’ll soon have pain. If you don’t ... no-one’s looking behind my back to check if I’ve done this ... but I want to do this ... I enjoy the job more when I’m able to show compassion”

How does it change over time?



Well-being and compassionate care

They are strongly related

“people who look after themselves are more able to effectively care for their patients ... over those who bottle things up, don't resolve issues and function in the negative”

Shifting now to a more cultural level – some preliminary observational (Ethnographic) analysis

- Nurse leader:
 - “We nurses know that we are understaffed, under-resourced, and overstretched. The situation is not going to get better. The government is not going to provide more resources. So we need to learn to take care of ourselves.”

Is it possible that the contexts we have created for nursing and compassion are actually untenable?

“In China the family is very much involved with the nursing. The patient-nurse ratio is very different than Australia. In China the nurses are very skilled at the technical level. We do a lot of things like take the blood and insert cannula. In Australia that’s the doctors job, but in China it’s the nurse job. But we hardly do the basic nursing: the shower, sponge, feeding the patient is all done by the family. Every family always when one person is sick in hospital will have a rotation to look after the patient. Even if they don’t press the buzzer, when the antibiotic is finished the family will come to the desk and say the antibiotic is nearly finished okay. All these sorts of things. It’s very different.”

Some very preliminary conclusions

- Compassion is felt, it's thought, its enacted and it's a deep expression of self for nurses and midwives
- Enablers and disablers are both intrinsic and extrinsic
- Compassion and well-being are linked. Well-being may enable compassion, and compassion (particularly directed toward the self), may enable well-being.
- At a more systemic level, any program focused on the individual is perhaps 'treating the symptoms' rather than addressing the 'culture' that makes compassion increasingly difficult.