



HEALING OURSELVES WHILE HEALING OTHERS:

NURSING DURING THE CORONAVIRUS PANDEMIC

A Webinar Series with Tools and Resources for Professional Nurses

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Donna is a psychotherapist, author and educator, has long addressed a wide range of life-altering experiences in the lives of children and families—loss, trauma, and stress. She has counseled professionals, young people and schools in the aftermath of individual and national tragedies — 9/11, Sandy Hook, and Hurricane Katrina. In addition to academic papers, Donna is the author of *The Seasons of Grief, Helping Children Grow Through Loss*. She taught at Columbia University and holds master's degrees from Teachers College, Columbia University; Rutgers University, and a doctorate from the University of Pennsylvania. Her post-doctoral work includes the Prudential Fellowship for Children and the News at Columbia Journalism School. Donna consults for the New York Life Foundation and the Resilient Parenting for Bereaved Families Program at Arizona State University.

Anne holds an Adjunct appointment with the SONM and is a Visiting Professor at Anglia Ruskin University, Cambridge, UK. She is a member of the Royal College of Nursing (RCN) UK and Australian College of Nursing. Her current research is on translating the social neuroscience of empathy and compassion in the context of culture, networks and leadership in nursing and healthcare. Anne holds a PhD and a Master's Degree in Primary Health Care (palliative care specialty) from Flinders University, Australia. Following completion of her PhD in 2002, she was recruited to the Faculty of Nursing, University of Alberta, Canada in 2003. In 2004, she completed an Intensive Bioethics Course at the Joseph P. & Rose F. Kennedy Institute of Ethics, Georgetown University, Washington DC.

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Millie is the founder of M. Elia Wellness, LLC, a service which offers Integrative Health Program Design within local cancer survivorship communities, larger healthcare systems and organizations. She is the proud recipient of the (SIO) Society for Integrative Oncology's 2019 Clinician Stakeholder Award for the impact her services have had, and continue to have, on the cancer survivorship community. She has twenty years of experience as a Nurse Practitioner and received her Master's of Arts from NYU in Advanced Practice Nursing. Additionally, she is a certified Health and Wellness Coach and Yoga Instructor.

Peg is an Advanced Practice Psychiatric Nurse and licensed Marriage and Family Therapist. She works with children, individuals and families to help them become more aware of themselves and others through talking and experiencing their feelings. As a Disaster Crisis Counselor and therapist, Peg has counseled individuals after 9/11, hurricanes Rita, Floyd and Sandy. Peg has served as Adjunct Faculty and Guest lecturer in several nursing programs and taught family therapy at Drew University. As a facilitator for the Recovery and Monitoring Program (RAMP), Institute for Nursing, Peg helped nurses whose practice was impaired by drugs, alcohol or other issues. She has a Masters of Arts from NYU in Psychiatric Nursing, is a Graduate of Blanton-Peale Graduate Institute and earned a PHD from Union Institute and University. Peg has a private practice in Cranford, NJ and is a Certified Holotropic Breathwork Facilitator.

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Offering Compassion and Comfort from a Distance



Special Thanks to Dr. Anne Hofmeyer for her knowledge and leadership in the field of compassion.



Goals



- Describe how to be present for colleagues and patients
- Develop actions that enhance compassion and comforting
- Reaffirm compassion for self and others.

Our human compassion binds us the one to the other - not in pity or patronizingly, but as human beings who have learnt how to turn our common suffering into hope for the future.

Nelson Mandela

WHY WE DO THIS WORK. . .



COMPASSION... “TO SUFFER TOGETHER”

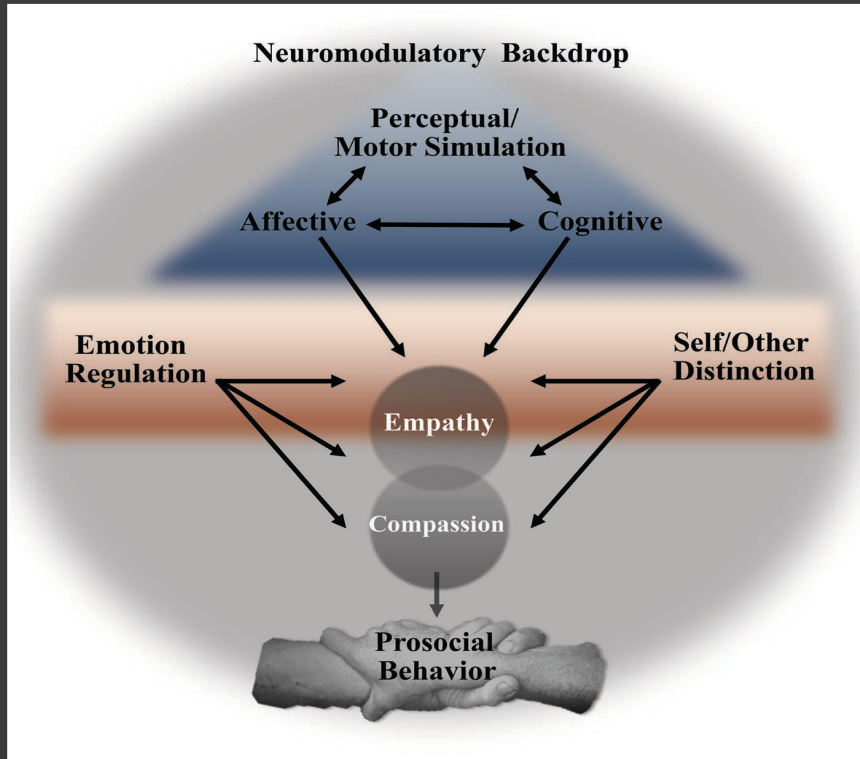
- **Compassion** is the feeling that arises in *witnessing* another’s suffering which then motivates a subsequent desire to help in order to *relieve* that suffering.
 - An affective state defined by a specific subjective feeling.
 - Warmth, empathic concern, capacity to understand the other’s perspective and intentions
 - Those emotions and thoughts *include the desire to help*.
- **Empathy**
 - Empathy refers to our ability to take the perspective of and feel the emotions of another person,
 - while recognizing that the emotions we experience are external to oneself, and are initiated by the other person.
- **Sympathy**
 - An “emotional reaction that is based on the apprehension of another’s emotional state or condition and that involves feelings of concern and sorrow for the other person”.
- **Pity** involves the additional appraisal of feeling concern for someone considered inferior to the self.

In healthy empathic responses,
three steps occur:



Photo: Nathan Dumlao on Unsplash

1. Taking another person's perspective (mentalizing)
 - To see another's situation from their perspective through imagination Resulting abstract, propositional knowledge about the other's mental state.
2. Self-awareness (self-other distinction)
 - Distinguish one's mental state from that of others
3. Emotion regulation



- Empathic experiences are caused by activation of similar neural networks that process first-person experiences.
- When one empathizes with a person who is in pain, the brain shows activation of similar circuits as the brain of the suffering person.
- Empathy is essential for understanding others' emotions, but when sharing the suffering of others *excessively* negative emotions and distress increases.

Mascaro JS, Darcher A, Negi LT and Raison CL (2015) The neural mediators of kindness-based meditation: a theoretical model. *Front. Psychol.* 6:109. CC Attribution 4.0 International

Hofmeyer et al, 2019; Singer & Klimecki, 2014

ACTING ON THE DESIRE TO HELP...



ACTING ON THE DESIRE TO HELP...

- Helping has the potential to be a source of **positive transformations** in people's lives, and can give rise to a sense of satisfaction.

Chen, F. P., & Greenberg, J. S. (2004)

- Gaining a **sense of fulfillment** for meeting a duty / obligation, and **enjoyment** derived from helping itself or from companionship with the recipient.

Cohen, C. A., Colantonio, A., & Vernich, L. (2002).

THE SCIENCE OF COMPASSION



THE SCIENCE OF COMPASSION. . .

- Two distinct neural pathways that are not in opposition.
 - socio- affective (empathy)
 - socio-cognitive (compassion)
- Compassionate action **activates pleasure circuits** in the brain.
 - Self-reports of compassion predicted greater activation in dopaminergic reward signaling areas and ventral tegmental area. This finding provides evidence that there is an **intrinsic reward to compassion**, one that could help outweigh any costs or risks.
 - Contemporary fMRI studies show the neurological areas activated with compassion include the medial orbitofrontal cortex and ventral striatum.
- Linked to reward and affiliation processing with oxytocin and vasopressin receptors that stimulates **positive affect** towards those who are suffering.
- Compassion activates networks that provide a **protective action from stress**.
- Heart rate **deceleration** has been shown to occur in situations that evoke compassion.
- Compassion training can increase resilience to stress; it **lowers stress hormones** in the blood and saliva and strengthens the immune response.



Photo: Yoann Boyer for Unsplash

Empathic Distress Fatigue

“ A strong aversive and self-oriented response to the suffering of others, accompanied by the desire to withdraw from a situation, disconnect from those who are suffering, and adopting depersonalizing behaviors in order to protect oneself from excessive negative feelings. Singer & Klimecki, 2014



Photo: Nadine Shabaana for Unsplash

- Compassion *does not cause fatigue*, ‘empathic distress fatigue’ may be more appropriate.
- fMRI research shows that ‘empathic distress fatigue’ is triggered when the ‘self-other’ distinction is blurred, and clinicians experience the distress of others as their own.
- Without emotion regulation skills, the ‘self-other’ distinction is blurred. Clinicians absorb another’s pain and negative emotions and suffer empathic distress fatigue and triggers:
 - An intense neurological response, fMRI studies reveal overwhelming pain and distress
 - Withdrawal behaviors to protect oneself, empathic distress, and poor role performance.

Hofmeyer et al, 2019; Klimecki, 2015; Singer & Klimecki, 2014; Singer & Klimecki, 2014; Valk et al., 2017; Vachon, 2016

- Feeling compassion for one person makes us less vindictive to others.
- Employees who receive more compassion at work see themselves, their co-workers, and their organization **in a more positive light**, feel positive emotions like **joy and contentment**, and are more committed to their jobs.
- Compassionate people are more socially adept, making them less vulnerable to loneliness;
 - Loneliness has been shown to cause stress and harm the immune system.

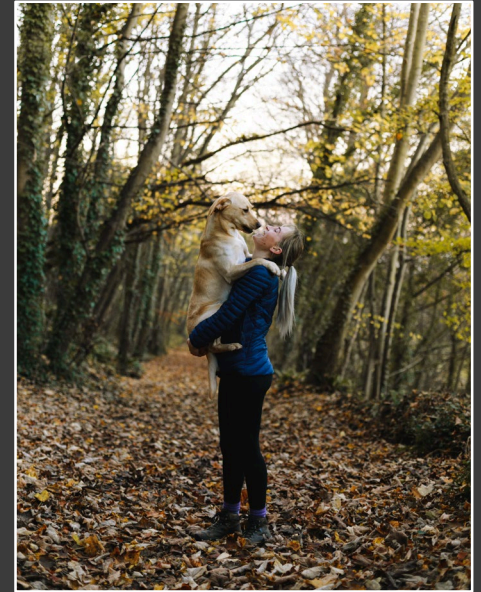


Photo: Humphrey Muleba for Unsplash

Strategies to Reduce Empathic Distress and Cultivate Compassion

- **Being responsive** to our own suffering and acting to alleviate or prevent it. It is important to foster four strategies:
 - Compassion;
 - Self-care practices;
 - Self-compassion;
 - Compassion leadership in healthcare cultures.
- **Develop a self-care plan.** More effective than an ad hoc approach. Self-care is not just about pursuing pleasurable activities. Self-care incorporates self-discipline, self-awareness, accountability and motivation to make better life choices.
- **Enhance your compassion literacy** involves a “healthy balance of compassion for others and compassion for oneself” Mills et al., 2018
- **Compassion training:**
 - Does not reduce or remove negative emotions.
 - Increases activation in the brain areas associated with love, affiliation, positive emotions, hope and reward.
 - As a protective factor to empathic distress.



Photo: Benedikt Geyer for Unsplash

Mills, Wand, & Fraser, 2018a, p. 10; Mills et al., 2018b).

IS IT ...

- Burnout?
- Stress?
- Crisis?
- Trauma?
- Secondary trauma?
- Empathic distress?



Photo: Jacyn Moy for Unsplash



Photo: Abigail Keenan for Unsplash

The KEY to Surviving

- As little as **five minutes per day** has a positive effect and can lead to measurable changes in neural functioning.
 - fMRI studies show mindfulness meditation “regulates anterior insula activity” when we empathize with others’ suffering. Negative affect and stress is reduced, emotion regulation is enhanced, and increases prosocial, compassionate behavior. Laneri et al., 2017, p. 4034.
- AND . . .
 - Get more rest,
 - Eat healthier food,
 - Declutter personal space,
 - Spend time alone or in reflection,
 - Seek professional counseling or life coaching, or
 - Do any activity that supports, energizes, soothes or inspires.
 - Meditation practice is effective self-care strategy in both personal and professional setting.

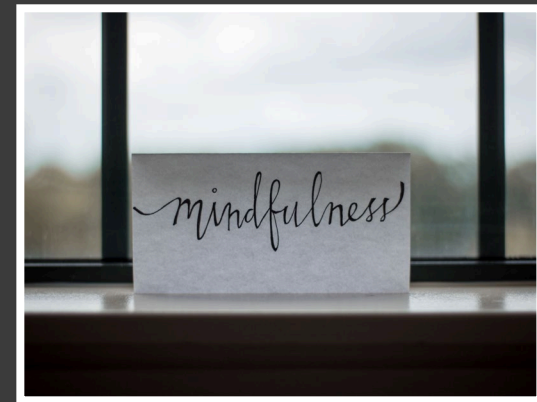


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Photo: Nadine Primeau for Unsplash



Photo: Taylor Ann Wright for Unsplash

BEYOND GOOD INTENTIONS



- Use compassion as your guide when relating to others.
- What better compass is there to help you navigate relationships in your work and personal lives and stay on course? Rimm, 2013.
- Leadership is beyond good intentions – it requires action Aigner, 2011.
- Good leadership is inevitably an act of compassion. A compassionate leader takes responsibility for the growth and development of others so they can understand and solve their own challenges Aigner, 2011.



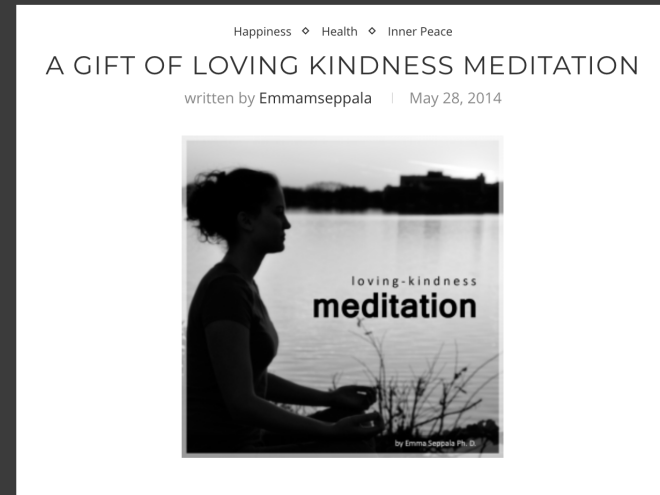


LEAD WITH COMPASSION

- Approach the person with a **genuine concern** for their well-being and desire to understand – and to find a constructive way forward
- A compassionate approach requires us to **‘suspend judgement’** as we ‘listen’ to understand what led to the situation.
- Our compassionate response strengthens our relationships with others and **influences the culture in productive ways** to improve patient outcomes and colleague well-being.
- Leading with compassion **fosters opportunities for growth** and safe practice.
- Does *not* mean we sanction poor performance or behavior.

RESOURCES

- Loving-Kindness Meditation developed by Emma Seppala. <https://emmaseppala.com/gift-loving-kindness-meditation/> (Seppala et al., 2014).
- Chris Germer:
<http://www.mindfulselfcompassion.org/>
- Schwartz Center for Compassionate Healthcare:
<http://www.theschwartzcenter.org/>
- Free eBook: Compassion. Bridging Practice and Science by Singer and Bolz describes compassion training programs and empirical research.
<http://www.compassion-training.org/>



RESOURCES

GREAT APPS FOR YOUR PHONE

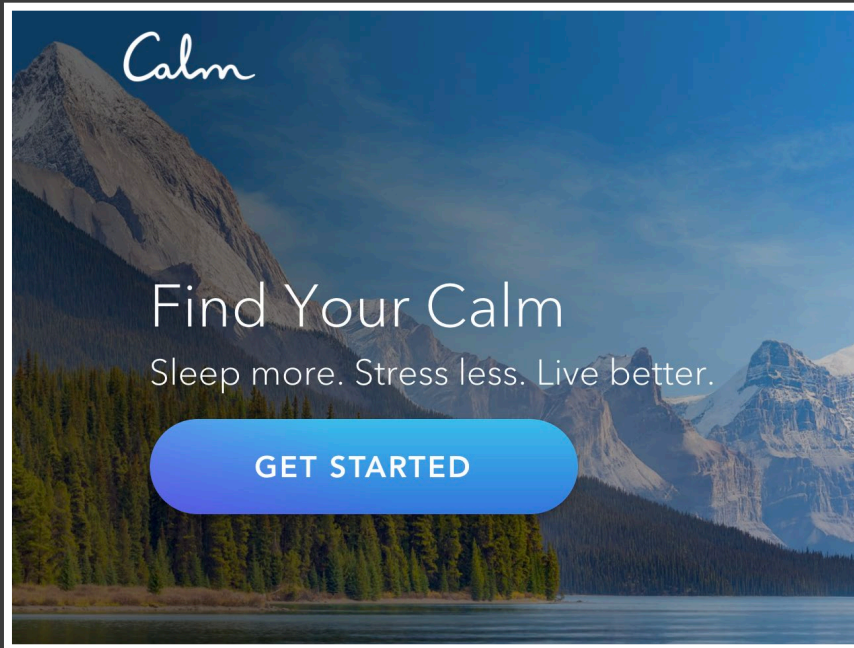
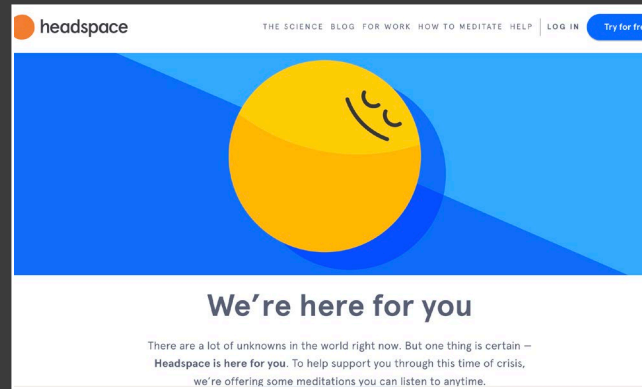
HEADSPACE

<https://www.headspace.com/covid-19>

(free for health care providers!)

CALM

<https://www.calm.com/>



CARING FOR YOURSELF IN THE FACE OF DIFFICULT WORK

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do each day

1. Get enough sleep.
2. Get enough to eat.
3. Vary the work that you do.
4. Do some light exercise.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

For More Information see your supervisor or visit www.istss.org, www.proqol.org and www.compassionfatigue.org

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FOCUSING YOUR EMPATHY

Your empathy for others helps you do your job. It is important to take good care of your feelings and thoughts by monitoring how you use them. The most resilient workers are those that know how to turn their feelings to work mode when they go on duty, but off-work mode when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (feelings switched to work mode) and maximum support while resting (feelings switched off-work mode).

How to become better at switching between Work and Off-Work Modes

1. Make this a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (work-mode) or connected and cared for (non-work mode) to help you switch.
3. Develop rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

Caring for Yourself in the Face of Difficult Work

https://www.proqol.org/uploads/Helper_Pocket-Card_2020.pdf

BIBLIOGRAPHY

Webinar 3. Offering Compassion and Comfort from a Distance

Aigner, G. (2011). *Leadership: Beyond Good Intentions*. Allen & Unwin New South Wales.

Backler, C. & Dickman, E. (March 16, 2020). Emotional Coping Strategies for COVID-19. *Voice*. ONS.org

Chen, F. P., & Greenberg, J. S. (2004). Caregiving gains in family care for people with mental illness. *Community Mental Health, 40*(5), 423-435.

Cohen, C. A., Colantonio, A., & Vernich, L. (2002). *Positive aspects of caregiving: rounding out the caregiver experience*. *International Journal of Geriatric Psychiatry, 17*(2), 184–188. doi:10.1002/gps.561

Figley, C. (1995). *Compassion fatigue: Coping with STS disorder in those who treat the traumatized*. London, England: Brunner-Routledge.

Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: an evolutionary analysis and empirical review. *Psychological bulletin, 136*(3), 351.

Goetz, J. L., & Simon-Thomas, E. (2017). The landscape of compassion: Definitions and scientific approaches. In *The Oxford handbook of compassion science*. Edited by Seppälä EM, Simon-Thomas S,

Brown SL, Worline, MC, Cameron CD & Doty JR. New York: Oxford University Press, 2017:3-16.

Halifax, J. (2013). G.R.A.C.E. for nurses: Cultivating compassion in nurse/patient interactions. *Journal of Nursing Education and Practice, 4*(1) doi:10.5430/jnep.v4n1p121

BIBLIOGRAPHY

Hofmeyer, A., Kennedy, K., & Taylor, R. (2019). Contesting the term “compassion fatigue”: Integrating findings from social neuroscience and self-care research. *Collegian*. doi:10.1016/j.colegn.2019.07.001

Hofmeyer A., Toffoli L., Vernon R., et al. (2017). Teaching compassionate care to nursing students in a digital learning and teaching environment. *Collegian*, <http://dx.doi.org/10.1016/j.colegn.2017.08.001>

Rimm, A. (2013). To guide difficult conversations, try using compassion. Harvard Business Review <https://hbr.org/2013/06/to-guide-difficult-conversations>

Seppälä E. (2015). Why compassion is a better managerial tactic than toughness. Harvard Business Review. <https://hbr.org/2015/why-compassion-is-a-better-managerial-tactic-then-toughness>

Solon, O. (2012, July 12). Compassion over empathy could help prevent emotional burnout—

Tania Singer. WiredMagazine.co.uk, “Science” section. Retrieved from <http://www.wired.co.uk/news/archive/2012-07/12/tania-singer-compassion-burnout>

Stamm, B. H. (2012). Helping the helpers: compassion satisfaction and compassion fatigue in self-care, management, and policy of suicide prevention hotlines. *Resources for community suicide prevention*, 1-4.

Klimecki, O. M., & Singer, T. (2012). Empathic distress fatigue rather than compassion fatigue? Integrating findings from empathy research in psychology and social neuroscience. In B. Oakley, A. Knafo, G. Madhavan, & D. S. Wilson (Eds.), *Pathological altruism* (pp. 368–383). New York: Oxford University Press

BIBLIOGRAPHY

- Klimecki, O. M., Leiberg, S., Lamm, C., & Singer, T. (2013). Functional neural plasticity and associated changes in positive affect after compassion training. *Cerebral Cortex*, 23(7), 1552–1561.
- Mills, J., Wand, T., & Fraser, J. A. (2018b). Exploring the meaning and practice of self-care among palliative care nurses and doctors: A qualitative study. *BMC Palliative Care*, 17(63) <http://dx.doi.org/10.1186/s12904-018-0318-0>.
- Singer, T. (2015, March). Empathy is not compassion: Showing evidence for differences in their neuronal and experiential signatures as well as their plasticity. In *International Convention for Psychological Science (ICPS)*.
- Singer, T., & Lamm, C. (2009). The social neuroscience of empathy. *Annals of the New York Academy of Sciences*, 1156(1), 81-96.
- Wacker, R., & Dziobek, I. (2018). Preventing empathic distress and social stressors at work through nonviolent communication training: A field study with health professionals. *Journal of occupational health psychology*, 23(1), 141.

Let us know how you are doing!

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