AMERICAN UNIVERSITY OF BEIRUT

DESIGNING A COMPASSIONATE CARE PROGRAM FOR RESGISTERED NURSES AND NURSE MANAGERS AT THE AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER

by
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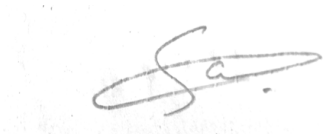

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ABSTRACT
OF THE PROJECT OF

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Compassion is an essential element of the nursing profession and its utilization contributes to patient satisfaction and aids in a faster recovery. However, healthcare practices continue to fall short of meeting patients' compassionate needs. The absence of compassion care leads to increased adverse events, unsatisfied patients, and inadequate symptom management. One of the main factors for the lack of compassionate care is burnout which negatively impacts the nurses as well as the organization as a whole.

The literature shows that compassion training programs play a major role in protecting nurses from the negative impacts of burnout. These programs not only maintain the well-being of nurses, but also create a constructive and positive patient connection with fewer errors and better quality of care. The training methods should adopt several fundamental measures that include cultivating self-compassion, workplace practices, and leadership.

The project aims to design and implement a Compassionate Care Program (CCP) for registered nurses and nurse managers at AUBMC. This program will strengthen both self-compassion and the delivery of compassionate care by equipping nurses and nurse managers with compassionate skills and competencies.

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CHAPTER I

INTRODUCTION AND BACKGROUND

In the past few decades, experts showed great interest in the positive elements of psychological dimensions in patient care. Compassion as one of these dimensions was found to be a positive and important element that has attracted the attention of many scholars (Khorami, Moeini & Ghamarani, 2016). The significance of compassion is valued by the international professional bodies in healthcare, education, and justice (Strauss et al., 2016). Accordingly, compassion is one of six core values in the National Health System (NHS) constitution in the United Kingdom. The NHS determined that compassion should be a major focus when inadequacies in compassionate care at some hospitals and care homes were found (Strauss et al., 2016). Research has also shown that the positive effects of training in compassionate care are not only demonstrated in therapeutic based settings, but also across educational settings (Maratos, Gilbert & Gilbert, 2019). Furthermore, it has been argued that the relationship of compassion and justice lie at the core of fundamental ethics (Strauss et al., 2016). Within the nursing domain, compassion has long been advocated as a fundamental element as well as a key characteristic and value in nursing practice. It has been founded by Florence Nightingale and supported by the International Council of Nurses (Su et al., 2019).

A. Background

Compassion is an ethical and philosophical foundation in nurses' professional standards and codes of practice (Dalvandi et al., 2019). The first section in the International Council of Nurses (ICN) (2021) code of ethics invited nurses to practice

with compassion to patients. In addition, the characterization of nurses as compassionate individuals began with Florence Nightingale's early studies and has been maintained to this day (Jones et al., 2016). In Florence Nightingale's view, good nurses have certain characteristics, values, and qualities, one of which is compassion (Jones et al., 2016). It is also a key characteristic of modern nursing, a critical element for the provision of high-quality healthcare, and a motivator for many nurses to choose nursing as a career (Coffey et al., 2019).

Compassion has been simply defined as a feeling of being moved by another's suffering that leads to a deep desire to alleviate that suffering (Strauss et al., 2016; Neff, 2003). Compassionate care has the ability to relieve patients' distress and suffering through active listening and sensitivity to what is said and not being said (Hofmeyer et al., 2016). A person who is compassionate is one who is understanding, non-judgmental, and sensitive to others (Hagerman et al., 2020). However, empirical knowledge concerning experiences of compassionate care among nurses and nursing students remains overlooked. Also, there are increased reports in the literature of a lack of compassion in patient care by nurses and nursing students. (Su et al., 2021) this adds to the importance of enhancing compassion in the field of nursing as it has several benefits on different levels including the nurses, patients as well as the organization.

B. Significance

Providing compassionate care enhances patients psychologically, builds a meaningful relationship with patients, and gains overall satisfaction from the care provided (Younas et al., 2019). In fact, evidence has shown that a compassionate approach can aid in a faster recovery for patients as well as alleviation of psychological

symptoms such as depression and anxiety (Shea et al., 2016). On the other hand, patients and family members who do not receive compassionate care are prone to more adverse events, inadequate symptoms management, and may file complaints for malpractice (Sinclair et al., 2020).

Studies have also indicated that compassion can alter the heart rhythm and brain activity in both the individual delivering compassion and the person receiving it (Shea et al., 2016). Compassion can buffer the reactivity to stress, as higher level of compassion is associated with lower blood pressure reactivity, lower cortisol reactivity, and higher HF-HRV reactivity (Cosley et al., 2010). As such, researchers have suggested implementing interventional measures aimed at enhancing individual's ability to not only show compassion, but also receive it (Yuguero et al., 2016). A systematic review of 24 studies indicated that training nurses in compassionate care delivery improved patient quality of life, satisfaction, and overall wellbeing, as well as boosted nurses' job satisfaction and decreased burnout (Coffey et al., 2019). As a result, Compassionate trainings have been shown to have a number of benefits on different levels involving the nurses, patients, nursing students, and organizations. For instance, compassion can play a role as a protective factor from emotional distress (Atkinson et al., 2017). This will not only maintain the well-being and efficiency of the nurses, but would also influence nursing students in their professional development (Sinclair et al., 2016). Compassion will also secure a positive professional patient connection with fewer medical errors and improved quality of care (Younas et al., 2019).

As for Lebanon. there are no studies available regarding compassionate training and its significance in nursing care. This is a major gap in research in the Lebanese context regarding this significant topic. As for AUBMC the only reference available is

the conclusion of the ADDILA program which identified a compassion gap at AUBMC (ADDILA, 2020). Nevertheless, several studies have indicated that higher levels of burnout can predict lower levels of self-compassion and in turn can hinder the provision of compassionate care. This is evident in a study carried among 216 Iranian nurses which indicated that higher levels of burnout had a negative correlation with compassion using Maslach Burnout Inventory and The Compassion for Others Scale (Khanjani et al., 2021). In line with this, is the results of a realist review that showed a negative association between burnout and empathy which is a component of compassion (Wilkinson et al., 2017). At AUBMC, a study indicated high levels of burnout among nurses which according to studies can predict low levels of compassion (Talih, Ajaltouni, and Farhood, 2018; Wilkinson et al., 2017).

C. The Compassion Gap

Several barriers that include lack of compassionate training and inadequate leadership have led hospitals to fall short of meeting patients' basic holistic and compassionate needs (Hofmeyer et al., 2016). For example, in a 2011 survey of patients in the United States, only 53% (N=800) of hospitalized patients stated that they received compassionate care (Lown et al., 2011). In line with this, in the United Kingdom, media have cited "coldness, resentment, indifferent, and even contempt" within the National Health Service which prompted public authorities to launch reform initiatives aimed at re-establishing compassion (Adams, 2012). Moreover, study groups with clinicians and patient advocates in Sub-Saharan Africa revealed a slew of shocking cases of maltreatment of patients and family members, ranging from disrespect to neglect and abuse (Frampton et al., 2013). As for Lebanon, in year 2020, the Evidence-Based

Healthcare Management (EBHM) unit at from the American University of Beirut Medical Center (AUBMC) assessed the training needs of managers including nurse managers. The managers identified knowledge and practice gaps in compassionate care. They highlighted this matter as the topic they need to develop their competence in during the EBHM ADDILLA program (EBHM Report, 2020).

Furthermore, studies show that higher levels of burnout among healthcare professionals is associated with lower levels of compassion and vice versa (Wilkinson et al., 2017). A study by Talih, Ajaltouni, and Farhood (2018), showed that 52.7% of burnout was detected among nurses as measured by the Burnout Measure Scale, carrying negative consequences to self and others. This is significant to AUBMC nurses as lack of compassionate care has negative impacts on the quality of care provided to the patients as well as the nurses' mental wellbeing. Therefore, it is crucial to incorporate compassion into the nursing practice as its importance cannot be underestimated to patients and caregivers.

D. Aims of the Project

The purpose of this project is to design a Compassion Care (CCP) program aiming at strengthening nurses' compassion, kindness, and empathy for oneself and others. The CCP program aims at strengthening both self -compassion and the delivery of compassionate care at AUBMC. The program design addresses elimination of barriers to the implementation of compassionate care while equipping nurses with related skills. The program is intended to be provided to nurses and nurse managers. This is vital in insuring commitment to the delivery of safe and high-quality compassionate care. The program includes a comprehensive plan of compassionate care

training for nurses by 1) nurturing innate compassion; 2) outlining key dimensions for compassion competence; and 3) learning workplace practices. An extra session will be devoted for nurse managers with a focus on their leadership in committing to the implementation and upholding of the new practice. Before describing the CCP, we must first understand the concept of compassion and compassionate care which will be highlighted in the following chapter.

CHAPTER II

LITERATURE REVIEW

Compassion is a virtue that is deemed necessary for nurses and supports the profession's larger than life scope (Coffey et al., 2019). Yet, the concepts of "*compassion*" and "*compassionate care*" according to nursing scholars are complex to define and are not widely promoted in everyday nursing practices (Pehlivan, 2020; Schantz, 2007). Nonetheless, they are identified as components of nursing excellence. Accordingly, the definition of compassion and compassionate care will be defined separately in the next section.

A. Defining Compassion

Throughout centuries, the concept of compassion was recognized in Eastern philosophical thought and was practiced in Buddhist traditions. Within Buddhism, compassion is viewed not only as an emotional response, but also as a rational and wise response rooted in an ethical framework that is dedicated to the selfless goal of alleviating others' suffering (Strauss et al, 2016). Similarly, Neff (2003) defined compassion as extending one's awareness to their suffering rather than avoiding or disconnecting from it, so that the feelings of kindness and desire to alleviate their suffering emerge. It also entails being understanding towards oneself in the face of apparent inadequacy or failure, rather than resorting to self-criticism (Neff, 2003). Many definitions also emphasize that self-compassion involves the ability to tolerate unpleasant feelings that arise in oneself as a result of seeing suffering. This includes

tolerating feelings of frustration, aversion, or rage that might be elicited by that suffering (Strauss et al., 2016).

Self-compassion is conceptualized under three core components: a) self-kindness vs self-criticism, b) common humanity vs isolation and c) mindfulness vs over identification (Neff, 2003). Each of the components is divided into two sub factors, a positive factor and a negative factor. The positive factor consists of self-kindness, common humanity, and mindfulness, while the negative factor entails self-judgment, isolation, and over-identification. Together, they form a six factor structure which is measured through the "Self-Compassion Scale" (Neff, 2003). For example, highly compassionate individuals are high on self-kindness, common humanity, and mindfulness, and low on self-judgment, isolation, and over-identification.

1. Self-kindness versus Self-judgment:

Self-kindness refers to offering empathy, warmth,and understanding towards oneself in moments of emotional pain and perceived failure (Neff, 2003). Theories and approaches like the humanistic psychology believe that individuals have the right to be appreciated, loved, and valued simply by existing, regardless of external aspects like physical appearance, social standing, or success (Barnard et al., 2011). In other words, the concept of self-kindness corresponds to unconditional positive regard (Barnard et al., 2011). On the other hand, self-judgment involves acting towards one's thoughts, feelings, and overall self-worth with criticism, hostility, and devaluation (Neff, 2003). For example, in a study where participants were asked to recollect an experience of personal failure, those who were highly self-critical displayed disgust and contempt for self (Whelton & Greenberg, 2005). As a result, self-judgment has been positively

correlated with negative outcomes such as rumination, procrastination, and lower progress (Dreisoerner et al., 2020).

2. Common humanity versus Isolation:

Common humanity refers to the conviction in the fallibility of human nature. Therefore, it evokes a sense of inter-connectedness, rather than separation, since mistakes and failures are part of being human (Neff, 2003). As individuals remind themselves that others have had similar experiences to theirs, they will have an increased sense of connectedness with others. Thus, they are reinforcing their sense of belonging and social identity as they forgive themselves for being fully human, limited and imperfect (Neff, 2003; Dreisoerner et al., 2020). On the other hand, isolation is a sense of being separated from others due to feelings of shame from one's flaws, failures, or inadequacies (Neff, 2003). Perceived feelings of failure and shame will lead individuals to hide their "true selves" as they fear rejection and further isolation (Barnard et al, 2011). How would this affect their health including mental health?

3. Mindfulness versus Over-identification:

Finally, mindfulness emphasizes being aware of, attending to, and accepting the present moment. It also involves observing and labelling arising thoughts and feelings whether positive or negative rather than reacting to them (Neff, 2003; Barnard et al, 2011). This is thought to allow one to truly learn and experience from the present without being distracted by self-criticism or rumination about the past or future (Neff, 2003). Over identification is the opposite pole of mindfulness, wherein individuals ruminate about their limitations, which results in the prevention of deep experiences of

the present moment (Neff, 2003; Barnard et al, 2011). Over-identifying individuals tend to magnify their failures to the point where nothing else matters. In severe cases, this might lead to avoidance, as in suppressing any painful experiences, emotions, or feelings, which can intensify negative feelings in the long-term (Dreisoerner et al., 2020).

Even though self-compassion is associated with sentiments of compassion and concern towards self, it is important to note that self-compassion should be distinguished from self-pity and self-centeredness. Self-compassion does not imply prioritizing one's own needs over those of others; rather, it stresses that suffering or failures are embedded in human nature, and worthiness of compassion should be equal to self and others (Neff, 2003).

B. Defining Compassionate Care

Nursing care is best embraced by an approach that involves both the artistic and scientific dimensions. The terms *nursing* and *caring* share a grounded relationship (Jasmine, 2009). Hence, caring is the art and essence of nursing, the nursing identity, as well as the interaction process in nursing. Caring is an empathetic exchange between the caregiver and the receiver that is conceptually tied to nursing (Jasmine, 2009). It is important to note that the art of nursing should not be considered less valuable than the science of nursing as nurses who can achieve a balance between both are considered the most competent (Pehlivan, 2020). Compassion is a key component of nursing where Roach (2002) included it as one of the "Six *C's of Caring (Compassion, Competence, Confidence, conscience, Commitment, and Comportment)*. Roach also defined compassionate care as immersing oneself in another's suffering, brokenness, fear, and

misery, even if the other is a stranger. However, although the term compassion has been acknowledged as a subset of caring and has been described as caring's essence, compassion has a unique feature of both sharing and alleviating others' suffering (Youas et al., 2019).

Compassionate nurses are characterized by being kind, genuine, and empathetic with their patients (Lee et al.,2016). However, compassion is not restricted to sympathetic and empathetic behaviours that reflects an understanding and feeling of patients in difficult situations, but also requires both behaviours along with a willingness to relieve patient's suffering (Pehlivan, 2020; Sinclair et al., 2017). This involves various skills and competencies such as employing excellent communication skills, respect, and exhibiting overall professionalism (Lown, et al., 2011). Most importantly, compassionate care necessitates a thorough awareness of a patient's physical, spiritual, and emotional difficulties in order to respond appropriately---feeling for and doing for (Sinclair et al,.2017). Additionally, Lown et al., (2011) emphasized the fundamental characteristics of compassionate care such as including patients as well as families in decision making, while viewing patients as persons deserving respect. As such, compassionate care is marked by recognizing patients' distress, relating to patients' distress, and acting on relieving the distress (Sinclair et al., 2017).

C. Training Compassionate Care

According to several reviews, compassion is not an inherent trait that individuals acquire. Individuals have the same potential to be compassionate and joyful as being damaging and unhappy (Schantz, 2007). It is a matter of personal preference as compassion is a quality that can be developed in all of us (Shea et al., 2016). Although

frontline nurses have a key role in delivering compassionate care, leaders can play a role in leading the delivery of compassionate care, and supporting staff in learning and providing compassionate care (Bridges & Fuller, 2014). As such, several ongoing initiatives have indicated that compassion can be taught and reinforced among nurses and nurse leaders. For example, a program which was designed by Dewar et al (2014) for nurses and nurse leaders aiming at enhancing the delivery of compassionate care, the program enabled nurses to reflect on their care and discuss strategies in order to improve the delivery of compassionate care. Another example includes the initiative of a Compassionate Care Leadership Program by Saab et al (2019) in the United Kingdom which was designed for nurse leaders. As a result, 80% of nurse leaders reported an increase in their learning and motivation to lead in a compassionate care delivery (Saab et al., 2019).

In addition, several factors can also explain the success of compassionate training programs that are based on nurses' and patients' feedback.

Form a nurses' perspective, a realist review has proposed that compassionate training may promote compassionate healthcare practice (Sinclair et al., 2020). However, it must include several fundamental measures that are based on perspective of the healthcare providers, nurses, and nursing students' perspectives. This inclusion tends to equip nurses with the skills to deliver compassionate care. The measures include workplace-based learning, institutional participation and engagement, and adopting a multimodal approach. Moreover, compassionate training is effective when it includes self-compassion, salient teaching methods such as person-centred communication skills, reflective practices, and compassionate role modelling (Sinclair et al., 2020).

As to patients' perspective, even though several studies and theoretical articles have reported on healthcare providers' perspectives and teaching methods related to compassionate care, nevertheless patients' perspective on training healthcare professionals in compassion remains essential (Sinclair et al., 2016). Qualitative research was conducted by Sinclair et al., (2016) to obtain an in-depth understanding of compassion training from the perspective of 53 hospitalized cancer patients. The patients described compassion as an innate quality that can be enhanced by experiential learning and reflective practices. Participants also suggested forming an interpersonal relationship with patients, viewing the patient as a person, and fostering a human connection as important theme of compassion. Moreover, teaching methods that the participants recommended within the training of compassion involved effective communication, patient- centred care, role modeling, and self-reflection exercises (Sinclair et al., 2016).

However, patients insisted on mirroring compassionate behaviours as the best approach. For that reason, it is essential to train the registered nurses first in compassionate care as this will enhance their professional development (Sinclair et al., 2016). For example, shadowing or learning from compassionate role models has the ability to have an exponential and transformative influence on students. Thus, trainees are able to learn and emulate exemplary practices and critically evaluate parts of their compassionate clinical practice that may be underdeveloped (Sinclair et al., 2016). Although compassionate care training can be implemented. Nevertheless, a challenging obstacle in providing compassionate care is nurses' burnout.

D. Burnout of Nurses and Compassionate Care

The World Health Organization (WHO) recently adopted Maslach's definition of burnout who defines it as a syndrome resulting from occupational stress that has not been effectively managed. The syndrome involves three aspects 1) emotional exhaustion, 2) depersonalization, and 3) low personal accomplishment. Emotional exhaustion reflects being emotionally overextended to deal with work. Depersonalization reflects a detachment or impersonal response towards those receiving care (e.g., patients). Reduced personal accomplishment refers to sentiments of inadequacy and underachievement in one's work with people (Maslach et al., 2016). Although burnout may occur in a variety of settings among people, it has been reported to be more prevalent among healthcare workers, especially nurses (Dyrbye et al., 2017).

Burnout can result in negative consequences on several levels including the healthcare workers' wellbeing, the patients, the organization at large as well as the ability to deliver compassionate care (Lown et al., 2019). At the level of the worker, those who experience burnout report insomnia, depressive symptoms, use of psychotropic and antidepressant medications, hospitalization for mental disorders, substance abuse and psychosomatic symptoms (Salvagioni et al., 2017). Depersonalization, a component of burnout, may be harmful to the patient-provider relationship. Burnout can impair cognitive functioning, resulting in poorer patient safety and outcomes (Waddill, 2018). On the level of the organization, burnout has been associated with poor job performance, decreased productivity, increased absenteeism, and higher staff turnover, leading to increased cost for the organization (Waddill, 2018; Hashem & Zeinoun, 2020). Most importantly, burnout can be associated with decreased compassionate care (Thomas, 2013). Emotionally exhausted healthcare workers are far

less able to empathize with patients and to depersonalise their concern, resulting in undesirable outcomes and lower quality of care (Thomas, 2013). A study found a relationship between burnout in mental health staff and patient satisfaction, with emotional exhaustion having the most influence (Garman et al., 2002). This is explained by Firth-Cozens and Cornwell (2009) standpoint that depersonalisation can reduce compassion towards patients, as it entails emotional detachment and a decrease of one's empathy towards patients. On the other hand, compassion training can limit the negative impact of burnout while simultaneously strengthening the delivery of compassionate care.

E. Psychological Outcomes of Compassion

As discussed before, self-compassion integrates the concepts of mindfulness, self-kindness, and common humanity (Neff, 2003). Such concepts have a consistent association with positive behavioural change such as having the ability to cope with a range of distressful events including failure (Atkinson et al., 2017). People who have a higher level of self-compassion are less prone to suppress negative thoughts and feelings, and they are more willing to acknowledge their feelings as important and valid. Individuals having higher levels of self-compassion have lower negative response to negative experiences (Atkinson et al., 2017). Thus, self-compassion counterbalances the negative feelings that arise as a result of distressful experiences, allowing for more balanced and positive mindset. Such factors might reflect the reason behind the association between self-compassion and positive psychological behaviours like emotional satisfaction, emotional intelligence, social connectedness (Atkinson et al.,

2017). This is evident in a pilot study where findings indicated trends for greater social connectedness after completing a Mindful-Self-Compassion program (Bluth et al.2016).

Recently, studies have examined the association between self-compassion and burnout. A study designed by Atkinson et al., (2017) to examine the relationship between burnout, depression, and self-compassion in 128 mental health staff, showed that self-compassion was the strongest predictor of burnout. Self-compassion was found to be [significantly?] associated with resilience to burnout. Alternatively, lower levels of self-compassion may have a downstream effect of higher levels of burnout. Moreover, compassion was found to be related to burnout in a study of 90 nurses in two major Lebanese hospitals. The study indicated that self-compassion can predict lower level of burnout (Hashem & Zeinoun, 2020).

F. Benefits of Compassionate Care for Patients:

Compassionate care empowers nurses to determine patients' needs and promote appropriate nursing care (Sharp et al., 2016). It was shown that paying attention to patients' needs, fostering patient- nurse relationships, and attempting to find solutions by conquering challenges all had a positive impact on the clinical care (Sharp et al., 2016). Compassionate nurses give importance to small significant actions that they view as part of their duties. However, as these seemingly little actions seem ordinary, they impact the lives of patients and improve their care outcomes (Papadopoulos and Ali, 2016). For example, being diagnosed with breast cancer and then undergoing a mastectomy procedure can be distressing and terrifying for the patients. However, compassionate nursing care can promote the patient's recovery after surgery not just physically, but also emotionally and psychologically (Weaver, 2007). Moreover,

compassionate communication between nurses and patients has been proven to have a strong impact on patient outcomes such glycemic control, pain management, and life quality for cancer patients (Pehlivan, 2020). As a result, without a compassionate nurse-patient relationship, patients would not engage in their own care, but would instead be passive recipients of nursing care (Sharp et al., 2016). With that being said, the delivery of compassionate care is hindered by several barriers including inadequate leadership, intense workload, and more importantly absence of compassionate training.

G. Compassionate Care Barriers

While healthcare providers are expected to provide compassionate care, several barriers have been identified which affect their ability to do so. Identifying the barriers to providing compassionate nursing care would guide nurses to adopt appropriate and effective training methods. It has been shown that work-related factors are commonly cited as barriers that hinder the provision of compassionate care (Pehlivan, 2020).

In a study conducted by Babaei and Taleghani (2019), it was found that the organizational inattention to the needs of the nurse was a major barrier to compassionate care. Nurses stated that the ignorance at the work place and the insufficient support by the leaders and administrators reduced nurses' willingness to provide compassionate care. Also, nurses mentioned that such compassionate care trainings have not been provided to adequately equip them for compassionate-based care. *"The concept of compassion has never been taught to us, not in the university and not in the faculty. I might be intrinsically kind, but, since it is not my duty to be kind, I do not pay much attention to it…"(N12)* (Babaei & Taleghani, 2019). Another study identified several factors that hinder compassionate care by nurses. These factors

include not viewing compassionate care as a real job and not viewing it as fundamental in the clinical practice. Other preventative factors identified in the same study were having difficult teammates, lack of peer support, ineffective leadership, and institutional support (Jones et el., 2016).

The lack of a role model for nurses contributed significantly to the lack of compassion and empathy in nursing practice. Nurses mentioned that colleagues' inadequate engagement and passionless behaviour at work might be a significant impediment to a compassionate-based delivery. *"We had some experienced nurses who were like this all the time and always answered the patients indifferently and lethargically; it feels like I have been infected with indifference too.."* (N4) (Babaei & Taleghani, 2019).

The dominant culture in nursing focuses on routines, which enforce predetermined work rather than providing a unique and compassionate care. Nurses tend to deliver care based on physicians' orders instead of providing holistic care due to the heavy workload, time constraints, and lack of understanding of their professional roles (Babaei & Taleghani, 2019; Papadopoulos et al., 2017). *"We only have time to take the vital signs and give patients' drugs in one shift.., and managers do not expect anything else from us..."* (N8) (Babaei & Taleghani, (2019). Thus, managers have a vital role in establishing compassion-based care for patients. They have the authority to focus on providing an acceptable environment and specific compassion- based care principles for nurses (Babaei & Taleghani, 2019).

H. Nurses Role for The Delivery of Compassionate Care

Nurses have a significant role in designing, implementing, and delivering compassionate care in their field of work. This can be delivered through cultivating self-compassion, displaying Compassionate communication skills, being emotionally resonant, knowing the patient behind the disease, and involving patients and families in the care.

Cultivating self-compassion: As discussed before, literature has determined that self-compassion is inversely associated with burnout and is positively associated in providing compassionate care (Atkinson et al., 2017). Therefore, in order to provide compassionate care, nurses need to be compassionate to themselves first. Accordingly, nurses should treat themselves as a good friend during difficult times (Barratt, 2017). This can be achieved through adapting the three core components of self-compassion and integrating them into the nursing role. Self-kindness, mindfulness, and common humanity can be achieved through offering oneself with kindness in words and behaviours rather than harshly criticizing oneself; being aware and accepting one's experience of difficulty instead of avoiding or ruminating on it; and understanding that failure or suffering are part of being human rather than being isolated or alone, respectively (Neff, 2003). As such, several skills can be applied to alleviate stress and burnout while also increasing nurses job satisfaction. These skills consist of strategies for managing difficult feelings with mindful awareness, kind self-talk and physical gestures, as well as approaches for dealing with emotional distress that arises when witnessing patients suffering (Barratt, 2017).

Displaying Compassionate Communication skills: Compassion promotes nurses in developing a therapeutic alliance. This is based on behaviours associated with

effective communication skills, both of which improve patient outcomes (Pehlivan, 2020). The literature emphasized on attitudes of authenticity, respect, and empathy in the context of compassion, all of which incorporates effective communication skills that will ease nurses to support patients, families, and each other. Behaviours that display effective communication usually involve being able to listen and respond to others, being comfortable in silence, acknowledging the emotions of others, and containing the emotions of oneself. This can also be achieved through verbal and nonverbal behaviour patterns. Verbal compassionate behaviours involve sharing information to the patient, providing patients with time and opportunity to ask questions, and setting up an inquiry regarding their unmet needs. Whereas non-verbal compassionate behaviours involve maintaining eye contact, attentive active listening, and facial expressions that are congruent with the conversation's topic which goes a long way in establishing rapport (Pehlivan, 2020). Although compassionate communication is valuable for both nurses and patients once mastered, as patients are better oriented and prepared emotionally for their treatment plan (Pehlivan, 2020).

Being Emotionally Resonant: emotional resonance must be cultivated in order for a relationship to be considered compassionate. It requires nurses to not only relate to and put themselves in "patient's shoes", but also to actively seek to comprehend the patient in an ongoing and proactive manner (Sinclair et al., 2016). Emotional resonance includes several behaviours such as holding the hand of a frightened patient during a procedure; providing relief to a patient while discussing treatment options; and collaborating with the doctors on whether to abstain from excessive tests when not needed (Pehlivan, 2020).

Knowing the Patient Behind the Disease: Another important point in building a relationship with patients within the context of compassion is seeing the patient behind the diagnosis rather than treating them as an object, number, or a disease. This means a great effort is needed for nurses to acknowledge and address patients' holistic concerns which involve emotional, social, and spiritual needs (Sinclair et al., 2016). Approaches for such behaviours include considering what the patient wants as a number one priority. Also, conducting a brief interview with the patients is another approach in order to learn what is important to them and to use the information during their care (Pehlivan, 2020).

Involving patients and families in care: The patient-centred approach promotes patients' as well as relatives' decision-making in reaching care outcomes through establishing patients' and relatives' preferences and values (Pehlivan, 2020). While patients want to be involved in decision making regarding their own health, families also demand a say in these decisions (Pehlivan, 2020). One of the most essential aspects of compassionate care is including patients and families in care. It is essential to keep patients and families updated about their care, to suggest them options regarding their care, and to ask them about their opinion (Dewar & Nolan, 2013).

Hence, the definitions of self-compassion and compassionate care indicate that they possess and reinforce positive qualities in nurses. In addition, compassionate training is significant in its role to prepare the nurses and to equip them with adequate knowledge and skills to provide competent compassionate care. The training design should focus on leadership, team work, and appropriate teaching methods. The implementation of the training has several benefits most importantly on decreasing the negative consequences of burnout on nurses as well as enhancing the delivery of

compassionate care. Accordingly, the design and implementation of this program will be discussed in the following chapter.

CHAPTER III

DEVELOPMENT OF THE PROGRAM

In this chapter, the compassionate care training program is described in terms of design, implementation, and content. The development of the program is based on the teaching philosophy including the workplace learning and experiential learning theories, and contemplative practices as described in the next section.

A. Teaching Philosophy

The CPP is based on workplace learning theory which is supplemented by both experiential learning and contemplative practices. This combined approach is theorised for the utmost learning outcomes rather relying on classroom training alone (Bridges & Fuller, 2014). Thus, the combination of theories is hypothesized to foster participant's experiences of awareness and connectedness with their compassionate nature as well as the ability to learn deeply and have more significant practice change.

The program will focus on work-based opportunities for the development of shared objectives, mutual support, reflective learning and role modelling for all team members on an individual and group level (Bridges & Fuller, 2014). As such, participants should be able to engage, share, and learn from their experiences in order to embed compassionate approaches in staff and practice. The majority of learning activities are incorporated into the working day in order to promote real time reflective learning and to draw on skills, experiences, and assistances as resources (Sinclair et al., 2020).

The program will also involve experiential learning practices such as role plays and patient story telling. Such strategies are important in developing empathetic skills as well as acquiring decision making in a realistic environment. Moreover, group discussions including briefing and debriefing with program facilitators is also essential where learners have the opportunity to discuss and associate their own experience and actively participate with each other (Sinclair et al.,2020). Another important method is reflective practice where learners will engage in self-reflective exercises which will invite them to position themselves in patient's situation. In turn, they will focus on their personal values and beliefs which are associated to pain, death, and distress (Guastello & Frampon, 2014).

In addition, the program will employ a set of contemplative practices designed to help participants experience a deep and enduring capacity for unconditional care which is deeply healing and sustaining (Guastello & Frampon, 2014). This will allow them to be fully present to self and others and will protect them from stress and burnout. As a result, the practices highlight the participants need to experience themselves as objects of care and compassion so that they can extend care and compassion to patients. The retreat will consist of progressive guided meditations and explanations of the three core components of self-compassion. (Guastello & Frampon, 2014).

B. Design and Implementation of the Program

In this section, I describe the design of the training program and its implementation including target population, learning outcomes, and content delivery method. The design is based upon the mentioned above teaching philosophy.

This design is based on relevant training programs for nurses and leaders which have been proven effective. The program will be held over two months period. The first month includes sessions about learning self -compassion and identifying the core attributes as well as the skills needed to deliver it. The second month includes weekly follow up meetings.

The program will target all registered nurses and nurse managers working in all units at the American University of Beirut Medical Center (AUBMC). However, the first time this program is implemented, it needs to be piloted on a few units first, then improved based on feedback to be rolled over to other units. As such, the target population for the pilot phase are nurses and nurse managers of the critical care areas.

The CPP operates at two key levels that consist of registered nurses and nurse managers. The first three sessions will be held for both registered nurses and nurse managers together with an aim to develop team capacity in order to facilitate compassionate care. And an extra session will be devoted to nurse managers with a focus on their leadership skills in order to enhance their position to lead and reinforce the desired practice.

The implementation of the program will be done during the first month, but it is designed to lead to long term changes. In order to maintain the knowledge from compassionate training, continuous learning and sharing information with co-workers is essential. Thus, the second month will employ meetings with both registered nurses and nurse managers emphasizing reflection on barriers to compassionate care as well as strategies for identifying and minimising these barriers. Goals that are met will be reinforced while those that are not met will be focused on in another weekly follow up meetings.

1. Learning outcomes

After the completion of the program, registered nurses will be expected to:

1. Cultivate compassion for oneself and others.
2. Acquire strategies for managing when compassion is challenging.
3. Increase nurses' knowledge, understanding, and application of competence in compassion.

The Nurse managers will be expected to:

1. Understand oneself as leader, implement change, and support peer learning.
2. Gain confidence to lead a compassionate care delivery

2. Delivery method:

Upon registration for the sessions, the program will be delivered in-person in order to promote team-building and human connections. It will be led by a trained Psychiatrist Mental Health Clinical Nurse Specialist (CNS) and will be facilitated in collaboration with the Clinical and Professional Development Center (CPDC). The sessions will be done in 4 weeks, 2-3 hours per week.

A mixture of learning activities will be used such as PowerPoint presentations, guided meditation, sharing of inspirational stories, role plays, cluster and reflective discussions. The following month will include weekly 1 hour follow up meetings in each unit which will be held in hospital conference rooms to include discussions with both nurses and nurse managers together.

C. Program Content:

The first week includes strategies and practices for cultivating self-compassion which can be adopted as a daily practice. The second week involves knowing and practicing key dimensions for compassion competence. Finally, the third week includes preparing nurses for the workplace elements that include cluster and reflective discussions. The course content will be shared with nurse managers prior to course delivery and a session will be held during the fourth week to encourage a focus on issues related to manager's role in supporting the delivery of compassionate care. They include reinforcing team values and valuing staff, enhancing team capacity for compassionate care, and providing opportunities to nurses for discussion and involvement in decision-making.

Below is a table summarizing the titles, contents, and instructional approaches of the sessions with their corresponding outcomes.

Session/week	**Target Population**	**Title of the Session**	**Instructional Approaches and content**	**Learning Outcomes**
Session 1/ Week 1	Registered Nurses and Nurse Managers	Cultivating Self-Compassion	PowerPoint presentation: Self-compassion and its core components. This will be Followed by in class worksheets activities (appendix E) and mindfulness meditation (appendix F)	-Understand Self-Compassion and its core component -Cultivate compassion for themselves and others - Practice daily compassion practices in order to decrease burnout and stress
Session 2/ Week 2	Registered Nurses and Nurse Managers	Key Dimensions for Compassion Competence	PowerPoint presentation on four major themes: knowing the patient, being emotionally resonant, establishing involvement and understanding, displaying compassionate communication skills.	-Understand the importance of seeing the patient behind the diagnosis. -Understand how to build a genuine rapport between the patient and themselves - Display effective communication skills

			This will be followed by role plays and patient storytelling (appendix G)	-Clarify how compassion contributes to non-judgmental and equal care
Session 3/ week 3	Registered Nurses and Nurse Managers	Workplace Practices	PowerPoint presentation on the Importance and strategies to build compassionate teams. This will be followed by in class cluster and reflective discussions.	-Enhance their ability to engage in reflective practices. - Recognize their active role in their personal and team learning journey -Critically reflect on caring and supporting each other
Session 4/ week 4	Nurse Managers	Compassionate Leadership	PowerPoint presentation on the significance if compassionate care and the leaders' role in supporting its delivery	-Develop an understanding of team learning plan. -Build a relationship in the team. -Explore and develop their leadership role for the delivery of compassionate care

CHAPTER IV

EVALUATION AND CONCLUSION

This chapter includes a description of the evaluation plan of the program with a conclusion and recommendations for implementation and follow up. The evaluation tools will include Self-Compassion Scale, the 12-item Schwartz Center Compassionate Scale, and Sinclair Compassion Questionnaire which are reliable and valid tools for evaluating self, others, and the program as a whole. Furthermore, there are several recommendations that must be implemented for the program to succeed which include piloting in critical areas, applying 360-degree feedback, integrating train-the trainer model, and finally addressing the budgeting concerns with the CPDC.

A. Evaluation Plan

The evaluation plan of this program will assess three complementary outcomes: the nurses' reported ability to have and show compassion, patients' and family members' reported evaluation of compassionate care, and course evaluation.

1. Evaluating Nurses' Compassion

The nurse's evaluation consists of evaluating self-compassion as well as their ability to provide compassionate care. The self-compassion evaluation will use the self-compassion scale (SCS) (see appendix H), which is a self-reported instrument that is valid and extensively used in research in measuring self-compassion (Neff, 2015). The scale consists of six subfactors that will measure an individual's total level of compassion. Statements on the self-compassion scale are scored on a likert scale of 1 to 5. The scores are based on items representing compassionate responses (kindness,

mindfulness, and common humanity) versus uncompassionate responses (self-judgment, isolation, and over-identification). In addition, the delivery of compassionate care will be evaluated using the 12-item Schwartz Center Compassionate Scale (see appendix I) of a proven excellent internal consistency and test-retest reliability (Rodriguez & Lown, 2019). The scale consists of 12 questions related to understanding and discussing emotional, contextual issues and the needs of the patients and families. Both scales will be used to assess and evaluate the nurses' compassion to self and others at baseline 1 month before the intervention and after the completion of the program.

2. Evaluating Patients' Received Compassionate Care

Measuring patients' and families' evaluation of received compassion is important in evaluating the performance of the nurses, which can enable nurse managers to adopt more effective strategies to promote and enhance its delivery. Therefore, the Sinclair Compassion Questionnaire (SCQ) will be used as it is considered as the gold standard for evaluating received compassion of patients (Sinclair et al., 2021). The SCQ is a 15-item measure of received compassion such as feeling cared of, being seen as a person, and having a warming presence (Sinclair et al., 2021). The questionnaire is also easy to use and could be completed in a short duration. It will be anonymous and will also be translated to Arabic, the language of most patients in order to enhance understanding and to avoid language barriers. Worth mentioning that the Arabic version would be tested through the patient affairs office, specifically patient education unit for the level of the Arabic language. It has been their practice for over 15 years that the patient education unit test translated patient teaching leaflets with people who read and

write only. The nurse manager of each ward will distribute the forms to the patients prior to transfer or discharge.

3. Program's Evaluation:

At the end of the program, registered nurses and nurse managers are required to answer a questionnaire composed of a 4-point Likert scale questionnaire (see appendix J). It will be distributed at the end of the program by the APN. The questionnaire items will include general questions about the delivery approach, program's outcomes, and clarity of the information. For example, the program met the expectations, the material is believed to improve the quality of care of the nurses, and the sessions increased the knowledge about compassion.

The data from the evaluations will be analysed by the CPDC team and the feedback and information will be used to improve the program.

B. Conclusion

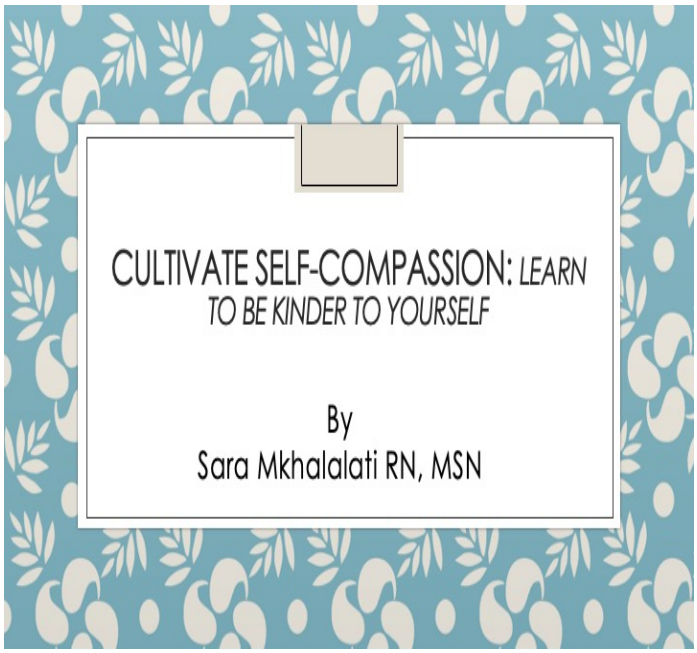
Compassion is the heart and essence of nursing care. The aim of the CPP program is to enable nurses and nurse managers to lead change and to better understand their compassion towards themselves as well as to colleagues, patients, and their families. Compassionate training can have a wide impact on healthcare by exposing nurses and nurse managers to the crucial humanistic values in the nursing profession. Even though it has many challenges, nevertheless a holistic and effective compassionate training program applied at AUBMC can lead to an improvement in compassionate care

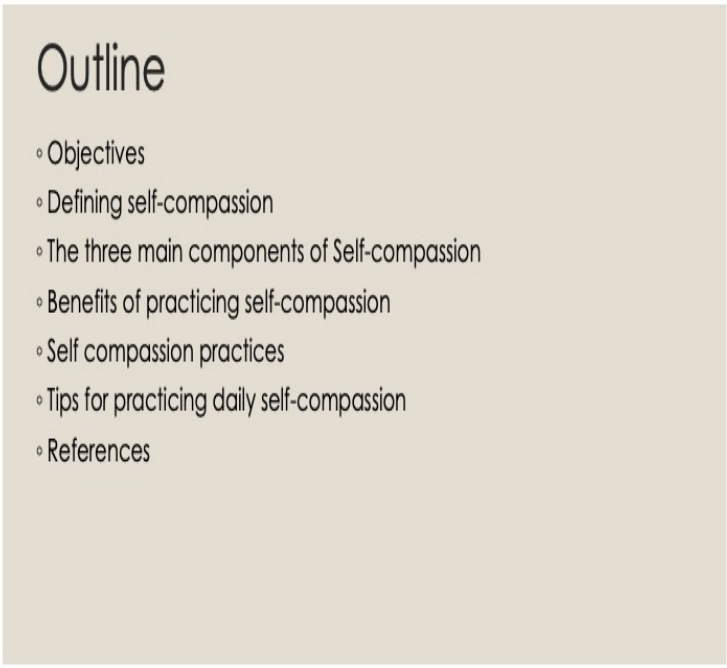
as well as a decrease in burnout which will be beneficial to the nurses, patients, and the organization as a whole.

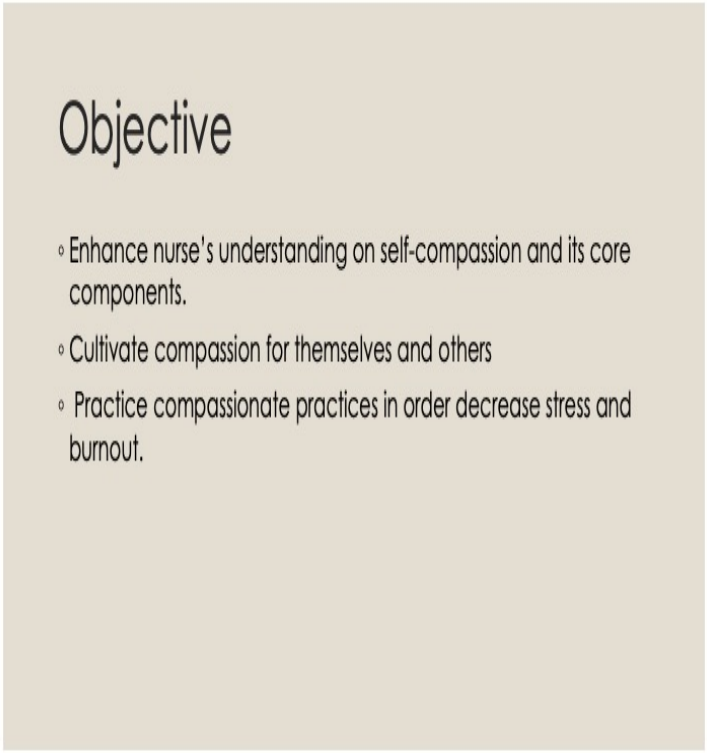
C. Recommendations

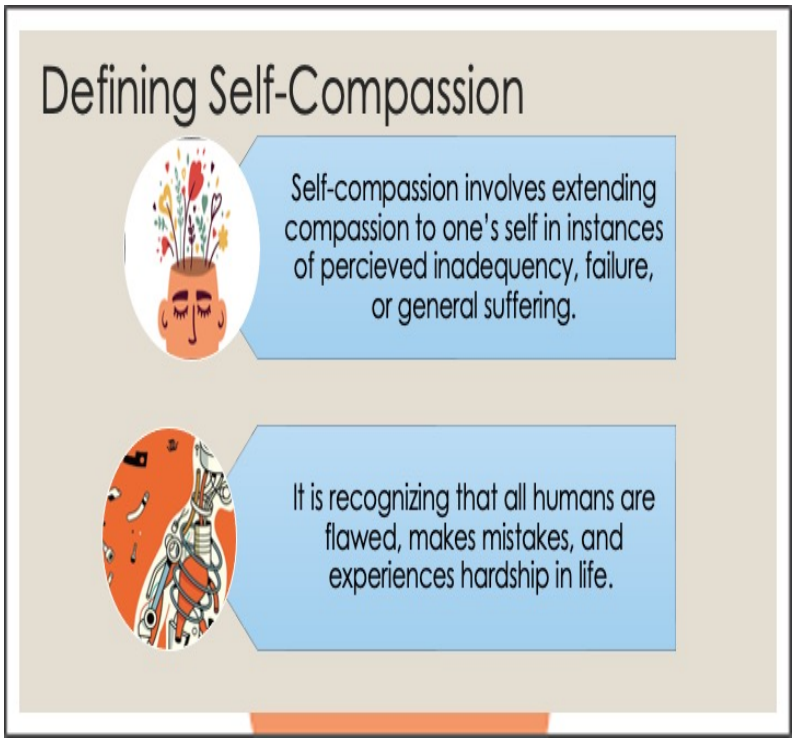
In order for the CPP to be delivered efficiently and adequately, it should be first piloted in Critical Care Units (CCU, RCU, NCU, ICU) for evaluation and areas of improvement. The feedback will provide significant data on ways to strengthen and improve areas in the program that may not be applicable on the units. In addition, the CPP should be circulated in other services where a 360-degree feedback is done including nurses, nurse managers, leaders, and patients. Furthermore, train- the-trainer model should be applied to CNS volunteers who wish to give the sessions to provide assisstance and to continue training the sessions in case of departure of any of the trainers. This will provide more security and a variety of options for trainers to be included in the CPP. As for budgeting, the CPDC budget for training should finance the program at AUBMC. And finally, the CCP should be included in the orientation process of new nurses at AUBMC and followed up with yearly reinforcements in order to provide the new nurses with the proper knowledge and techniques needed to provide compassionate care at an early stage. This will allow them to have adequate time to harness the skills and improve their delivery of compassionate care.

APPENDIX A


CULTIVATE SELF-COMPASSION: LEARN TO BE KINDER TO YOURSELF
By
Sara Mkhalalati RN, MSN


Outline
◦ Objectives
◦ Defining self-compassion
◦ The three main components of Self-compassion
◦ Benefits of practicing self-compassion
◦ Self compassion practices
◦ Tips for practicing daily self-compassion
◦ References


Objective
◦ Enhance nurse's understanding on self-compassion and its core components.
◦ Cultivate compassion for themselves and others
◦ Practice compassionate practices in order decrease stress and burnout.


Defining Self-Compassion
Self-compassion involves extending compassion to one's self in instances of percieved inadequency, failure, or general suffering.
It is recognizing that all humans are flawed, makes mistakes, and experiences hardship in life.

The three main components of self-compassion

The three main components of self-compassion cont'd

Mindfulness vs. overidentification

Being aware of the physical, emotional, or mental pain of the moment without being judgmental or over-reacting

Self-kindness vs. self judgment

Being supportive and understanding towards ourselves when we're having a hard time rather than being self-critical

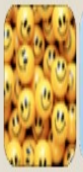
Common humanity vs. isolation

Remembering that everyone makes mistakes and experiences difficulties at times.

We are not alone!

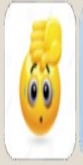
Benefits of practicing self-compassion

Research shows that people who are more self-compassionate are:



Happier:

practicing self-compassion leads to more happiness, optimism, gratitude and better relationships with others



Less stressed:

Self-compassion is a powerful antidote to the self-criticism and perfectionistic thinking that can lead to stress, anxiety, and depression

more resilient:

Self-compassionate people bounce back more easily from set-backs and learn from their mistakes.

Self-compassion practices

1. Using Physical Touch and kind words to oneself
2. Mindfulness practices
3. Growth mindset employment
4. Gratitude expression
5. Use of Affirmations to Challenge Inner Critic

1. Physical Touch and kind words to oneself

Kind words

- When facing a difficult situation, say to oneself in a gentle voice:
  1. It is difficult
  2. It is a normal part of life, suffering is a normal part of life.
- Put a sticky note near your desk or in your wallet with a message reminding you to be gentle and kind with yourself

Physical touch

- Place one hand on the top of other forearm during an exhausting meeting or in the middle of a difficult situation
- Soothe and comfort yourself for having a difficult emotion

2. Mindfulness practices

2. Mindfulness practices cont'd

Pay attention

- Take your time to experience the surrounding with all of your sense—touch, sound, sight, smell, and taste. For example, when you eat a favorite food, take the time to smell, taste and truly enjoy it

Live in the moment

- Try to intentionally bring an open, accepting and discerning attention to everything you do. Find joy in simple pleasures

Accept yourself

- Treat yourself the way you would treat a good friend

2. Mindfulness practices cont'd

Focus on your breathing

- When you have negative thoughts, try to sit down, take a deep breath and close your eyes. Focus on your breath as it moves in and out of your body. Sitting and breathing for even just a minute can help.

Walking meditation

- find a quiet place, and begin to walk slowly. Focus on the experience of walking, being aware of the sensations of standing and the subtle movements that keep your balance. When you reach the end of your path, turn and continue walking, maintaining awareness of your sensations.

3.Growth mindset employment

Do you view challenges as impossible obstacles or as opportunities to grow? Employing a growth mindset is more helpful.

4. Gratitude expression

-Feeling gratitude is essential. Rather than wishing for what we do not have, there is strength in appreciating what we do have, right now.

-one can choose to express gratitude through different approaches such as:

1.Writing a gratitude journal.

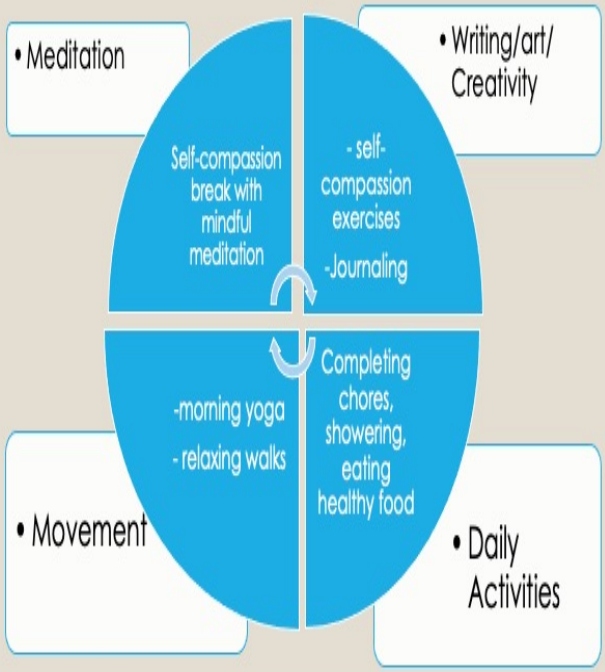
2. Go for gratitude walks.

5.Use of Affirmations to Challenge Inner Critic

Replacing negative automatic thoughts with self-compassionate internal dialogue helps us deal with our Inner Critic, replacing it with empathetic self-directed talk. Below are examples of affirmations to practice:

- I accept the best and worst aspects of who I am.
- Changing is never simple but it's easier if I stop being hard on myself.
- My mistakes just show that I'm growing and learning.
- It's okay to make mistakes and forgive myself.
- I am free to let go of others' judgments.
- I deserve compassion, tenderness, and empathy from myself.
- Every day is a new opportunity. I won't let self-doubt or judgment hold me back from the future.
- I forgive myself and accept my flaws because nobody is perfect.
- I'm not the first person to have felt this way, and I won't be the last, but I'm growing.

Tips for practicing daily self-compassion



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APPENDIX B

KEY DIMENSIONS FOR COMPASSIONATE COMPETENCE

BY
SARA MKHALALATI, RN, MSN

OUTLINE

- Defining compassion
- Importance of compassionate care
- Key dimensions for compassionate care

1. Knowing the patient
2. Effective communication skills
3. Involving patients and family members into the care
4. Demostrating emotional resonance

- References

OUTLINE

- Understand the importance of seeing the patient behind the diagnosis rather than treating them as an object, number, or a disease.
- Understand how to build a genuine rapport between the patients and themselves.
- Display effective communication skills
- Clarify how compassion contributes to a non-judgemental and equal care.

DEFINING COMPASSION

DEFINING COMPASSION CONT'D

Providing compassion is split into two main areas:

1. Instrumental caring includes essential medical skills and expertise.

2. Demonstrative caring involves responding to patient's emotional needs

If nurses are to truly provide care for their patients this must also include compassion, otherwise the care will be incomplete and lacking

IMPORTANCE OF COMPASSIONATE CARE

- The nursing literature explained that compassionate care would empower nurses to determine patients' needs and clarify how it promotes to appropriate nursing care.
- compassionate nurses give importance to small significant actions that they view as part of their duties. However; as these seemingly little actions seem ordinary, they impact on the lives of patients and improve their care outcomes.

KEY DIMENSIONS FOR COMPASSIONATE CARE

1. KNOWING THE PATIENT BEHIND THE DISEASES ("SEE WHO I AM"),

Patients value nurse's knowledge of their individual likes and dislikes, and this helps in rating their experience as excellence in care.

Knowing the patient involves:

- Treating the patient as a person
- Avoiding stereotyping or patronizing
- Apologizing for mistakes
- Keeping promises
- Respecting the patients

1. KNOWING THE PATIENT BEHIND THE DISEASES ("SEE WHO I AM"), CONT'D

- Common questions to ask:
  - What would you like staff to call you?
  - Is there anything that is worrying you?
  - What is important to you while you are in the hospital?
  - Who are the people closest to you, and who do you want us to communicate with?
  - What are your thoughts and feelings about being in the hospital?

2. EFFECTIVE COMMUNICATION SKILLS

Effective communication between nurses and patients has been proven in studies to

have a strong impact on patient outcomes

Such as glycemic control, pain management, and enhanced quality of life.

4. EMOTIONAL RESONANCE

- Emotional resonance is fundemental to building trusting and effective relationship with patients.
- it requires nurses to not only relate to and put themselve in "patient's shoes", but also to actively seek to comprehend the patient in an ongoing and proactive manner.

4. DEMONSTRATING EMOTIONAL RESONANCE

Empathetic listening

1. Read emotions
2. Withhold judgment

Empatheti c displaying

1. Understand patient's emotions e.g.:" it can be stressful to wait for your blood tests"
2. Support the patient e.g:"I will let you know about the test results as soon as I have them"
3. Be curious e.g.:"is there something else on your mind that bothers you?"

of condescending pet names like " sweetie" or "honey".

- Speak in clear and complete sentences.

which are congruent with the conversation's topic.

respectfully. Instead of justifying why they are not getting the attention or care they want, simply apologize and reassure them that you will take care of their needs.

- Set boundaries: set limits for difficult patients who make unreasonable demands.

multidisciplinary rounds to discuss concerns, care plans, and encourage them to participate.

-when making clinical decisions, consider individual patient values along with possible language barriers, cultural issues, and other factors.

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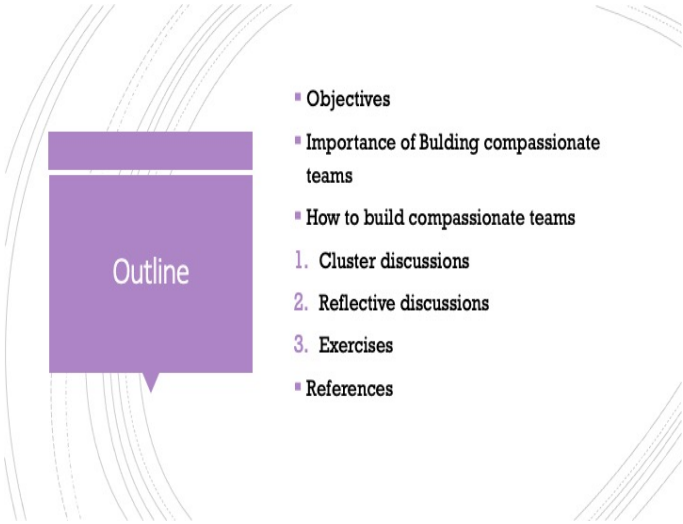
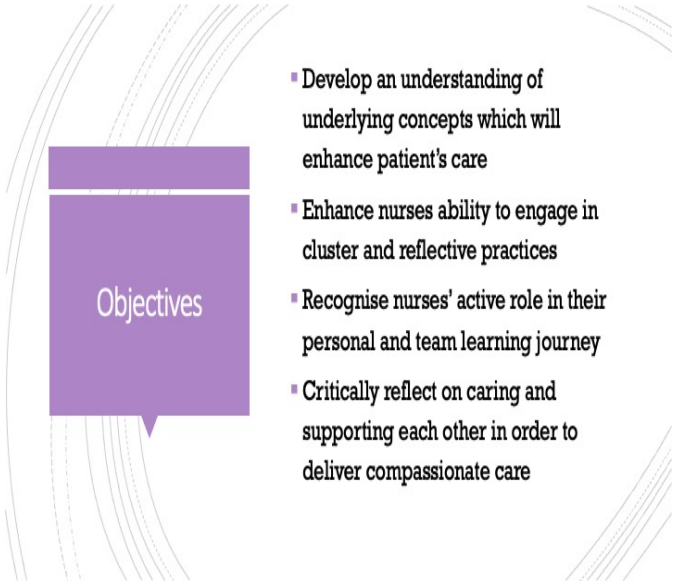
APPENDIX C


Compassionate Teamwork
by
Sara Mkhalalati, RN, MSN


Outline
Objectives
Importance of Bulding compassionate teams
How to build compassionate teams
1. Cluster discussions
2. Reflective discussions
3. Exercises
References


Objectives
Develop an understanding of underlying concepts which will enhance patient's care
Enhance nurses ability to engage in cluster and reflective practices
Recognise nurses' active role in their personal and team learning journey
Critically reflect on caring and supporting each other in order to deliver compassionate care


Building compassionate teams
A high performing team is now widely recognized as an essential tool for constructing a more patient-centred, compassionate and effective health care delivery.

The quality of teamwork in healthcare is associated with

- Reduced medical errors
- Increased patient safety
- Job satisfaction
- Lower staff abstenteeism and turnover.

1. Stay connected to each other

Team meetings is correlated in building trust, improved communication, mutual support and more innovation in the workplace.

This can be done through **cluster and reflective discussions**

Cluster Discussions

Structure discussions in a way where it is safe to offer alternative views, where opinions are not in competition with each other. For example:

- At the end of every shift handover, nurses should take 15 minutes as a group to discuss and plan strategies for enhancing compassionate care.
- Nurses should discuss strength, weaknesses, opportunities and threats to compassionate care.
- Nurses should ask the team how they are going to stay connected and if clinically facing any dificulty to the delivery of compassionate care
- Branistorm
- Use creative thinking to develop new solutions

Reflective Discussions

- Encourage each other to talk about personal or other experiences in order to discuss what really mattered to you at different points in the experience.
- Ask each other to share where you have seen other team members going " above and beyond" to meet the needs of a patients, or another colleague.

exercise #1 Listen to a patient's story

- After watching the story, take 15 minutes as a group to discuss and plan strategies for enhancing compassionate care.

www.patientstories.com

Exercise # 2 sharing personal stories

Each nurse will share a personal compassionate experience. You will have the opportunuty to reflect on:

- What have you done to show compassion?
- What would you have done differently?
- What is important to the patient?

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APPENDIX D

Compassionate Leadership

By

Sara Mkhalalati, RN, MSN

Outline

- objectives
- Importance of a compassionate leadership
- Essential elements of a compassionate work environment
- The aspects of a compassionate leadership
- Recommendations for action
- References

Objectives

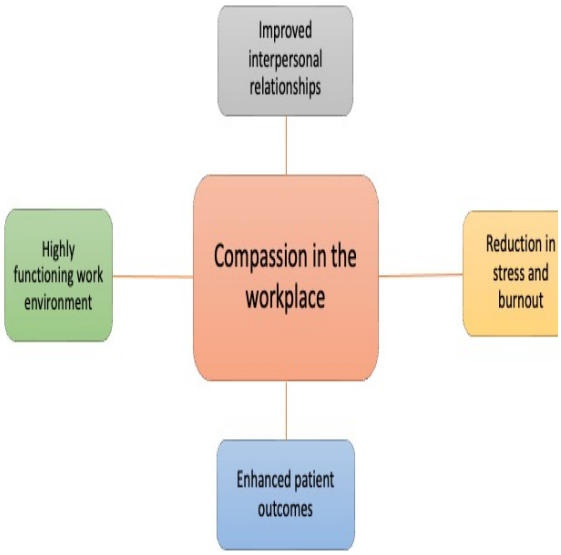
- Develop an understanding of team learning plan
- Build a relationship in the team
- Explore and develop a leadership role for the delivery of compassionate care

Importance of compassionate leadership

- Effective leadership is vital to the delivery of safe, high- quality, and compassionate health care. In contrast, the lack of compassionate leadership has a negative impact on healthcare outcomes and quality.

- Within these reports, the failure of several nursing leaders in their role and responsibility to care was identified as one of the key contributors to detrimental, neglectful and systemic failures to safeguard a culture of safety, quality and compassion

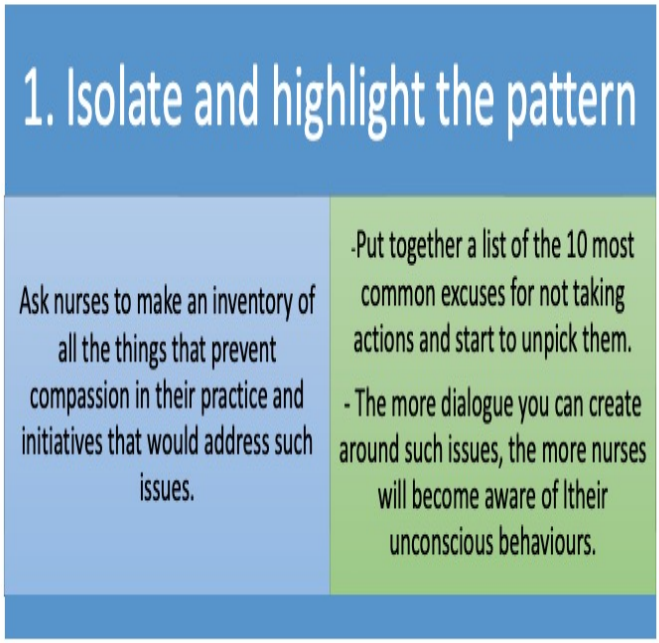
Benefits of compassion in the workplace



Essential elements of a compassionate work environment

The aspects of a compasionate leadership

Recommendations for action



Recommendations for action cont'd

2. Make a connection between the patients' experien and the nurses' personal experiences at work

-Review the patient experience data with the nurses.

-if patients' experiences aren't as good as they need to be ----use this in discussions around the team's experience at work:

e.g. what are the reasons behind the negative experiences the patients had during the nursing care?

Know your staff survey results them to start a dialogue abou you are getting such respon

-take one challenge, tackle it a it. Before moving on, Show possible to make change with team.

Recommendations for action cont'd

3.Get to know the team individually and stay tuned in:

- Learn the nurse's preferences and desires so you can stay attentive to what interests them or withholds engagement.

-Make time for nurses and hold regular one to one meetings on regular basis.

Recommendations for action cont'd

4. Build a plan for better engagement with nurses.

-Know them;: Consider exploring some of the following areas:

- What work related activities give you the most joy an satisfaction?

-what rewards mean the most to you?

-what do I do as a manager that motivates you?

-what do I do as a manager that demotivates you?

-when do our roles engage well together? And when d they clash?

Recommendations for action cont'd
4. Build a plan for better engagement with nurses

Inspire them	Involve them	Reward them
• Help nurses to make an emotional connection to their work and as a team. • Elaborate on how their current and potential skills and interests contribute to a vision that inspires others.	• Allow nurses to use their creativity as key decision makers within the healthcare team.	• Recognize of nurses' work– publicly or privately • Access to development opportunities , secondments, or shadowing

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APPENDIX E

Self-Compassion worksheet 1

	Objective: this tool helps nurses to explore and develop the core components of self-compassion including: ***self-kindness, common humanity,*** *and* ***mindfulness.***
	Step 1: Describe a difficult situation you are experiencing at the moment. For example, having stress at work, Step 2: Write down at least one self -compassion action related to the situation mentioned in

aspect	*action*	*Aspect*	*action*
Comforting What actions can I take to fulfil my emotional needs?		**Protecting** How can I decrease the harm inflicted by myself or others?	
Soothing What activities can I perform to improve my physical well being?		**Providing** What can I do to give myself what I need?	
Validating How can I motivate and validate my own feelings?		**Motivating** How can I use kindness, support, and understanding to positively motivate myself?	

Self-compassion worksheet 2

changing perceptions about self	
Objectives: to aid nurses in adjusting their faulty perceptions **Instructions**: write down any misperceptions you have about yourself. Replace your perceptions with positive aspects.	
Misperceptions	**Reshaping perceptions**
for example: I will never be able to complete my work on time	Effective time management can help me complete my work on time. I can do it!

***Self-compassion worksheet 3*-self encouraging activities**

Objectives: to explore self-encouraging activities that increase self-compassion

Instructions: write down a list of activities that help you remain motivated. Perform these activities regularly to improve your self-compassion

_____ _____

_____ _____

_____ _____

APPENDIX F

Loving-kindness meditation for beginners

Please set aside 10 minutes for the purpose of bringing warmth and good will into your life. Sit in a comfortable position, reasonably upright and relaxed. Close your eyes fully. Take a few deep breaths to settle into your body and into the present moment.

1. Put your hands over your heart to remind yourself that you are bringing not only attention, but loving attention, to your experience. Feel the warmth of your hands, the gentle pressure of your hands, and feel how your chest rises and falls beneath your hands with every breath.
2. Now, bring to mind a person or other living being who naturally makes you smile. This could be a child, you grandmother, your cat or dog—whoever naturally brings happiness to you heart. Let yourself feel what it's like to be in that being's presence. Allow yourself to enjoy the good company.
3. Now recognize how vulnerable this loved one is—just like you, subject to sickness, aging, and death, also, this being wishes to be happy and free from suffering, just like you and every other living being. Repeat softly and gently, feeling the importance of your words

   May you be safe
   May you be peaceful
   May you be healthy
   May you live with ease
4. When you notice your mind has wandered return to the words and the image of the loved you have in mind. Savor any warm feelings that may arise. Go slow
5. Now add yourself to the circle of good will. Put your hand over your heart and feel the warmth and gentle pressure of your hand (for just moment or for the rest of the meditation), saying:

   May you and I be safe
   May you and I be peaceful
   May you and I be healthy
   May you and I live with ease

6. Visualize your whole body in your mind's eye, notice any stress or uneasiness that may be lingering within you, and offer kindness to yourself.

   May I be safe
   May I be peaceful
   May I be healthy
   May I live with ease

7. Now take a few breaths and just rest sit quietly in your own body, savoring the good will and compassion that flows naturally from your own heart. Know that you can return to the phrases anytime you wish
8. Gently open your eyes

Adapted from www.centerformindfulself-compassion.com

APPENDIX G

Role play:

A case scenario will be given to two random nurses who will be tasked to carry out examples of both excellent and ineffective communication. After that, the nurses will document the effects of each communication style which will be shared with the group for discussion.

Storytelling:

The APN will share true stories from anonymous patient's personal experiences in nursing practice. The nurses will be asked to discuss their reactions to the stories and to suggest compassionate care strategies that can be used to improve the patients' outcomes.

Debriefing after the exercise is necessary to ensure the nurses have learned key points.

APPENDIX H

Self-Compassion Scale

Self-Compassion Scale by Dr. K. Neff

Trusting ourselves means letting go of the fear we have that so often holds us back from being our best self. I'm including this self-compassion assessment in my trust kit since it is so closely linked to how well we trust ourselves. I did find the reverse scoring a bit complicated but it's well worth muddling through.

RATE YOUR SELF-COMPASSION LEVEL

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale.

Almost never				Almost always
1	2	3	4	5

_____ 1. I'm disapproving and judgmental bout my own flaws and inadequacies.
_____ 2. When I'm feeling down, I tend to obsess and fixate on everything that's wrong.
_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
_____ 5. I try to be loving toward myself when I'm feeling emotional pain.
_____ 6. When I fail at something important to me, I become consumed by feelings of inadequacy.
_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
_____ 8. When times are really difficult, I tend to be tough on myself.
_____ 9. When something upsets me, I try to keep my emotions in balance.
_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared my most people.
_____ 11. I'm intolerant and impatient toward those aspects of my personality I don't like.
_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
_____ 14. When something painful happens, I try to take a balanced view of the situation.
_____ 15. I try to see my filings as part of the human condition.
_____ 16. When I see aspect of myself that I don't like, I get down on myself.
_____ 17. When I fail at something important to me, I try to keep things in perspective.
_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
_____ 19. I'm kind to myself when I'm experiencing suffering.
_____ 20. When something upsets me, I get carried away with my feelings.
_____ 21. I can be a bit cold-hearted toward myself when I'm experiencing suffering.
_____ 22. When I'm feeling down, I try to approach my feelings with curiosity and openness.
_____ 23. I'm tolerant of my own flaws and inadequacies.
_____ 24. When something painful happens, I tend to blow the incident out of proportion.
_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
_____ 26. I try to be understanding and patient toward those aspects of my personality I don't like.

Scoring Sheet

SK: Self-Kindness Items

#5 + #12 + #19 + #23 + #26 + = Subtotal

_____+ _____+ _____+ _____+ _____+ = _____

Divide subtotal by 5 for **SK** Mean _____

SJ: Self-Judgement Items

#1 + #8 + #11 + #16 + #21 + = Subtotal

_____+ _____+ _____+ _____+ _____+ = _____

Divide subtotal by 5 for **SJ** Mean _____

CH: Common Humanity Items

#3 + #7 + #10 + #15 + = Subtotal

_____+ _____+ _____+ _____+ = _____

Divide subtotal by 4 for **CH** Mean _____

I: Isolation Items

#4 + #13 + #18 + #25 + = Subtotal

_____+ _____+ _____+ _____+ = _____

Divide subtotal by4 for **I** Mean _____

M: Mindfulness Items

#9 + #14 + #17 + #22 + = Subtotal

_____+ _____+ _____+ _____+ = _____

Divide subtotal by 4 for **M** Mean _____

OI: Over-Identification Items

#2 + #6 + #20 + #24 + = Subtotal

_____+ _____+ _____+ _____+ = _____

Divide subtotal by 5 for **OI** Mean _____

Total Self-Compassion Score

1. Reverse code (rc) the negatively worded subscales (SJ, I and OI) by subtracting each mean from 6:

   6 - SJ mean = _____ SJ (rc)
   6 - I mean = _____ I (rc)
   6 - OI mean = _____ OI (rc)

2. Add the six means:

SK +	SL(rc) +	CH +	I(rc) +	M +	OI(rc) +	Total Mean
_____+	_____+	_____ +	_____ +	_____ +	_____ =	_____

3. Calculate Grand Self-Compassion Mean

Total Mean divided by 6 = _____

Score Interpretations

Average scores tend to be around 3.0 on the 1 – 5 scale, so you can interpret your total self-compassion score accordingly. As a rough guide, a score of 1 – 2.5 indicates you are low in self-compassion, 2.5 – 3.5 indicates you are moderate, and 3.5 – 5.0 means you are high. Remember that higher means for the SJ, I, and OI subscales indicate less self-compassion before reverse coding and more after reverse coding.

APPENDIX I

The Schwartz Compassionate Care Scale

Table 1. The Schwartz Center Compassionate Care Scale for Healthcare Professionals (SCCCS-HP)
On a scale of 1 to 10, where 1 is not at all successfully and 10 is very successfully, how successfully do you:

Q1.1	Express sensitivity, caring and compassion for your patients' situations	1	2	3	4	5	6	7	8	9	10
Q1.2	Strive to understand your patients' emotional needs	1	2	3	4	5	6	7	8	9	10
Q1.3	Consider the effect of your patients' illnesses on the patients and their families	1	2	3	4	5	6	7	8	9	10
Q1.4	Listen attentively to your patients	1	2	3	4	5	6	7	8	9	10
Q1.5	Convey information to your patients in a way that is understandable	1	2	3	4	5	6	7	8	9	10
Q1.6	Gain your patients' trust	1	2	3	4	5	6	7	8	9	10
Q1.7	Involve your patients in decisions about their treatment	1	2	3	4	5	6	7	8	9	10
Q1.8	Comfortably discuss sensitive, emotional or psychological issues with your patients	1	2	3	4	5	6	7	8	9	10
Q1.9	Treat your patients as people not just as diseases	1	2	3	4	5	6	7	8	9	10
Q1.10	Show respect for your patients and their families	1	2	3	4	5	6	7	8	9	10
Q1.11	Communicate test results to your patients in a timely and sensitive manner	1	2	3	4	5	6	7	8	9	10
Q1.12	Spend enough time with your patients	1	2	3	4	5	6	7	8	9	10

Table 2. Team Caring Scale
Thinking about the team of clinicians and staff with whom you work to manage patient care, to what extent do you feel this team as a whole ...

		Not at all	Only a little	Some	Quite a bit	A great deal
Q2.1	Understands patients' concerns about their health	1	2	3	4	5
Q2.2	Coordinates efforts to respond to patients' concerns	1	2	3	4	5
Q2.3	Understands patients' values and goals for their health?	1	2	3	4	5

Table 3. Organizational Engagement Scale
How strongly do you agree or disagree with each of the following statements about your hospital?

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Q11.1	I would be very happy to spend the rest of my career with my hospital.	1	2	3	4	5
Q11.3	My hospital has a great deal of personal meaning for me.	1	2	3	4	5
Q11.2	I do not feel emotionally attached to my hospital.	1	2	3	4	5
Q11.4	I do not feel a strong sense of belonging to my hospital.	1	2	3	4	5

APPENDIX J

Program Evaluation Form

Presenter: _____

Date: _____

Please circle the number that applies.

4= strongly agree 3 = agree 2= disagree 1=strongly disagree

The session's learning outcomes were clearly stated.	4 3 2 1
The material was presented in an organized and interesting fashion.	4 3 2 1
The used teaching techniques were understandable and efficient.	4 3 2 1
The instructor was very knowledgeable about the session's topics	4 3 2 1
The delivery of the content was clear and smooth.	4 3 2 1
The sessions increased my knowledge about compassion.	4 3 2 1
The material provided will improve the quality of my care.	4 3 2 1
The program as a whole met my expectations	4 3 2 1

What aspects of the program could we improve?

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