



**COMPASSION: CARING THAT TRULY MAKES A
DIFFERENCE**

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GOAL

Increase caring, kindness, and compassion in the provision of nursing care.

KEY WORDS FOR APPLICATION

1. Compassion
2. Compassionate Communication
3. Amygdala
4. Empathy
5. Takotsubo Cardiomyopathy
6. Parasympathetic Nervous System
7. Sympathetic Nervous System
8. Oxytocin
9. Post-Traumatic Stress Disorder (PTSD)
10. Physiological Coupling
11. Loneliness
12. Palliative Care
13. Endogenous Opioids
14. Fight or Flight Stress Response
15. Anesthesiologists
16. Endorphins
17. Analgesic Effect
18. Euphoria
19. Metastatic Breast Cancer
20. Supportive-Expressive Compassionate Groups
21. Physical Therapy
22. Irritable Bowel Syndrome (IBS)
23. Stress Levels
24. Blood Sugar Levels
25. High Sugar Levels
26. Viral Replication
27. Antibodies
28. Immune Response

THE CURRENT STATUS OF THE ACT OF COMPASSION

It is May, 2019 and my heart is heavy with the sounds of little to no compassion for refugees from south of the border. I hear extremely negative grumblings for the many who seek asylum from hunger, safety,

no jobs, and a dream for a better future. And now, children are dying. Oh yes, I know---there is another side of the story, but the nurse in me cries for a more compassionate and better world.

This morning the news proclaimed the placement of nets on each side of the San Francisco bridge due to the many who try to commit suicide from jumping off the bridge. A middle-aged man told his story of being less than 20 years of age and jumping head first off the bridge and hitting the water head first. He did not die; however, had a fractured spine. He said that as soon as his foot left the railing he was "remorseful" for his attempted suicide actions. He declared that if only just one person had looked his way, said one word of kindness, smiled at him, or any such small thing of compassion, he would not have attempted suicide. He is an older person, now, who has spent his life helping others so that they will not feel that lack of caring by others, and maybe (just maybe), they will have the strength to continue their life in a more positive manner. (It was as if "someone" knew I would be writing about compassion today!)

Let us now bring this to home---where we practice nursing---where we (I hope) treat others the way we would want to be treated?! Do we:

1. Make wheelchairs available at the door?
2. Introduce ourselves and seek the name of family members accompanying patients?
3. Provide privacy and seating when checking patients into the hospital?
4. Use touch appropriately to indicate caring?
5. Assure that health facility offices and personnel are available during the entire work day to help and support family and others related to the care and comfort of patients and their families?
6. Leave a message at office entrances that state the office name and name of the person(s), as is appropriate, who occupy the office, where the office staff has gone when staff are unavailable during business hours, when the office staff will return, and how to get in touch with a person(s) in the office in an emergency if the office is closed?
7. Respect the privacy of all patients and converse with them privately, when appropriate, and out of hearing reach of other patients?
8. Have people at the entrance welcoming people into the health care situation and giving needed directions?
9. Ask patients regarding the name they would prefer being addressed and conform to their wishes?
10. Offer wheelchairs to patients who need assistance in being transferred?
11. Refrain from sharing patient and/or facility information anywhere but in private areas and only information that is appropriate?
12. Encourage opportunities for staff to teach each other (and nursing students) appropriate concerns, manners, behaviors, and processes?
13. Listen, support, understand, and thank patients, family members, and staff for offering information for the improvement of health care?
14. Evaluate and require compliance from nursing staff according to known job descriptions?
15. Recognize and support nurses who, also, have personal dilemmas and familial concerns and needs?
16. Have protocols in place that give explicit directions and retained documentation of attempts to contact patients/families in times of an emergency or need for follow-up?

You probably are saying—“Oh, we do all that!” My answer: Then, why are health care patrons/patients saying differently? Sometimes, patients recognize a *lack* of established protocols to help office staff and some nurses be compassionately thorough and we sometimes hear some caregivers make statements that, “It is not my responsibility!” We, as professional nurses, have heard others and personally experienced others (in some situations) exhibit a lack of *how* to knowingly practice overt compassion!

I wonder, now, if nursing programs still have graduating nurses pledge their commitment to our profession of “compassionate nursing?” Such a profound ability to care for others helps *both* the patient and the caregiver (nurse). I have heard and read a “thank you” from physicians who recognize that truly observable compassionate behaviors most often come from nurses who have saved many a life and have inspired many a physician to be a better physician! That makes me proud!!

As you read all the researched studies about compassion in this document, ask yourself why we have not overtly seen something so obvious and simple before? Why has it taken so long to connect the dots? Have we been so caught up in the technical aspects of nursing as a nurse specialist or a nursing instructor that we (as specialists) downgraded (or at least not emphasized as much as we can) the very gift that can make, in many cases, the most significant difference? Clearly, it is not just what you say but what you are communicating non-verbally to other people!

Theodore Roosevelt said, “People don’t care how much you know until they know how much you care.”

WHAT DOES “BEING COMPASSIONATE” MEAN ACCORDING TO RESEARCH?

By definition, compassion is an emotional response to another’s pain and/or suffering—not just being kind or nice. This behavior is a true desire to be helpful to every patient. It involves feeling, understanding, and taking action, so much more than just empathy. Where empathy is a precursor to motivate action, compassion expressed by a person can actually be witnessed in the brain of a person during a functional magnetic resonance imaging (fMRI). The fMRI shows an actual subtle difference in cerebral blood flow. Empathy will actually cause a lighting up of the brain centers, but with the act of compassion another area of the brain lights up related to alleviation of another person’s suffering and positive emotion. This is what it means to be “human” and the ability to look deeply into the compassionate meaning of things.

A professor at Harvard University told a story about a screaming baby on a flight where a small child was screaming at the top of his/her lungs. Now—we would expect some adult person on the flight to try to console this child---but, no! Sliding out of his seat and moving toward the screaming child was a three-year-old and with his own pacifier in hand. He toddled down the aisle and offered it to the screaming child. That very small child felt the need to respond and decided to do something about it! His action was the true meaning of compassion!

Researched statistics show that nearly half of Americans believe that providers are *not compassionate*. It does not involve just the U.S., but it has been reported by the National Health Service Foundation (NHS). It requires an ability to make a *connection* with another person.

Research has shown that healthcare professionals find it easier to relate to a cluster of symptoms rather than a whole human being. Have you ever been so tired from nursing others that you have personal emotional exhaustion, a feeling of no personal accomplishment, and depersonalization? It is a universal happening. If you combine physical tiredness with emotional exhaustion there seems to be no room for compassion! It is often called, *burnout*! However, we (nurses) can do the following to promote our compassion:

1. Listen carefully and looking for the need for compassion. Research shows 60-70% of a patient's need for compassion are missed or not recognized. A missed opportunity of compassion could change the trajectory of a person's life.
2. Remember that nursing, as a professional discipline, has expectations of emotional involvement with patients.
3. Be an example and mentoring for nursing students and other nurses.
4. See the need---having time for the need---caring about the need---knowing how to meet the need---understanding that it *really does matter*!
5. Be willing and able to say to a patient and family that you (the nurse) recognize the tough experiences he/she/others are going through.
6. Be willing and able to verbally say to a patient/family that you will be there for them each step of the way during their health crisis. Walk that lonely mile with them!

Researched Findings on How Compassion Influences Physiological Health---

1. Loneliness is a subjectively perceived experience of isolation. It is the difference between one's desire for and the actual level of human interaction. Research of over 300,000 participants with different health conditions found that having meaningful relationships was related to 50% higher odds of survival. A high number of studies on the risk of loneliness found that there were 26 percent higher odds of early death and 50 percent higher risk of functional status decline and cognitive function. *Being alone was not the issue—it was being lonely*. The New York Times labels it a "growing epidemic." The issue is not cholesterol levels (as an example)—it is about satisfying relationships. So—the chances are that being satisfied with your relationships at age 50 will result in being healthy at age 80.
2. The amygdala deep within the brain (through ongoing fMRI testing) showed the baseline amount of stress (fight or flight response) producing inflammation inside the body. It, also, predicted the subsequent development of cardiac disease. Activation occurred as a result of loneliness, extreme stress, and emotional distress. All this was related to compassion or the lack thereof.
3. Heart attack patients with no emotional support had three times higher odds of death in comparison to patients with emotional support. Literally speaking, it takes emotional support to help heal a broken heart.
4. University of California found that loneliness (which includes a lack of compassion-giving and compassion-receiving) affects the genes, which are involved in the immune response. It has

been found that persistent turning on and turning off genes in the immune system can produce chronic total systemic inflammation connected with many negative health effects.

5. Takotsubo cardiomyopathy (broken heart syndrome) is caused by extreme emotional stress. This condition causes cardiac failure. Compassion helps mend the broken heart!
6. People with the least human connection (hence lack of overt compassion or lack of willingness to give compassion) were found to be more susceptible to the common cold. There was, also, a general lacking in human resistance to illness.
7. There is a parasympathetic nervous system activation. Where the sympathetic nervous system produces an increase in sympathetic and cortisol to produce the fight or flight stress response, the parasympathetic nervous system lowers stress levels causing a warm and calming effect as a result of compassion.
8. There is a rise in oxytocin in the body during the giving and receiving of compassion which increases the feelings of a human connection, nurturing and bonding. This hormone is sometimes called “the trust hormone”, the “bonding hormone”, or the “love hormone.”
9. A compassionate touch can lower blood pressure.
10. Anesthesiologists have found that a pre-operative compassionate connection with a patient as part of the therapy results in a patient that is more likely to be peaceful and calm.
11. Nurses performing a specified compassion intervention preoperatively found that patients randomly assigned to compassionate interventions had 50 percent postoperative lower scores on pain ratings.
12. Trauma patients reported one year after a trauma they were four times more likely to have a good outcome from the trauma if the physician(s) showed high compassion in handling their care.
13. Patients receiving compassionate palliative care have a better quality of life and live longer—on an average of 30% longer.
14. The human connection of compassion can modulate the pain experience in many ways. Endogenous opioids produce endorphins, a naturally produced molecule in the body that provides an analgesic effect which reduces pain—and sometimes it presents as a euphoria.
15. Compassionate touch matters and has been shown to significantly decrease or completely eradicate the sensation of pain in another person. There is a “physiological coupling” of the cardiovascular and respiratory system during experimentally induced pain. The person performing the compassionate touch literally synchronizes with the person having the pain. Their autonomic nervous systems and brain waves actually align. During painful studies of unpredictable electrical shocks causing pain, just the mere holding hands of a trusted person resulted in the brain growing quiet.
16. Patients with metastatic breast cancer participating in supportive-expressive compassionate groups showed significantly reduced pain over time.
17. Building trust takes time. However, once trust and compassion are established between a health care provider and a patient, pain is significantly reduced.
18. Physical therapy pain studies of two-hundred patients experiencing compassion enhancement in conjunction with therapy experienced pain relief more than doubled than without compassion enhancement. The study continued to show pain relief even six months later.

19. When the CARE measure (Consultation and Relational Empathy) survey instrument in compassion science research was used, there was a high correlation between decrease in migraine headaches and the degree of intensity of headache pain.
20. IBS (Irritable Bowel Syndrome) causes great suffering. Out of 262 patients with this condition, the group augmented with compassionate care had decreased symptoms and doubled the number of patients not receiving compassionate care in the control group.
21. Compassionate behaviors such as nodding, leaning forward, eye contact, smiling, aided in the physical and cognitive functioning of elderly patients. Conversely, the opposite of such behaviors were/are associated with decreased physical and cognitive functioning of the elderly patient.
22. Optimal blood control sugar levels were 80% higher with compassionate health care providers.
23. Patients having high compassion health care providers had 41% lower odds of serious diabetes complications.
24. A patient's wounds heal faster with compassion. Time for a wound to heal was significantly shorter, specifically 17 percent shorter (e.g. 5 days instead of 6 days).
25. People with high stress levels and more conflict in their lives are more likely to develop cold symptoms—(evidenced by viral replication, antibodies to the cold virus, and symptoms). Social support and hugs in the 14 days of research protected against the viral infection.
26. Compassion is associated with the enhanced immune response, a one day decrease in the duration of cold symptoms, and 15 percent decrease in cold symptom severity.
27. Compassion can literally keep a patient breathing. It is not just any nurse that has this ability—it is a special nurse known to many as “their angels”—or shall we say nurses with compassion!

A specific direct quote from a recovering patient who thought he would never breathe again says this:

“After weeks of being on a ventilator in the ICU, I could tell right away when a new nurse came on duty at the change of shift and entered my room. I could tell within one minute whether or not the nurse cared. If it was a nurse who did not care, my heart would sink. My spirit was crushed. I lost my will, and I did not believe I would ever get off the ventilator. But if it was a nurse who cared, one of my ‘angels’ I would instantly feel stronger. I believed I could beat this and breathe on my own again. Without my angels, I never would have made it. Their compassion is what saved me.”

(Compassionomics by Stephen Trzeciak and Anthony Mazzairelli)

Researched Findings on How Compassion Influences Psychological Health---

Research shows that one out of five people we meet have a mental health struggle. You, as a nurse, can have an effect on someone's psychological health. Showing compassion can decrease negative effects of all sorts of psychotic disorders, eating disorders, post-traumatic stress disorders, major depression, and the feelings/desires to commit suicide. Drug therapy can be very useful, but the *human connection* is very important and makes a difference.

1. Psychiatrist's/Therapist's efforts of compassion actually increased the effects of drug therapy. Therefore, the psychiatrist could be considered as a *means of treatment*, not just a provider of treatment.
2. Out of the several categories considered by patients' assessments of their therapists, the major positive factor in depressed patients was the compassionate connection with their therapist. A therapist's compassion has a moderate to large effect on reducing symptoms of depression.
3. With cancer patients, compassionate care builds patient self-efficacy, activation, and encourages active involvement and participation in his/her treatment.
4. Compassionate language was associated with adherence to antidepressant medication and even the trip to the pharmacy to acquire their medication.
5. A therapist's distancing behavior of himself/herself in preparation of patient discharge from a health care facility/situation had a tendency to increase depression.
6. Compassion of nursing home aides was associated with lower depression in nursing home residents.
7. Compassion alleviated anxiety.
8. In regard to Post Traumatic Distress Disorder (PTSD), if the caring interventions were applied at *first recognition or during a trauma* there is more likelihood that PTSD does not develop. Researchers found that compassion from others was very effective to prevent PTSD; however, it was found that *self-compassion* was most effective.
9. Child-life specialists have learned how to help a child through traumatic experiences. Tender care and compassion were the main methods of treating the child.

Researched Findings on How Compassion Influences Patient Self-Care---

1. One of the first activities a home-health nurse usually does is to determine compliance to a physician's medication regime. Nonadherence to any physician-prescribed regimes is often the result of a patient's belief that *nobody cares*. This can lead to loneliness and depression. However, if the home health nurse cared and showed compassion toward the patient, the patient was more likely to comply to medication and other prescribed health care regimes.
2. Compassion from nurse's aides in nursing homes was associated with a reduction in learned helplessness among elderly nursing home residents.
3. Human Immunodeficiency Virus (HIV) patients had 33 percent higher odds of adherence to therapy when HIV patients were known and treated "as a person."
4. Cancer patients with high compassion providers had 13% to 30% higher rate of recommended cancer screening and health screening compliance.
5. More positive communication (not negative communication) from health care providers encouraged the adherence to health care regimes.

So—here it is---

If the new compassionate on-going research hypothesis continues to be confirmed, it has the potential of changing *worldwide* emergency care. Now we know through research that compassion from health care providers can have a major impact on a patient's hope for recovery.

Compassionate communication (not just communication) raises recovery expectations and is effective. How a patient believes they will do is a major factor in how they will do, even if they will survive. It makes the unbearable bearable. Learning to communicate compassionately is one of the greatest gifts.

A specific direct quote from a breast cancer survivor as a result of a health care provider's compassion said this:

".....and as I left his office, he said, 'You know, you have a very bad disease, but we are going to take care of you.' The doctor-patient relationship was incredibly therapeutic and reassuring. I had no qualms, no doubts with putting my life in his hands. I had full confidence in his expertise, his concern and emotional support."

(Compassionomics by Stephen Trzeciak and Anthony Mazzarelli)

CRITICAL THINKING QUESTIONS

1. When did you experience the opportunity to show compassion?
2. How did it make you feel when you showed an obvious compassion for someone else?
3. How did you plan to help/teach others to show more compassion?
4. What are some positive outcomes as a result of compassion?
5. How do you plan to improve the compassion of care within your facility/institution?

MULTIPLE CHOICE QUESTIONS

1. To possibly discourage a person from suicidal ideation, a viable possibility might be:
 - A. "Jump" or "OK"
 - B. Say nothing
 - C. "Talk to me"
 - D. Do nothing
2. Cancer patients are more likely to comply with their health care regime if they:
 - A. Receive compassion
 - B. Eat broccoli
 - C. Have caregivers
 - D. Have friends
3. Compassion has been known to help alleviate:
 - A. Colds
 - B. Anxiety
 - C. Baldness
 - D. Blood sugar higher than 90

4. When a person experiences a reduction in compassion:
 - A. Appetite increases for approximately one day
 - B. Activity increases for 24 hours
 - C. Hair turns white
 - D. Depression more likely to occur

ANSWERS

1. C
2. A
3. B
4. D

RECOMMENDED READING

Compassionomics, The Revolutionary Scientific Evidence that Caring Makes a Difference by Stephen Trzeciak and Anthony Mazzairelli (forward by Senator Cory Booker) 2019