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Exploration of Mindfulness in relation to compassion, empathy and reflection within nursing education

Key Words: Compassion, Empathy, Mindfulness, Student Nurses, Stress

Introduction

Within the health service in Britain, Mindfulness has been used as part of the care of individuals who have a psychological disorder. Examples are anxiety, depression or stress. Traditionally mindfulness has been described as an awareness of what is happening in the moment (Bodhi 2011). It could be argued that Mindfulness is now an active management tool in many private and public organisations (Van Gordon et al 2014).

Aspects explored within this article will look at how mindfulness can be introduced as a strategy to help nursing students deal with the stressors of the modern day health practice. For the last 20 to 25 years Mindfulness has also been used to help with physical diseases (Brown et al 2007, Baer 2010). Our intention when drafting this article was to examine the viability of the inclusion of Mindfulness into the nursing curriculum. Students had reported an increasing level of stress within their learning environment, which included being in a practice setting and eventually leading to an important academic assessment within the course. On the basis of this, and to enhance the student experience, practical Mindfulness sessions were introduced as part of teaching sessions.

Background

The Department of Health (DOH) (2012) introduced compassion as one of the components in the campaign 'Compassion in Practice'. The description given of compassion was

'how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.'

(DOH 2012 Page 13)

Often the need to be 'seen to care' dictates how nurses habitually work beyond their allotted hours in order to complete what is expected of them (Boorman 2009). As a result, nurses are often emotionally, mentally and physically challenged due to dealing with their work load and comforting and looking after their patients. Ultimately this can have a negative influence on their own physical and mental health and has been reviewed as possibly a growing potential occupational health problem (De Silva et al 2009). In their research, Beddoe and Murphy (2004) explored the impact on empathy and how this enabled students to become more mindful of their stress levels and an increase in their awareness of how they were feeling.

Words such as 'non-judging', 'patience', 'trust', and 'acceptance' within Mindfulness resonates strongly as these are fundamental components of the 'duty of care' nurses are expected to give to their patients. However they are rarely used for the care of the individual nurses themselves (Nursing and Midwifery Council (NMC) 2010). As Lecture Practitioners, the Authors have noted that nursing in all fields of practice has been influenced by the impact of the 'duty of care'. This lack of awareness seems to negate 'self-help' and the use of self-help tools (Nordgreen and Havik 2011).

Compassion and empathy are themes that have been talked about often over the last few years within the health environment (Francis 2013, Willis 2012). More importantly, there is a misconception that compassion and empathy in nursing are no longer portrayed in the quality care that is provided (Francis 2013, Willis 2012). Mindfulness can impact the ability of the person to reengage with the feelings and emotions that they might have detached from (Foureur et al 2013).

In nursing, the environment rarely allows time for contemplation, though reflection is encouraged specifically in regards to the care we confer on our patients and how that impacts on us professionally (Sumner 2010). Little encouragement is given to nurses to consider how caring impacts on their own personal context. Student nurses are taught to hide their feelings to a point where they can no longer express their feelings and the impact of caring for others is deeply hidden under professional armour that allows them to carry out their jobs on a daily basis (Niven 2008). Mindfulness is a possible way of bridging this gap. Giving the student the tools with which to look at and review the inner self, in relation to what they are experiencing with stress in today's modern healthcare arena, will help safeguard the health of staff

of the future (Van der Reit et al 2015) Research indicates that this tool has proved effective for patients and lends itself, therefore, to being integrated it into the nursing curriculum and should help student nurses develop resilience against the stress of today's society (Bartley 2011, Baer 2010, Penedo et al 2008). Resilience in this context means the ability to cope and maintain a healthy work/life balance (Ng et al 2012)

Discussion

Cheisa (2013), in defining Mindfulness, described that there is a lack of cohesive definition in research in the current modern use of Mindfulness in health, from that of a traditional concept of Mindfulness. This is possibly due to the wider context of its use in different therapies such as Mindfulness Based Stress Reduction Therapy in the 1970's (Kabat-Zinn 1982, 1990), Mindfulness-based Cognitive Therapy (Segal et al 2007) and helping to treat types of physical disease such as chronic pain disorders, rheumatoid arthritis and cancer (Chiesa and Serretti 2011).

Brown et al (2007) has described Mindfulness in the realms of understanding what is happening in the moment or about to take place beyond the mental or emotional. Hart et al (2013) through their research have theorised that there are two distinct schools of thought – that of Langer (1989) and Kabat-Zinn (1994, 2003). The Lead author favours the Kabat-Zinn (2003) school of thought which is born out through her practice in complementary therapies, while the second author favours Langer's (1989) school of thought, having experienced its use in mental health practice. Overall this duel aspect has enhanced the content of the Mindfulness teaching. The Langer (1989) school of thought viewed the belief that Mindfulness was a tool used in the 'mental mode' of cognitive functioning, mental health and well-being, and is viewed as the western approach to Mindfulness therapy. Kabat-Zinn (1994, 2003) is the school of thought geared much more towards the Eastern philosophy of Buddhism and the use of mindful-meditation as its main modality to relieve mental distress and physical disorders. The first form of Mindfulness has been seen to be effective in cognitive and psychiatric focused therapies, while the second can be seen to be used as a general health and well-being therapy that can be used as a general basis for good health.

Mindfulness encompasses daily practice for those who might have troubled relationships and difficulties with their work life balance (Dane and Brummel 2013). The benefits of Mindfulness can be seen to cross over to our everyday relationship with life, integrating with our self-compassion and anxiety (Raes 2010). Gilbert (2013) defines compassion as the essence in basic kindness. He explains that it can likewise be a deep consciousness of the distress in one's self and in others. He goes on to say compassion can also be considered as part of the healing process in any relationship. It is important that we are compassionate towards ourselves and accept what we are feeling, and in nursing, we are often told that we must put others before ourselves. Nurses tend to define themselves by their ability to care and use this to manage their feelings in order to protect themselves (Smith 1992).

This inevitably impacts on their relationships within the work environment and those that they work with, whether it is colleagues or patients (McVicar 2003). A study by van der Reit et al (2015) highlighted that students were more self-aware, had better self-management and a clearer focus on their academic study when using the Mindfulness tools. This mirrors an earlier study on medical students which reported a reduction in psychological distress with increased levels of empathy when using Mindfulness (Shaperio et al 1998).

Mearns et al (2013) describe empathy as the simplicity of our humanity, which is a 'human skill' rather than a 'technical' one, of what one human does to another. It is an innate ability of someone being willing to be close even when the situation we might be in is bad. Siegel (2007), in his research on the neural integration of the use of Mindfulness, describes empathy as an internal neural response to another person's signals and how we use imagination to link with what someone else might be experiencing inside. Ultimately this is a naturalistic way of communication that can be tapped into but can also be affected by what is happening within and around us. Empathy, as described above, is an important aspect of the caring profession. Often the carer needs to 'imagine' themselves walking in the shoes, of those that they care for to understand what the individual might need. Unfortunately with the stressors encountered in the health arena, empathy and compassion seem to be absent in the care that they give (Francis 2013, Willis 2012).

Our nursing code is geared to safeguard the patient from any harm (NMC 2015) as well as our colleagues but little is done or said in support of the individual's personal psychological or emotional health. Sumner's (2010) belief and argument is that the nurse needs to have a sense of maturity and confidence in themselves and that many nurses actually are too scared to reflect deeply enough as they are frightened of the emotional impact.

In Mearns et al (2013) they describe how the helping professions are restricted by legislation which has had an impact of fostering caution and fearfulness. This in turn has impacted on the guilty feelings of the practitioners, relating to the under-involvement of interaction with those most vulnerable (Francis 2013). Mindfulness techniques could be used as to bridge the professional and emotional spaces and integrate the two.

If student nurses begin to incorporate mindfulness techniques, such as breathing, meditation, in reality this should make a difference. This was experienced with students doing these exercises, who reported anecdotally feeling more centred. As they have progressed in the course, feedback from the students using the techniques has been positive not only personally for the students but also when using the skills in a clinical setting, benefiting patients. Based on these observations it would indicate that the Mindfulness techniques, which are beneficial, should be incorporated by Higher Educational Institution into the nursing curriculum.

Conclusion

Mindfulness has been used as a part of the modality of health care. In relation to the anecdotal evidence of how students found Mindfulness a help, it is clear this is another way of dealing with the stressors of the modern health services today. Incorporating this coping strategy into the curriculum encourages the student to develop the tools to deal with the stressors of the course, which in turn will enhance the student experience. As an added aspect of acquiring these skills the student will also be able to support their colleagues and future patients.

As this is an exploration into Mindfulness, in relation to student nurses and in the light of their feedback, it may be useful to fully assess the benefits in a longitudinal study by integrating the mindful component into a nursing curriculum.

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