Health Services Learning Hub

COVID-19: LEARNING BRIEF

Title

The role of compassion in maintaining quality essential health services during the COVID-19 pandemic

Key Learning Themes

- Compassion arises from:
  1. Awareness of human suffering.
  2. Emotional resonance with that suffering (empathy).
  3. Action (or a desire) to relieve that suffering.
     In other words, awareness + empathy + action = compassion.
- Compassion fuels commitment and innovation to address global health threats, like the effect of COVID-19 on disruption of essential health services, healthcare worker burnout, and collective social trauma.
- On an individual level, the biggest impact compassion can make in the delivery of health services is recognizing the whole person, both for those who give and those who receive health services.
- On a health provider level, compassionate support of health care workers is critical to their well-being and personal resilience, to mitigating burnout, and to the sustainability of the healthcare workforce to maintain essential health services.
- On a leadership/organizational level, it is necessary for organizations to build cultures of compassion - looking after staff and each other as colleagues enables organizations to serve populations in maintaining essential health services. “Be well to serve well”.

Context

The critical role of compassion in healthcare has become increasingly clear amidst the coronavirus pandemic. Both the disease and the global response have revealed and compounded many social and economic inequities. As Sandro Galea suggests in **The Lancet**, “This calls ultimately for **compassion as the animating force** behind our thinking about health, and our thinking about how we go about informing the decisions we make to contain a novel threat like COVID-19”.

The Focus Area for Compassion and Ethics (FACE) at the Task Force for Global Health has convened and participated in several symposia and co-developed interventions throughout the course of the COVID-19 pandemic. The symposia have informed our understanding that **compassion is fundamental to maintaining essential health services** and to ensuring an equitable recovery.

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The learnings we share in this brief emerge from the following experiences:

- **April 20, 2020: Global Health Compassion Rounds: Compassion & COVID-19.** This quarterly series, co-hosted with the WHO Global Learning Laboratory for Quality Universal Health Coverage, focused on how to cultivate compassion in pandemic response at multiple levels.
- **August 3, 2020: Global Health Compassion Rounds: The Role of Compassion in Health Service Quality.** This Rounds highlighted the compelling evidence on compassion and quality care - not only for patients, but also for providers and health care organizations.
- **March 11, 2021: Global Health Compassion Rounds: Compassionate Leadership in Global Health.** This Rounds explored the crucial role of leadership in cultivating compassionate organizations and health systems. This, in turn, generates higher quality health care and is particularly important in driving the maintenance of essential health services during the pandemic.
- **Internal conversations on racial equity and health.** We cannot achieve "health for all" if we do not understand racial inequities in health and take them into account in designing and delivering health interventions, including strategies for maintaining essential health services. Compassion is a catalyst for social and racial justice.
- **Self-care and resilience training for public health responders.** In late 2020 and early 2021, FACE collaborated with the **Compassion Institute** to offer compassionate self-care and resilience training for over 400 public health COVID-19 responders. This helped address high levels of moral injury, burnout, disengagement, and negative coping mechanisms as a result of the compounding effects of navigating the pandemic.

Example Strategies

- **Teaching people about compassion works.** In numerous studies, compassion cultivation interventions have measurably improved compassion, as reported by participants (Kirby, 2017). This can be applied swiftly to meet the challenging circumstances in maintaining essential health services.
- To become **compassionate leaders**, executives and managers must develop skills to notice various forms of pain that arise in their organization, cultivate a concern for the well-being of others, and then take action (Dutton, Workman & Hardin, 2014). Small actions can make a big difference. These skills improve organizational awareness of suffering during a pandemic, both for patients and staff, ensuring that essential health services are maintained and that an equitable recovery is achieved.
- Providing intentional opportunities for **employee connection on a human level** and for mutual care can impact the quality of work. For example, allocating time in meetings for team members to share non-work-related joys and challenges promotes psychological safety and feelings of solidarity and support (Duhigg, 2016). Studies have found that when compassionate practices like this exist in a healthcare environment, patient experience improves.
- **Health systems that are supportive of its workers offer higher quality care** (Shanafelt, et al., 2010; West., et al., 2006). Training and experiential opportunities are available. For example, the Compassion Institute offers a **care package** for frontline healthcare professionals and public health responders that focuses on how to incorporate compassion, self-care, resilience, trauma prevention, and steadiness of mind.
- **Building networks** of committed individuals and organizations (such as the community the Global Health Compassion Rounds promotes) helps cultivate cultures of compassion that nurture individual capacity for compassion and support its expression in healthcare and public health.
- Integrating compassion into clinical **pre-service training** and public health training curricula will make compassion a more explicit and valued part of clinical and public health practice. Palliative care offers insights about how to mainstream compassion in clinical care.
- Introducing the use of **compassion metrics** can promote accountability among health providers and service delivery organizations.

- **Patient feedback** on their care experience is critical for improving the compassionate quality of care. For example, compassion was assessed in customer satisfaction surveys administered to patients in quarantine centres in Zimbabwe. This strategy could be applied in essential health services, as well.
- **Customer care training** for healthcare workers in Zimbabwe teaches staff skills in counselling people and assuaging their fears about COVID-19. Such trainings could also include messaging about the importance of maintaining scheduled routine health services, like vaccinations, well-child check-ups, antenatal care, and chronic disease management.
- **Inclusivity** is a compassionate strategy. All people need to be involved in the development of pandemic response strategies, including those living in poverty for whom prevention strategies and access to essential health services may not be feasible.

Success Factors

- **Compassion is not just a 'nice to have'; it is essential.** While compassion cannot overcome poor clinical or technical skills, increasing evidence demonstrates that compassion is a cornerstone of high-quality healthcare and public health programming (Trzeciak & Mazzarelli, 2019). Clinical/technical excellence AND compassion yield the best outcomes for patients.
- **High-level institutional support** for compassion-based learning, services, and outcomes ensures compassion is mainstreamed in clinical care and public health programming.
- **Compassionate leadership is fundamental to compassionate healthcare.** When employees believe they work in a compassionate healthcare environment, the quality of care and services increase. Leaders' honest assessment of themselves and their organizations helps to build cultures of care that are compassionate both to patients and to staff, and that align healthcare organizations with their publicly stated values and services.
- **Incorporating the language of compassion** into our pandemic response and, in particular, in the maintenance of essential health services builds organizational cultures of compassion that support and sustain staff, provide higher quality health services, and promote more equitable recovery.
- Continuous attention to our shared humanity and a **regular practice of compassion** is necessary to maintain focus on the human dimension of healthcare services - not just the technical or procedural aspects of responding to the pandemic and maintaining essential health services.
- **Relationships matter** - within service delivery organizations and between patients and those who care for them. An abundance of evidence shows that compassion has powerful benefits for patients, caregivers, and quality of patient care because the human connection resulting from compassion confers distinct and powerful physiological and psychological benefits. Investing in and prioritizing caring relationships is critical to the ultimate success of healthcare and global public health.
- Compassion provides the courage and a framework for healthcare leaders to recognize and **address the systemic inequities** that have driven how the pandemic has affected the maintenance of essential health services.
- Mature compassion requires **reflexivity** - self-awareness of one's positionality, privilege, and motivations, as well as the humility to acknowledge the limits of one's knowledge and the courage to recognize when one's well-intentioned efforts result in unintentional harm. As the COVID-19 pandemic has illustrated through neglect of essential health services and inequitable response strategies, a myopic pursuit of protecting health or 'doing good' for certain groups can exacerbate the suffering of others.
- **Celebrating compassionate acts** reinforces their value and promotes their proliferation. Examples of compassionate acts during the pandemic include community volunteerism, neighbourly support, and so-called 'random acts of kindness'.
- Compassion flourishes most when it is cultivated and **embodied at all levels** - community, frontline providers, public health practitioners, health service delivery and public health organizations, and the health system at large.

Key Challenges

- Despite strong scientific evidence about the benefits of compassion on patient outcomes, this evidence is not yet widely understood or accepted. Currently, compassion is often seen as a ‘soft skill’ that is ancillary to clinical expertise or technical interventions.
- Even when leaders accept the scientific evidence and the desirability of compassionate leadership, they don’t know how to realize it (Hougaard, 2018) and they often lack self-compassion (you can’t give what you don’t have). They are also challenged by excessive demands on their time and a lack of emotional support in the workplace.
- Additional work is needed to clarify and evaluate practical steps to foster and sustain compassionate healthcare organizations.
- A global framework for the operationalization of compassionate care, including metrics and community accountability mechanisms, does not yet exist. Additionally, national-level guidelines are not clear about the role of compassionate care, despite the fact that the Sustainable Development Goals and the WHO 13th Programme of Work highlight people-centred approaches, which lie at the heart of quality care. Work is underway to develop and test such metrics and mechanisms.
- We are in the midst of a compassion crisis in health systems and clinical care. For example, physicians miss 60% to 90% of opportunities to respond to patients with compassion (Levinson, et al., 2000). The pandemic, as well as recent structural changes in healthcare, mean that physicians have fewer meaningful connections with patients. Burnout and moral injury have reached epidemic proportions among healthcare and public health workers, leading to historically high rates of mental illness and suicide.
- In global public health, professionals often work at great distances from the people whose health they are working to improve. They see population-level ‘numbers’ rather than individual ‘faces’. The need to focus on metrics, measures, and outcomes frequently leads to the neglect of relationships, process, and compassion. Without an intentional ‘remembering’ and prioritizing of the human ‘faces’, public health interventions can become bureaucratic and aloof and cause unintentional harm. Thus, cultivation of compassion is also a priority for public health agencies and organizations.

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Learning Needs

- In what ways and to what extent can organizational cultures of compassion improve the maintenance of essential health services during emergencies and outbreaks/pandemics?
- Among the many possible ways to express compassion and embed it into the fabric of health systems and clinical care, what steps are most critical in emergency and outbreak situations to promote compassionate care?
- Most scientific evidence about the relationship between compassion and improved clinical health outcomes originates from the Global North. Additional evidence from the Global South is needed.
- Compassion may be understood or expressed differently in different contexts. More information is needed about patients' experience of compassion cross-culturally.
- Randomized clinical trials document the effectiveness of compassion training in individuals. Less is known about the effectiveness of different strategies and approaches to effectively scale individual compassion to the organizational, community, and societal levels.

Further Reading

Compassionomics: The Revolutionary Scientific Evidence That Caring Makes a Difference, by Stephen Trzeciak and Anthony Mazzarelli (2019).

Awakening Compassion at Work: The Quiet Power That Elevates People and Organizations, by Monica Worline and Jane E. Dutton (2017).

Lown, Beth A. MD; Shin, Andrew JD; Jones, Richard N. ScD. (2019). **Can Organizational Leaders Sustain Compassionate, Patient-Centered Care and Mitigate Burnout?** Journal of Healthcare Management, 64(6):398-412.

Addiss, David G. (2019). **Compassion in Disasters**. Health Progress, Journal of the Catholic Health Association of the United States, Nov-Dec:39-44.

Bryant-Genevier, J., et al. (June 25, 2021). **Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic – United States, March-April 2021.** Morbidity and Mortality Weekly Report (MMWR), Centers for Disease Control and Prevention.