

Best Practices for Increasing Compassion Resiliency and Moral Wellness in Post-Acute and Long-Term Care Settings

By François Beausoleil, MBA

The intensity and complexity of challenges that health care professionals have faced in the context of the COVID-19 pandemic have been remarkable. A medical director at a nursing home shared her experience of the pandemic in these terms: “We went from a belief that we could save everyone to the reality of losing six to seven patients per day, despite doing everything we could in terms of infection control, [personal protective equipment], etc. When my first patient died, I broke down and cried. Then we went into great trauma.”

From infection control to safety and well-being, to staffing and regulatory oversight, the skills to successfully manage these situations require a high degree of compassion and empathy. Based on my decades of experience with nonviolent communication (<https://www.cnvc.org/>) and work with the Empathic Leadership Institute (ELI) (<https://empathicleadershipinstitute.com/>), I will address communication and relational skills to support health care professionals.

Working With Health Care Professionals

Back in 2021 I wanted to understand the barriers that prevent health care professionals from having consistent access to compassion and empathy toward residents and colleagues. My rationale was that people would certainly, *if they could*, choose a compassionate response more often than not. In partnership with AMDA – The Society for Post-Acute and Long-Term Care Medicine, I sent a survey to health care practitioners to ask people their preferred response to several difficult situations related to the pandemic (N = 35). The majority of responses confirmed the hypothesis: respondents preferred compassionate responses in relation to the proposed situations. (A summary of the ELI-AMDA survey from Oct. 2021 is available on Dropbox at <https://bit.ly/3FobC7S>.)

In short, among the main blockers to empathy and compassion that I identified was the rapid and drastic increase in the pace of dying, which meant individuals

were using all the resources available to them just to survive and adapt. This did not leave much room for empathic and compassionate approaches. In addition, not having space to process the omnipresent grief made it really hard for nursing home staff to find the stability needed to bring a more compassionate care to residents. A third factor mentioned was misinformation about the pandemic, which participants felt made it difficult to connect with compassion to some patients.

In October 2021, I was fortunate to co-lead a webinar on this topic with James Wright, MD, PhD, CMD, as part of the Society’s “Healing Together” webinar series (“Best Practices for Increasing Compassion Resiliency and Moral Wellness,” YouTube, Oct. 15, 2021, <https://youtu.be/Bw82AvzuRJ4>). This collaboration helped me develop the following best practices and corresponding tools that can be used by anyone in the long-term care community to increase compassion, resiliency, and moral wellness.

Best Practice 1: Refrain From Offering Nonempathic Responses

Nonempathic responses not only create distance between oneself and others but also throw a wedge between our ability to be compassionate and our capacity to experience compassion. Typical nonempathic responses include giving advice, storytelling, changing the subject, and interrogating. For example, if someone tells you that he or she has a headache, typical nonempathic responses would be “You need to drink more water,” or “Don’t worry about it, it seems mild,” or “Didn’t you also have a headache yesterday when we started the meeting?” (The ELI offers this list of typical nonempathic responses via Dropbox at <https://bit.ly/3HWb7Dq>.)

Often we believe that such responses are supportive and even empathic. In our trainings at ELI we regularly hear people say, “I was certain that this was empathic!” The receivers of nonempathic responses often report a sense of dismissal and an inclination to withdraw from the conversation, while those offering these habitual responses miss the opportunity to truly connect and offer a more appropriate compassionate response.

Best Practice 2: Offer Empathic Responses

An empathic response is an effective bridge between our hearts, our words, our actions, and other people. The two main types of empathic responses are empathic reflection and empathic guessing:

An *empathic reflection* is a statement aimed at giving the speaker an experience of being heard and understood in a nonjudgmental way. An essential component of an empathic reflection is that it involves asking if the person has been heard accurately. For example, one might say, “Sounds like you are not considering getting vaccinated and that you’re prepared to leave your job although this is not your preference. Am I getting it?”

Empathic guessing is an advanced empathic reflection. It involves exploring what might be happening behind the words that were expressed by the speaker. The purpose of empathic guessing is to support speakers in understanding themselves in a deeper and more precise way, and to experience being heard more completely. Typically, with empathic guessing the listener drops the reflection and only focuses on this deeper exploration of the speaker’s experience. For example, one might say, “Are you disappointed about this because you want to experience more support?” (The ELI offers more examples of empathetic responses via Dropbox at <https://bit.ly/3qj8kyp>.)

Best Practice 3: Pause When Starting to Get Reactive and Choose Your Response

As human beings with a highly nuanced physical drive for survival, we are subject to a nervous system that impacts our behavior. If the nervous system detects an actual or perceived threat, we become reactive. And, for most people, being reactive means that we lose our capacity to be empathic.

At ELI, we designed a tool called the Reactivity Sequence to support an empathic response. This tool combines elements from empathic leadership, polyvagal theory, mindfulness meditation, and a leadership concept called Above or Below the Line.

The sequence starts with a pause to invite awareness of emotions and body sensations, then clarifying whether our immediate reaction is immobilization (freeze) or mobilization (fight or flight). The next step explores choice and what options are available if we choose a response “above the line.” Finally, the sequence directs us to an inquiry of our higher wisdom available at this moment. (See <https://bit.ly/3uQ6zLF> to experiment with the Reactivity Sequence and learn about the different underlying concepts.)

Best Practice 4: Decrease Blame

Blame is a universal phenomenon that damages relationships and decreases our capacity to collaborate. In 2014,



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Easier Said Than Done: Building Bridges When the Conversation Gets Heated

By Yvette Erasmus, PsyD, LP

We've all been there: a conflict-ridden situation suddenly finds us in a confrontation where we feel angry and defensive. When frustrations run high, the words we use with ourselves and others can really hurt. Our lack of self-awareness and inability to communicate effectively can lead to increased abuse and pain. Alternatively, with the right skill set, we can make inroads that build bridges of compassion, trust, and connection with others even while feeling internally triggered. So what exactly is the "right skill set"?

Lashing Out or Leaning In

I wasn't very far into my first career as a teacher before I was called out by one student in front of my entire high school class for being a "terrible teacher" who "didn't know anything" and "didn't care about her students." I lacked the skill set back then to experience that comment as anything other than devastating. Health care workers regularly face similar criticisms from patients, families, or colleagues. Such devastating experiences can happen at the beginning of our careers, but just as often can happen throughout our workplace interactions.

In my ongoing work as a psychologist and consultant, I've come to recognize that there are three options available when fielding a critical or triggering message, be it from a student, patient, or colleague.

We can turn on ourselves by taking things personally and agreeing with the criticism: *"Yes, I know ... the problem is I don't know what I'm doing. I'm a new teacher, and I'm not cut out for this. I'm not smart enough to do this job. I don't know the things I should."* Judging and blaming ourselves often increases our feelings of guilt and shame and comes at great cost to our own sense of well-being and resilience. When we believe someone else's negative interpretation of who we are, it becomes increasingly difficult to engage with real agency in our own lives, which can lead to distress and depression.

Alternatively, we can judge and blame others. By responding with defensiveness and self-righteousness, we point out that the fault is obviously found in the other party. *"You have no right to say that to me; I bend over backwards around here and get paid peanuts to try and teach you something, and you can't even bring a pencil to*

class." Judging others is the quickest way to get caught in power struggles destined to bring more anger, misunderstanding, and frustration.

But the third, and often most effective, option is to lean in to our collective human experience, especially the painful parts, and to connect with our own and other's perceptions, feelings, and needs. How is this possible? How can we stay connected to our own humanity, and that of others, when caught in a fraught dynamic?

Often the most effective option is to lean in to our collective human experience, especially the painful parts, and to connect with our own and other's perceptions, feelings, and needs.

Skill #1: Remember It's Not Personal

It is very common, in the middle of a tense and dramatic confrontation, to take the situation personally. What I didn't understand in my first teaching job was the practice of compassion-based detachment. In order to practice compassion-based detachment, we first connect with the parts of ourselves that can witness what is happening, instead of defaulting to the part of ourselves that takes things personally.

Our inner witness-self helps us remember the difference between being responsible for people's pain versus being responsive to their pain. Although we may be fielding another's pain, anger, or distress, we are not personally responsible for that pain, anger, or distress. Remembering that we are only ever responsible for our own choices but not others' feelings can make it easier for us to relax and lean in to the emotions and perceptions that others are experiencing.

Skill #2: Ask a New Question

A common initial reflex during conflict is to wonder where it all went wrong and to rush in to find a solution: "Who's right?" "Who's wrong?" "What should happen next?" These are all typical questions in a situation riddled with high emotion. Unfortunately, these questions often ignore the subtle nuance and complicated dynamics behind intense emotional interactions and are ultimately unhelpful. A much more valuable approach is to ask, "What will help?" This accomplishes something essential: it dissolves the illusion that there are two separate, conflicting sides.

By asking "What will help?" we show interest in working *with* the other party

to find a solution. This immediately releases any power struggle inherent in the conflict. Trying to discover a solution to the conflict together, instead of from two opposing sides, allows everyone to drop the primal need to be "right" and instead redirect our energy into imagining a workable solution.

Skill #3: Focus on Needs

Everything people do is an (often tragic) attempt to meet a deep, universal need, and our feelings are simply data about the state of our needs. For example, when we feel hungry, we need to eat; when we feel tired, we need to sleep. Beyond the needs of our bodies lie the needs of our human spirit: the need for connection, for beauty, for joy, for peace. By tuning in to our feelings and needs, we can align our strategies to meet those needs. (For my list of universal human needs, see <https://bit.ly/3JUFagL>.)

When emotions run high and people are triggered, one of the most powerful de-escalation strategies is to relinquish our lens of judgment and replace it with a "lens of needs." When we focus on the need a person is trying to meet — instead of on the often misguided strategy to meet that need — we build connection and understanding.

Thinking back on the dramatic interaction I had with that outspoken student in my first year of teaching, I can see now that her outburst was a misguided strategy to meet a deep need for mattering. She did not think that she mattered; she did not perceive my care. It's not surprising how quickly situations can become emotionally, verbally, and even physically violent when people do not perceive that they matter. In health care, this is no different. Understanding that human dynamics are driven by our own deep needs and the deep needs of others allows us to reframe our lens around what is needed instead of what is wrong.

Under even the most trying of circumstances, we are able to choose who we want to be: kind, engaged, compassionate, and trauma-informed professionals. While we may not be in control of or responsible for what others do and say, we can still nurture relational conditions that make it more likely for us to experience empathy, care, and compassion in the face of tragedy, disappointment, fear, and loss.

Dr. Erasmus is a clinical psychologist specializing in trauma-informed care, emotional resilience and integrating principles of nonviolence into health and healing. For more insights, check out her website <https://www.yvetteerasmus.com/> and her free, virtual Q&A call on Wednesday mornings (<https://bit.ly/3F953FT>); all are welcome.

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I wrote a short eBook titled: *The Blame-Free State* in which I described the key mechanics of blame and how to overcome it (see <https://www.francoisbeausoleil.com/resources> for a free download).

The first step to decrease blame is to consider the other person's experience, including what might be emotionally painful for this person. In the example of the employee who declined vaccination, Dr. Wright guessed that this individual may hold the perspective of not trusting the medical community and might be feeling resentment regarding the vaccine mandate. In turn, this could stimulate fear about accepting an injection with no trust in the people who manufactured the vaccination. This initial step is designed to offer an immediate decrease in the intensity of the blame that we feel. Decreasing blame does not necessitate that we agree with the other person; rather, it means that we choose an empathic response rather than a judgmental one.

The next steps involve guessing what matters the most to the other person and reflecting on how we can integrate that information to create a narrative that further decreases the blame. Consider a situation in which you hold someone at fault and use the Blame-Dissolving Sequence (<https://bit.ly/3I5Gaxn>) to see if you experience a shift.

Best Practice 5: Creating Empathic Support Structures

Finally, we can proactively create empathic support structures to receive empathy from others and to practice these skills, especially when we experience a highly activating situation. A mutual relationship in which you can receive (and provide) empathy is paramount to creating new habits that support empathic and compassionate responses and decrease blame. It can be as simple as an agreement to check in with someone a couple of times a day. The ELI outlines suggestions and guidelines to navigate these sometimes challenging conversations at <https://bit.ly/3rLSg91>.

Conclusion

Compassion resilience includes a variety of skills. These five best practices are the foundation of compassionate living that can provide relief in distressing situations and stimulate progress toward resilience and moral wellness. 

François Beausoleil is a co-founder and lead trainer for the Empathic Leadership Institute. He trains, coaches, and supports individuals and organizations throughout the world. François' previous career was as a musician with Cirque du Soleil. He has an MBA from Sherbrooke University in Quebec, is a certified trainer with the Center for Nonviolent Communication, and a registered corporate coach.