

Compassionate mind training: feasibility and acceptability of a staff workshop

The drive for a more compassionate healthcare system has never been more prominent. However, this has come at a time where resources across the health service are often very stretched. This article describes the feasibility of a pilot project to offer an introductory session of compassionate mind training for neonatal staff across the East Midlands Neonatal Operational Delivery Network. Feedback from the workshop demonstrates that it was very well received and that staff attending the workshop felt that further training would be useful in their roles. Future modifications and ideas for upcoming workshops are outlined.

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Key points

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1. Compassion in healthcare services is a necessity.
2. A pilot project offering an introductory session of compassionate mind training for neonatal staff is described.
3. Feedback demonstrates that the workshop was well received. Most staff requested further training for themselves and/or their teams.

Compassion – feeling for a person who is suffering and being motivated to act to help them¹ – is believed to have numerous benefits within health care, including improving clinical outcomes and increasing patient satisfaction with services.²⁻⁴

However, it is important to recognise that time must be carved out for this to be part of ongoing staff training, particularly as acute healthcare providers are required to deliver care and compassion in a high-threat, fast-paced environment.^{5,6} Indeed, recent systematic reviews demonstrate that incorporating compassion-focused therapy (CFT) approaches could result in practising clinicians enhancing their overall levels of compassion and empathy, as perceived by the clinicians themselves, patients, and third-party observers, using a variety of measurement tools.^{7,8}

CFT is a therapeutic approach aimed at helping individuals cultivate compassion for themselves and others.⁹ The approach encourages us to respond to self-criticism by employing a self-supportive inner voice as well as examining how, as the result of evolution, we have 'tricky brains' that often get caught up in thinking-feeling loops.^{10,11} Compassionate mind training (CMT) is an essential component of CFT, using imaginal and body-based practices to bring these theoretical concepts to life – enabling us to cultivate compassion.

Individuals with higher levels of self-compassion have been found to more readily accept new challenges, modify unhelpful behaviours and recognise mistakes.¹² Within a maternity and neonatal context, improvements in compassionate

30 minutes	Welcome, introductions, setting up a safe space
30 minutes	Compassion in health care – why bother?
15 minutes	Application to the neonatal context
60 minutes	Theory of compassion-focused therapy, including the three-systems model
15 minutes	Break
90 minutes	Experiential compassionate mind exercises, individually and within teams

TABLE 1 The workshop programme.

care have been called for in a number of recent independent enquiries.^{13,14} The need to explore the inhibitors and facilitators to compassionate practice within a neonatal setting is also heightened by the fact that research has demonstrated high rates of moderate to severe secondary traumatic stress and burnout in neonatal staff.¹⁵

Methods

Aims and objectives

The aim of this pilot project was to explore the feasibility of offering a 'taster' CMT workshop for neonatal staff working across a regional neonatal network. Commitment from busy staff often hinders staff support interventions¹⁶ but it was thought that a half day workshop would enable some introduction to the concept both individually and with colleagues. This article refers to two half-day workshops offered four months apart, both delivering the same content.

Theme	Supporting statement
1. Compassion for babies and families	<p><i>'I will aim to take every opportunity to be in the moment when dealing with families, you never know which moments will have the biggest positive impact for that family'</i></p> <p><i>'Made me think about the benefits of compassion to the people you are working with and caring for'</i></p> <p><i>'I valued learning about the importance of compassion for promoting health'</i></p>
2. Self-compassion and compassion for colleagues	<p><i>'I learned so much about being mindful of my trigger and how being compassionate makes a difference at work'</i></p> <p><i>'I will utilise things I have learnt in my clinical practice and also within my teaching in the education team'</i></p> <p><i>'Having compassion doesn't need to take more time. Compassion is beneficial to you as a giver as well as being beneficial to the receiver'</i></p>
3. Hope for further sessions	<p><i>'Really great session, would love to have this yearly'</i></p> <p><i>'Thank you so much – this has been really beneficial for me and I would like to do something like this again'</i></p> <p><i>'My whole consultant team need this session. It is fabulous and really made me think'</i></p> <p><i>'Absolutely amazing. Every member of staff should receive this'</i></p>
4. Value of experiential exercises	<p><i>'I really enjoyed the experiential exercises... very proactive, a positive session with loads to take away'</i></p> <p><i>'Such a lovely session. I loved all the interactive elements, really well thought out'</i></p>

TABLE 2 Key themes and supporting statements.

Participants

The participants were healthcare professionals (n=37) working across 11 neonatal units in a regional neonatal network. All staff from across the East Midlands Neonatal Operational Delivery Network were invited to attend. The delegates did not have to pay a fee and this cost was absorbed from the overall network training and education budget. Delegates attended from every neonatal unit within the network. The attendees included neonatal nurses from across the career pathway (n=32) midwives (n=1), consultant neonatologists (n=3) and clinical psychologists (n=1). Delegates attending came from level 1, 2 and 3 neonatal units across the network.

The workshop

CFT is rooted in an evolutionary, functional analysis of basic social motivational systems (eg humans' motivations to live in groups, form hierarchies and ranks, and seek social connection).¹⁰ The CFT model divides the mind into three basic systems named the 'three-systems model': the threat system, the drive system and the soothing system. It has been proposed that in modern life, particularly in the competitive culture we have created in Western society, our emotion systems are often out

of balance and mainly stimulate our threat and drive systems, at the expense of our soothing system.

A provisional layout for the workshop is outlined in **TABLE 1**, which was adapted from the model proposed by Lucre and Taylor (2020).¹⁷ The workshop took place over four hours in a venue accessible to all staff across the network. It was led and facilitated by a consultant clinical psychologist employed by the East Midlands Neonatal Operational Delivery Network (ODN) and was co-produced and organised alongside the Lead Nursing and Education Team within the Neonatal ODN. The first group consisted of 24 staff and the second workshop consisted of 13 staff.

The workshop was heavily interactive in nature with experiential exercises included throughout the session, in line with CMT principles **FIGURE 1** demonstrates a group exercise exploring how the three-systems model applied in the group's respective workplace environments. Within the workshop, delegates were exposed to both compassionate imagery (eg calming place imagery) and practices based on grounding (eg soothing rhythm breathing).

Results

Feedback was obtained from all delegates



FIGURE 1 A group exercise to explore the three-systems model within a work context. Examples were explored about experiences that move clinicians into drive, threat and soothe modes at work.

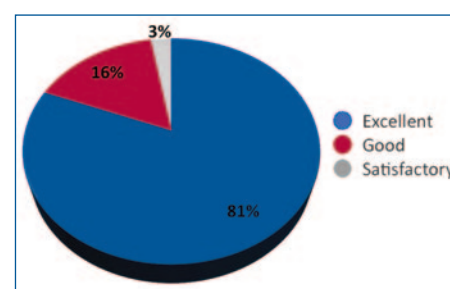


FIGURE 2 Overall rating of the workshop.

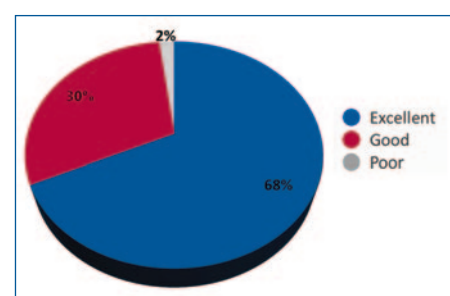


FIGURE 3 Rating of the importance of compassion in health care.

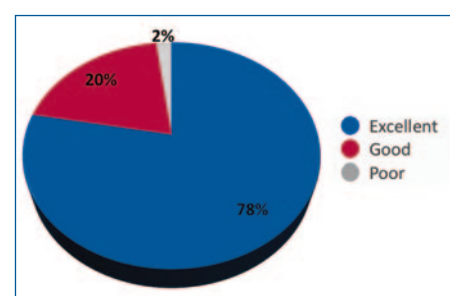


FIGURE 4 Rating of the CMT practical techniques session.

who attended the workshops. This was collected anonymously via SmartSurvey (www.smartsurvey.co.uk) immediately following the workshop. The questionnaire consisted of a mixture of open and closed-ended questions. Overall evaluation across both workshops was positive and

demonstrated that the workshops were well received. As per **FIGURE 2**, 97% of participants rated the workshops overall as either 'good' (16%) or 'excellent' (81%). One participant rated the workshop as 'satisfactory' (3%).

When this was explored further (**FIGURES 2-4**), 98% of participants rated the session examining the importance of compassion in health care as mostly good (30%) or excellent (68%). The session focused on the CMT practical techniques was rated as mostly good (20%) or excellent (78%). Analysis of the respondents' comments identified four key themes (**TABLE 2**).

Discussion

The value of CMT and compassion-focused staff support is becoming increasingly clear, particularly in healthcare settings.^{18,19} Indeed, a recent meta-analysis revealed moderate effect for CMT in reducing symptoms of depression, anxiety and stress, as well as increasing individuals' levels of compassion, mindfulness and wellbeing in both clinical and non-clinical populations.²⁰ Although previous research has reported on the benefits of CMT for student midwives,²¹ no previous research was identified that reported on this approach with neonatal staff. Given the elevated rates of burnout and secondary traumatic stress identified for this group of staff,¹⁵ the potential benefit of this approach appears important to explore.

Initial feedback from the four-hour CMT workshop suggests that this was very well received by staff and that it had the potential to have a positive impact on compassion for themselves, compassion towards each other and compassion towards the babies and families in their care. The interactive elements of the day were particularly valued, which is in line with the experiential style fundamental to the CMT approach. Informal feedback from delegates suggested that a half-day training session hosted within an easily accessible and central venue provided delegates with the highest possible chance of attending. From a funding perspective, the workshop was led by a consultant clinical psychologist employed by the neonatal network, thereby the sole cost incurred was for the hire of the venue, which was absorbed within the neonatal network's budget for training.

There were several limitations of the study. The number of staff who attended the workshop was relatively small (n=37),

yet there was a clear theme within the qualitative feedback for further workshops to be provided for those who were not able to attend. We must consider how these approaches can become part of a wider culture change within individual units and in this regard, we have hopes that further workshops might work towards identifying 'compassion champions' on each unit to keep this approach alive and to help staff stay accountable for the things they aimed to work on following the workshop. We also have hopes to provide further workshops next year, as a 'part 2' for those who have already attended the first pilot workshops, as well as to repeat this part 1 introduction for other professionals who were unable to attend on the previously offered dates. Within this, it may be helpful to consider the use of more standardised measures of compassion (eg the Self Compassion Scale – SF²² or Compassion Satisfaction and Fatigue – ProQOL²³) in order to detail any formalised shifts in compassion.

Conclusion

The pilot study detailing the results of a CMT workshop for neonatal staff demonstrated that this was very well received. Initial themes from the feedback suggest that it has the potential to have an impact on compassion for staff themselves as well as for the families in their care. Future work with larger numbers of participants and more standardised measures is warranted to explore this further.

Author contributions

AD: Led and facilitated workshop. Write up of paper. JF: Idea for the article, design and implementation. Review of draft paper. CH: Co-facilitation of the project, implementation, write up and review of draft. WC: Co-facilitation of the project, implementation, write up and review of draft. LH: Idea for the project, design, write up and review of draft.

References

- Goetz JL, Keltner D, Simon-Thomas E. Compassion: an evolutionary analysis and empirical review. *Psychol Bull* 2010;136:351.
- Frances R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. 2013 London UK: The Stationary Office.
- Epstein RM, Franks P, Fiscella K, et al. Measuring patient-centered communication in patient – physician consultations: theoretical and practical issues. *Social Sci Med* 2005;61:1516-28.
- Sinclair S, Norris JM, McConnell SJ, et al. Compassion: a scoping review of the healthcare

literature. *BMC Palliat Care* 2016;15:1-16.

- Hall LH, Johnson J, Watt I, et al. Healthcare staff wellbeing, burnout, and patient safety: a systematic review. *PLoS One* 2016;11:e0159015.
- McEwan K, Minou L, Moore H, Gilbert P. Engaging with distress: training in the compassionate approach. *J Psychiatr Ment Health Nurs* 2020;27:718-27.
- Patel S, Pelletier-Bui A, Smith S, et al. Curricula for empathy and compassion training in medical education: a systematic review. *PLoS One* 2019;14:e0221412.
- Sinclair S, Kondejewski J, Jaggi P, Dennett et al. What is the state of compassion education? A systematic review of compassion training in health care. *Acad Med* 2021;96:1057-70.
- Gilbert P. Introducing compassion-focused therapy. *Adv Psychiatr Treat* 2009;15:199-208.
- Gilbert P. The origins and nature of compassion focused therapy. *Brit J Clin Psychol* 2014;53:6-41.
- Gilbert P. Compassion: from its evolution to a psychotherapy. *Front Psychol* 2020;3:123.
- Neff KD. The role of self-compassion in development: a healthier way to relate to oneself. *Hum Dev* 2009;52:211.
- Kirkup B. Reading the signals. Maternity and neonatal services in East Kent – the Report of the independent investigation. 2022 London UK: House of Commons.
- Ockenden D. Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS trust. Our final report. 2022 London UK: House of Commons.
- Scott Z, O'Curry S, Mastroyannopoulou K. Factors associated with secondary traumatic stress and burnout in neonatal care staff: a cross-sectional survey study. *Infant Ment Health J* 2021;42:299-309.
- D'Urso A, O'Curry S, Mitchell L, et al. Staff matter too: pilot staff support intervention to reduce stress and burn-out on a neonatal intensive care unit. *Arch Dis Childhood-Fetal Neonatal Ed* 2019;104:F341.
- Lucire K, Taylor J. To suffer with compassion: focused staff support as an antidote to the cost of caring in forensic services. In: *Sexual Crime and Trauma* 2020 (pp. 143-174). Palgrave Macmillan, Cham.
- Stacey G, Cook G, Aubeeluck A, et al. The implementation of resilience based clinical supervision to support transition to practice in newly qualified healthcare professionals. *Nurse Educ Today* 2020;94:104564.
- Beaumont E, Bell T, McAndrew S, Fairhurst H. The impact of compassionate mind training on qualified health professionals undertaking a compassion-focused therapy module. *Couns Psychother Res* 2021;21:910-22.
- Kirby JN, Tellegen CL, Steindl SR. A meta-analysis of compassion-based interventions: current state of knowledge and future directions. *Behavior Therapy* 2017;48:778-92.
- Beaumont E, Martin CJ. Heightening levels of compassion towards self and others through use of compassionate mind training. *Brit J Midwifery* 2016;24:777-86.
- Neff KD. The development and validation of a scale to measure self-compassion. *Self and Identity* 2003;2:223-50.
- Heritage B, Rees CS, Hegney DG. The ProQOL-21: a revised version of the Professional Quality of Life (ProQOL) scale based on Rasch analysis. *PLoS One* 2018;13:e0193478.