

MINDFULNESS AND SELF-COMPASSION FOR PRIMARY CARE PHYSICIANS

Dr Tan Wee Chong, Dr Tan Wee Hong

ABSTRACT

The prevalence of burnout amongst primary care physicians (PCPs) in Singapore is likely to be high. The resilient PCP is less likely to suffer from burnout and might recover faster from this condition. Mindfulness and self-compassionate practices are evidence-based skill sets that can enhance PCP resilience in the face of high work-stress. This article briefly explores the evidence base for mindfulness and self-compassionate practices, and details some simple examples of these practices that the reader can attempt.

Keywords:

Burnout, Resilience, Mindfulness, Self-Compassion, Loving-Kindness

SFP2016; 42(1): 13-16

INTRODUCTION

Burnout is a common phenomenon experienced by healthcare professionals¹ and, similar to international prevalence rates, 37 percent of doctors surveyed in Singapore were at high risk of burnout.² Certain sub-disciplines in healthcare such as mental health and primary care have been reported to experience higher rates of burnout in Singapore.³ Burnout affects the well-being of the healthcare professional¹ which in turn compromises the quality and safety of treatment received by patients. Factors that contribute to burnout are discussed elsewhere in this volume.

Resilience is the ability to bounce back from adversity and works as a buffer against burnout.⁴ Multiple factors affect one's resilience and these can broadly be classified as extrinsic factors and intrinsic factors. Extrinsic factors are external to the practitioner and include work conditions, workload, presence and absence of social support, etc., whereas intrinsic factors pertain to one's personality, attitude and practices.^{4, 2} Intrinsic factors that have an impact on resilience and which are also negatively related to burnout include an overall sense of self-efficacy, sensing that medicine is a calling, an ability to focus on the positives (e.g., gratitude, optimism), a sense of self-awareness, an ability to set boundaries, and being able to engage in effective problem-solving.^{4, 2}

Recent research has demonstrated that mindfulness and self-compassion training has a positive effect on fostering resilience and helping clinicians guard against burnout.^{5, 6, 7, 8}

TAN WEE CHONG
Senior Clinical Psychologist
Changi General Hospital — Eastern Health Alliance

TAN WEE HONG
Senior Clinical Psychologist
Changi General Hospital — Eastern Health Alliance

This article provides an overview of mindfulness and self-compassion training. Certain common exercises are highlighted along with research findings on how these can protect clinicians from burnout. Finally, methods of weaving in brief and informal mindfulness and self-compassion practices into a clinician's daily work are discussed.

MINDFULNESS AND SELF-COMPASSION

1. What is Mindfulness?

There are many contemporary definitions of mindfulness. Perhaps the most practical and applicable definition of mindfulness as a concept is:

The **purposeful act of being aware of all of one's internal and external experiences** happening in any moment, without any attempts to change these experiences.

This definition is derived from several overlapping definitions of mindfulness and includes:

- A deliberate opening of attention;⁹
- An attitude of open acceptance of external experiences (e.g., life situations) and internal experiences (e.g., thoughts, emotions and bodily sensations);¹⁰
- Not judging or attempting to control the experiences¹⁰ — meaning a different relationship to one's experiences;¹¹ and
- The practitioner being directly and concretely in touch with these experiences in real time, and not the idea of these experiences.^{19]}

Epstein¹² proposed 4 habits or sub-actions of mindfulness that can be developed. These include:

Attentive observation— Purposefully looking out for all of one's experiences, including those that we expect and those that we do not expect. For instance, after a long clinical day, we might notice a searing headache. But we might also notice other subtler experiences happening in the background of this headache, such as mild hunger pangs, a sense of relief that we have gotten through another busy day, and even the memories of small clinical triumphs.

Critical curiosity — Being honestly curious about all of our experiences, despite how uncomfortable they might be. For example, a doctor might examine his anger with his patient and realise that it was not just due to the patient's incessant complaining. He might discover and honestly acknowledge that his anger also came from feeling unappreciated by the patient.

Beginner's mind — Making the effort to look at an experience freshly, without pre-conception. For instance, a doctor might think she is feeling frustrated with a patient. But if she asked

herself, “Am I actually feeling something else here? Is it really just frustration?” she might notice that her current emotions involve more than frustration. They might involve uncertainty, urgency, fear and so forth.

Presence— Making the effort to slow down and directly experience something, on a concrete and visceral level. For example, if we are experiencing some physical pain, we should make the effort to directly experience the sensation of this pain, not just the idea of pain. (“Oh I have a pain, it might be a rotten tooth.”)

The opposite of mindfulness is mindlessness or the automatic and almost knee-jerk reactions to situations and our internal experiences. Mindlessness is characterised by being absorbed into the mental narratives of the past and/or the future with an underlying wish to avoid the unpleasant and cling to the pleasant.¹⁰ Often this leads to mistaken attempts at controlling what is outside one’s sphere of control, which only results in failure and further frustration.¹³

At the very least, the mindful clinician will be more able to realise that he or she is burnt-out and take steps to deal with the burnout.⁴ Besides this, being mindful also means not reacting automatically to the sense of frustration, anger or irritation that tends to arise when we are fatigued,¹⁴ which could exacerbate the sense of burnout. For the time-pressed PCPs who often experience an internal sense of urgency in their clinic, mindfulness can further help them develop a sense of inner slowness, patience and spaciousness.⁹

Research has supported the notion that mindfulness can help to foster a sense of resilience in the workplace.¹⁵ Iraq-bound American soldiers who underwent Mindfulness-Based Stress Reduction training reported experiencing increased clarity of thought and problem-solving abilities in the face of high-stress situations. Mindfulness training has also been linked to improved job performance, productivity and increased job satisfaction.¹⁵ Similarly, other research has demonstrated that being mindful is related to an increase in physicians’ empathy towards their patients.^{6, 7} Mindfulness was correlated to the medical trainee’s personal confidence in providing calm and compassionate care to their patients.⁷ Importantly, it was also negatively correlated to burnout.⁶ Busy physicians who underwent an intensive 52-hour mindfulness meditation programme reported an increased ability to attend deeply to their patients as well as to their own mental states. Further, they also reported feeling more able to cope with the heavy demands of their jobs.⁸

2. What is Self-compassion?

Compassion is a deep appreciation of another person’s suffering accompanied by a wish to alleviate that suffering.¹⁶ Self-compassion then involves being aware of one’s own suffering and needs, and wishing for alleviation of one’s own suffering.^{14, 5} More specifically, self-compassion involves being mindful of one’s own suffering, having an ability to appreciate that one suffers as another human being would suffer, and

finally being able to take steps to be kind towards oneself in the face of the suffering.⁵

Most people who chose careers in healthcare experience and often exhibit strong compassion towards others and, in particular, the patients they take care of. What often happens is that healthcare professionals over-extend themselves to the point of compassion fatigue in their bid to improve the well-being of their patients.⁵ Indeed, some healthcare professionals would go so far as to sacrifice their own well-being for the sakes of their patients as manifest during the SARS period.¹⁷

What clinicians failed to do was to include themselves into the compassion equation; forgetting that compassion-for-patients starts with self-compassion.¹⁸ On the contrary, many healthcare workers espouse high standards for themselves and are often highly self-critical of their performance.¹⁹ Indeed, research has demonstrated that personality traits such as self-sacrifice, high-standards and self-criticism are prevalent in healthcare professionals.¹⁹ It is likely that people who have these traits choose to be in healthcare and the industry itself serves to deepen these traits with its standards. Additionally, certain cultures such as Asian ones can reinforce these traits.²⁰ Given that many factors perpetuate these traits, it is therefore not surprising that Asian healthcare workers struggle to be compassionate towards themselves.

Fortunately, research has clearly demonstrated that self-compassion training or acquiring the ability to be kind towards oneself can help to increase resilience and help clinicians remain compassionate towards their patients.¹ Even a 10-minute laboratory experiment induced a sense of well-being and sense of connection with another person in healthcare providers.¹ Other research has demonstrated that in the presence of a dose-response relationship, increased practice was related to an increased and sustained sense of well-being and sense of being connected to other people.²¹

3. Common Techniques to Foster Mindfulness and Self-Compassion

Mindfulness of the breath

One of the most basic mindfulness exercises involves being aware of one’s breath.¹⁰ Here are the instructions for this exercise:

1. Settle down comfortably with your eyes closed or slightly downcast. Ensure that your back is comfortably erect.
2. Notice your breathing either at (1) your nose; (2) your chest; or (3) your stomach.
3. Simply notice your breathing without trying to control how deep you are breathing or how fast you are breathing.
4. As you notice the inhalation, mentally say “in” and as you notice the exhalation, mentally say “out”.
5. If you get distracted by other things in the surroundings or by your thoughts and emotions, just mentally say “other things” and gently refocus your attention onto noticing your breathing.

It is not uncommon to feel sleepy after a while. A good alternative to help with managing sleepiness is to do the exercise standing up whilst holding the backrest of a chair. Another common problem that arises is the tendency to be self-critical or judgemental when your mind wanders. When you notice the part of you that is critical, just mentally and gently say “other things” again and go back to noticing your breathing.

Lovingkindness Training

Lovingkindness training is one of the most popular ways to cultivate a sense of compassion towards the self and towards others.²² The training involves visualisation combined with the use of verbal well-wishing phrases towards others and oneself. Here are the instructions. Set aside a brief period of time every day to do this training.

1. Settle down comfortably with your eyes closed and start by noticing the sensation of your breathing for a few moments.
2. Bring up an image of someone who cares deeply for you in your mind and imagine that person wishing you well or expressing their care and concern for you in some manner. Some people would combine the image with a phrase of well-wishing such as “May I be well, may I be peaceful”. Stay with this visualisation for a few minutes.
3. Next bring up an image of someone whom you care deeply for and imagine yourself expressing care and concern in some manner towards this person. Some people would combine it with a well-wishing phrase such as “May you be well and peaceful”. Stay with this image for a few minutes.
4. Next bring up an image of an acquaintance or someone whom you have neutral feelings towards and repeat the exercise with the phrase “May you be well and free from suffering”.
5. Following this, bring up an image of an enemy or someone you dislike and repeat the exercise with the phrase “May you be well and free from suffering”.
6. Finally, bring up the image of the World and express goodwill towards all living beings with a possible phrase “May all living beings be well and free from suffering”

It is common for people to experience the exercise as artificial. However, regular practice often leads to cultivation of a genuine sense of self and other compassion. Another common problem that people might experience is a sense of reluctance to express goodwill to someone or to oneself. In such instances, it is useful to be mindful of that part of you that feels reluctant and express goodwill towards that part first (i.e., “May this part of me be well and free from suffering”).

A short-form version of self-compassion practice can be done, as follows:

1. Sit with your back comfortably erect and your eyes lightly closed.
2. Take a few moments to be aware of the natural rhythm of your breathing.

3. Now, as you breathe in, mentally wish yourself well (“May I be well”).
4. As you breathe out, mentally wish yourself peace (“May I be peaceful”).

For every in-breath, wish yourself wellness and for every out-breath, peace. Try to mean the words “May I be well” and “May I be peaceful”.

4. Weaving Mindfulness and Self-Compassion Into the Busy PCP Practice

One of the biggest obstacles for PCPs who wish to practice mindfulness is trying to balance the practical difficulties of a full clinical practice with making time for regular practice. It is useful to note that although the formal practice of mindfulness (i.e., setting aside time to practice) is important, it is also possible to weave in very brief instances of mindfulness into the PCPs’ clinical practice schedule.⁴ The analogy is like going to the gym versus engaging in incidental exercises during other daily activities. Every little bit of mindfulness or self-compassion practice is helpful. Here are some ways to incorporate instances of mindfulness into the busy PCP practice.

1. **Noticing 1 breath** — Before you start your day or call in the next patient. Take a moment to breathe in and out, for 1 breath. Notice all the sensations of that 1 in-breath and all the sensations of that 1 out-breath.

2. **Mindfulness of the soles of your feet** — As you are standing up or walking around the clinic during procedures or between rooms, really notice the sensations on the soles of your feet as they make contact with the ground.

3. **Repeat the phrase “I am here now”** — If you find your mind wandering away or getting worried about the day’s workload, take a deep breath and tell yourself a few times “I am here right now”. You can also be aware of the physical sensations of your body as you repeat this breath.

4. **Slow down your movements** — If you notice yourself rushing around because of the busyness and making more mistakes and then spending time to correct the mistakes, slow down your actions. For instance, walk slowly and deliberately to the toilet between some patients. Be aware of how your body moves as you deliberately slow down your actions. As you slow down, you might notice that often the sense of urgency is an exaggeration that comes from our minds. Ironically, this sense of urgency might reduce our effectiveness as we tend to react in a knee-jerk fashion when we are driven by it.

5. **Using the phrase “this too will pass” for difficult emotions and situations** — Often in difficult situations or when we have had hard days, we have this sense that the suffering we are experiencing will not cease. When that happens, take a deep breath and remind yourself “this too will pass”. Realise that all things will eventually pass with the passage of time, as will the suffering that we might be

experiencing in the moment.

6. Practicing quick self-compassion — Take a moment (about the duration of time needed to take a quick drink of water), to mentally repeat the phrase “May I be well”.

There are many other small mindful activities that you can intersperse throughout your workday.

7. Practicing quick compassionate self-repair — After a difficult encounter where you might feel you have not done your best clinically, mentally say to yourself “I might have made a mistake but I’m still a worthwhile/good person.” This exercise might feel somewhat artificial initially but regular practice would allow the PCP to recognise the truth in the phrase.

The methods above are not exhaustive. There are many other ways of practicing mindfulness and self-compassion during the course of a busy workday. These often involve the activities already present in the workday. Examples include:

- Noticing the flow of water at the dispenser or tap — and reminding yourself that the stress too “shall pass/flow like the water”;
- Mindfully being aware of the sensations of movement as you walk to the bathroom;
- Taking a short pause before you call the patient — simple sit still for a few seconds;
- Feeling your fingers typing or the motion of your pen during clerking; and
- At regular intervals (such as after every 5 patients), pause and mentally give yourself a pat on the back for the noble work you are doing. (“I’m doing the best I can today. Well done.”)

REFERENCES

1. Seppala EM, Hutcherson CA, Hguyen DTH, Doty JR, Gross JJ. Loving-kindness meditation: A tool to improve healthcare provider compassion, resilience and patient care. *Journal of Compassionate Health Care*. 2014;1(5):1-9.

2. Chan AOM, Chan YH, Chuang KP, Ng JSC, Neo PSH. Addressing physician quality of life: Understanding the relationship between burnout, work engagement, compassion fatigue and satisfaction. *J Hosp Admin*. 2015;4(6):46-55.

3. Lee KH. We need a new kind of primary care. *The College Mirror*. 2014;40(2):11-13.

4. Epstein RM, Krasner MS. Physician resilience: What it means, why it matters and how to promote it. *Acad Med*. 2013;88:301-3.

5. Raab K. Mindfulness, self-compassion and empathy among health

care professionals: A review of the literature. *J Health Care Chaplain*. 2014;20(3):95-108.

6. Olsen K, Kemper KJ, Mahan JD. What factors promote resilience and protect against burn-out in first-year pediatric and medicine-pediatric residents? *J Evid Based Complementary Altern Med*. 2015;20(3):192-8.

7. Olsen K, Kemper KJ. Factors associated with well-being and confidence in providing compassionate care. *J Evid Based Complementary Altern Med*. 2014;19(4):292-6

8. Beckman HB, Wendland M, Mooney C, Krasner MS, Quill TE, Suchman AL, et al. The impact of a program in mindful communication on primary care physicians. *Acad Med*. 2012;87(6):815-9.

9. Epstein RM. Mindful practice in action I: Technical competence, evidence-based medicine, and relationship-centered care. *Families, Systems, & Health*. 2003;21(1):1-9.

10. Siegel RD. *The Mindfulness Solution: Everyday Practices for Everyday Problems*. NY: The Guilford Press; 2010.

11. Cornell AW. *Focusing in Clinical Practice: The Essence of Change*. NY: WW Norton & Company; 2013.

12. Epstein RM. Mindful practice in action II: Cultivating habits of mind. *Families, Systems, & Health*. 2003;21(1):11-17.

13. Harris R. *The Happiness Trap: Stop Struggling, Start Living*. NSW: Exisle Publishing; 2007.

14. Holzel BK, Lazar SW, Gard T, Schuman-Oliver Z, Vago DR, Ott U. How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspective on Psychological Science*. 2012;6(6):537-59.

15. Chaskalson M. *The mindful workplace: developing resilient individuals and resonant organizations with MBSR*. UK: Wiley-Blackwell; 2011.

16. Knight R. The doctor, the patient and compassion. *Journal of Holistic Healthcare*. 2011;8(3):50-3.

17. Tai DYH. SARS plague: Duty of care or medical heroism. *Ann Acad Med Singapore*. 2006;35:374-378.

18. Salzberg S. *Loving-kindness: the revolutionary art of happiness*. Boston: Shambhala; 1995.

19. Brooks SK, Gerada C, Chalder T. Review of literature on the mental health of doctors: are specialist services needed? *J Ment Health*. 2011;20(2):145-56.

20. Kitayama S, Markus HR. Yin and yang of the Japanese self: The culture psychology of personality coherence. In: Cervone D, Shoda Y, editors. *The coherence of personality: social-cognitive bases of consistency, variability and organization*. NY: Guilford Press; 1999. p. 242-301.

21. Fredrickson BL, Cohn MA, Coffey KA, Pek J, Finkel SM. Open hearts build lives: positive emotions, induced through loving-kindness meditation, build consequential personal resources. *J Pers Soc Psychol*. 2008;95(5):1045-62.

22. Flowers S, Stahl B. *Living with your heart wide open: how mindfulness and compassion can free you from unworthiness, inadequacy and shame*. CA: New Harbinger Publications; 2011.

LEARNING POINTS

- **Mindfulness and self-compassion have been shown to have salutary effects on burnout by increasing practitioner resilience, and by buffering against the negative emotions associated with burnout. They are concrete skill sets that the busy PCPs could incorporate seamlessly into their clinical-day routines. Doing so will increase the PCPs’ sense of personal control.**
- **Mindfulness involves the deliberate action of being aware of all experiences without attempting to change them.**
- **Self-compassion involves empathy for and kindness towards oneself — in spite of what emotions one is experiencing.**
- **The benefits of both practices are cumulative — it is best to consistently practice them in small doses over time.**