



EDITORIAL

Gentle gloves: The importance of self-compassion for mental health nurses during COVID-19

Hey, it's okay to be hard on yourself, but when you're kind of knocking yourself down you should at least put on some gentle gloves - Gavin Harrison (in Gerace & Harrison, 2015).

It is hard to overestimate the deleterious mental health and well-being effects of COVID-19 on communities around the world. Nurses, as part of their communities, face similar stressors to others, but also deal with the additional strain of working in fast-paced, changing, and risky environments. Nurses have reported elevated mental health concerns during the pandemic (Sampaio *et al.* 2020), often connected to perceived threat of virus transmission in the healthcare setting (Gázquez Linares *et al.* 2021). For mental health nurses, both those working in inpatient services and the community, COVID-19 has required fast adaptation to a changing environment and has resulted in more complexity in attending to consumer mental health and physical needs (Foye *et al.* 2021; Usher *et al.* 2020). All the while, they are expected to perform what is at the heart of mental health work: that is to 'be' with their consumers in an empathic and compassionate way (Gerace *et al.* 2018). Concerningly, recent research has suggested that COVID-19-related concerns and responsibilities may have impacted both nurses' health and their relationships with consumers. Nurses working during the pandemic have reported symptoms of burnout and emotional exhaustion (Chen *et al.* 2021) and that they feel physical distancing requirements and protective equipment (e.g., masks) make it more difficult to provide empathic care (Eddy 2021).

Perhaps, more so than nurses working in other specialties, mental health nurses depend on their ability to empathize and provide compassionate care to consumers. Empathy and compassion require a good understanding of self and other boundaries, acute

awareness of the inherent worth, value and uniqueness of the other person, and understanding of the shared humanity between oneself and the recipient of one's concern and care (Gerace 2020; Jeffrey 2016; Strauss *et al.* 2016). The process of taking another person's perspective, often referred to as cognitive empathy, and experiencing an emotional response to their plight, whether it be empathic concern, warmth, compassion, sympathy, or a range of other responses, allow nurse-consumer connection and a shared vantage point for nurses to 'do' the work of mental health nursing (Forchuk *et al.* 1998; Gerace 2020; Gerace *et al.* 2018; Peplau 1997). These cognitive processes and emotional outcomes have positive impacts for both the helper (e.g., compassion satisfaction; Smart *et al.* 2014) and helpee (assistance with their concern; Gerace 2020).

In recent years, compassion has particularly received attention. Compassion involves processes of empathy, such as understanding another's perspective (Strauss *et al.* 2016), but more recent conceptions (e.g., Gilbert 2014) stress that it involves both being *sensitive* to another's suffering and being *motivated* to alleviate it; that is, to help the person in some way to reduce their suffering. For nurses, this may be through a treatment or therapy to help their consumer, and particularly in the case of mental health nurses, through lending a supportive ear and expressing understanding through voice, touch, or other actions (Gerace *et al.* 2018; Gleeson & Higgins 2009).

We know that mental health nurses engage in these complex and efficacious processes of relating to and treating others warmly and with an empathic and compassionate approach. But do they do this for themselves?

Self-compassion is when we enact compassion for ourselves – that is, we become aware of our suffering and attempt to do things that will be helpful for us, such as addressing a problem, attempting to put a failing in perspective, and being kind to ourselves. Based on the research, I suggest that nurses who engage in *self-compassion* will positively impact their well-being and resilience, and in turn, the care that they provide to consumers.

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Neff, who has influentially conceptualized contemporary understandings of self-compassion (e.g., Neff 2003a, 2003b, 2011), suggests that self-compassion involves three components. The first is being kind to oneself. We can be terribly critical when we do not meet our own standards (Joeng & Turner 2015). Many have likely criticized themselves over the pandemic for perceived failings such as not getting as much done away from the office or not giving children sufficient attention during home schooling. Indeed, nurses have reflected on the difficulty of balancing work and home caring responsibilities, including working from home via telehealth (Digby *et al.* 2021). Being kind is not denying that you may have fallen short, but is about being warm and nurturing to yourself, telling yourself that you are doing the best you can, and accepting imperfection (Neff 2011).

The second component is recognizing common humanity (Neff 2003a, 2003b). Recognizing common humanity allows us to realize that we all experience pain, fall short, or make mistakes. When we do this, we move away from rumination and shame, which can make us want to disengage from others (Tangney 1995), and we can also reduce the feelings of isolation that come from thinking our suffering is unique (Neff 2011). COVID-19 is indeed an opportunity for recognizing shared humanity. While it has not equally affected people (WHO 2020), everyone has experienced some suffering or discomfort during this time. In nurses' cases, they have been required to deal with the suffering of their consumers, but also their own suffering, with the potential for compassion fatigue and personal distress.

The third component of self-compassion is holding our thoughts in balanced awareness (Germer & Neff; 2013, Neff 2003a, 2003b). That is, we try not to get entangled in our thoughts and feelings, overidentify with them, deny them, or avoid them through engagement in unhealthy or risky behaviours (see Phillips & Hine 2021). Neff (2003a) suggests that we need to be mindful and non-judgmental of our suffering and to see it as part of a wider human experience. Nurses may be particularly aware of some of these ideas, as they are reflected in approaches used in their practice, such as mindfulness approaches or principles involved in acceptance and commitment therapy (ACT). An underlying premise of ACT is the need to acknowledge that life can involve suffering at times, and things we cannot control, but what we can do is commit to living life in line with our values and with awareness of what we might be missing out by avoidance or over-identification with thoughts

(Harris 2019). Such balanced and mindful awareness is likely to have special importance during COVID-19 in helping us to self-soothe and reduce the activation of our threat systems (see Gilbert 2009, 2014; Gilbert & Choden 2013; Gilbert & Procter 2006).

Within the non-nursing literature, self-compassion has been found to be associated with a range of positive outcomes, including resilience in the face of hardship (Neff & McGehee 2010), decreased self-criticism (Wakelin *et al.* 2021), decreased depression and anxiety (Ehret *et al.* 2015; Neff *et al.* 2007; Raes 2010), and improved physical health and health behaviours (Dunne *et al.* 2018; Phillips & Hine 2021). Research is emerging regarding the physiological benefits of self-compassion, such as reductions in neural activation involved in threat and increases in heart rate variability (Di Bello *et al.* 2020, Kim *et al.* 2020).

Importantly, increasing attention is being devoted to investigating the effects of self-compassion for nurses. Nurses who are more self-compassionate report greater well-being (Durkin *et al.* 2016) and happiness (Benzo *et al.* 2017). Self-compassion in nurses is also associated with better health behaviours, such as getting sufficient sleep (Gerace & Rigney 2020; Kemper *et al.* 2015; Vaillancourt & Wasylkiw 2020).

And what about the consumers for whom they care? Nurses higher in self-compassion report lower compassion fatigue and burnout (Beaumont *et al.* 2016; Dev *et al.* 2018), with nurses prone to take others' perspectives and experience empathic concern reporting higher compassion satisfaction (Duarte *et al.* 2016). From a conceptual point of view, self-awareness is related to understanding of others (Gerace *et al.* 2017). In the case of self-compassion, it is likely that its focus on recognizing common humanity, realising that we all experience hardship, and developing balanced understanding of our experiences, helps us to entertain the perspectives and experiences of others. Indeed, self-compassion is associated with empathy in general samples (Neff and Pommier 2013), and in the case of nurses, with emotional intelligence, an important component of which is self-awareness and empathic understanding of others (Heffernan *et al.* 2021; Şenyuva *et al.* 2014). This translates to action, where nurses who are more self-compassionate report fewer barriers to providing compassionate care to consumers (Dev *et al.* 2018) and believe they can provide more efficacious care (Varghese 2020).

Like other community members (Gilbert *et al.* 2011), nurses might be reluctant (or even fearful) to practice self-compassion, perhaps even more so

because their work is focused on extending compassion outward towards others. However, there is growing evidence of the efficacy of programs that aim to increase nurses' self-compassion, which often include mindfulness (e.g., Mahon *et al.* 2017; Raab 2014). Indeed, positive effects of mindfulness-based approaches extend to increasing perspective taking and decreasing distress (Birmie *et al.* 2010), both of which have been found to lead to more empathic nurse behaviours (Gerace *et al.* 2018), as well as resilience (Delaney 2018). While such approaches are dependent on more intense and modulated programs, Neff (2021), Gilbert (2009) and others provide us with a range of ways to begin the process of being more self-compassionate, including exercises involving thinking about how one would treat a friend versus how we treat ourselves, mindfulness activities, and loving-kindness meditations. Approaches drawing from acceptance and commitment therapy principles (Harris 2019) may particularly hold promise, with a recent study focusing on perspective taking as way to decrease cognitive fusion and increase self-compassion (Boland *et al.* 2021).

Nurses have not only demonstrated their adaptability and ingenuity during the pandemic, but their resilience under very difficult circumstances (Chen *et al.* 2021; Goh *et al.* 2021). Perhaps with an awareness of and commitment to self-compassion, mental health nurses can be a little gentler in their approach to themselves. This can only be a good thing as they do their important, unique, person-centred work with those for whom they care during the pandemic and beyond.

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