

Caring For Others Without Losing Yourself

Benefits of mindfulness and self-compassion for family physicians

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Burnout

A career in medicine, by definition, requires doctors to care for others. This “calling” is what inspired many to become doctors in the first place. However, this tendency to prioritise the needs of patients over one’s own needs, coupled with the ever-increasing demands of the profession, can take its toll. Pre-pandemic, many studies globally found the incidence of burnout in doctors across multiple specialties and at all levels (including as early as medical student days) to be around 40%. That number is already shocking, but a study by NUHS found it to almost double during the COVID-19 pandemic.¹

“Burnout” is made up of three components:

- Physical and emotional exhaustion – this may be the one people are most aware of as we tend to notice when our energy levels are lower.
- Depersonalisation – in a healthcare context, this makes it harder to “be with” the experience of the patient. Empathy and compassion for the patients declines and there is a tendency to become task-oriented rather than patient-centred.
- Reduced personal accomplishment – feeling less competent and successful and becoming disengaged from personal motivation to practice medicine.

If any of the above descriptions resonate, you may wish to try the “Maslach Burnout Inventory”, a validated tool that measures these three components of burnout.² Because of the tendency to “keep going”, it is possible to be unaware of burnout creeping up. Rachel Naomi Remen says in her book, *Kitchen Table Wisdom*, “Very few of the professionals I have treated for burnout actually came in saying they were burned out. I don’t think most of them knew. The most common thing I have been told is ‘there is something wrong with me. I don’t care anymore. Terrible things happen in front of me and I feel nothing’”.³ Notice the reference to “depersonalisation” in this statement.

Given that we can be in a state of stress or burnout without realising it, one tool that can help is intentional awareness of our experience – or mindfulness.

Mindfulness

Mindfulness has been defined by Jon Kabat-Zinn as “paying attention, on purpose in the present moment and non-judgementally”. It is simply knowing what is happening, whilst it is happening. Mindfulness practices can be described as “formal” or “informal”.

Formal mindfulness practice, such as sitting meditation, awareness of breath, body scan, mindful walking, etc, involve intentionally paying attention to the focus of the practice. Formal practices train the mind to pay attention to our experience and to notice more quickly when the mind wanders – thus increasing our ability to be in the present moment.

Informal practice is simply paying attention to whatever we are doing. We could wash the dishes mindfully, listen to our children read mindfully, eat our dinner mindfully. It becomes easier to apply mindfulness to our daily life if we have a regular practice of formal mindfulness (and this is the reason mindfulness programmes such as the “Mindfulness Based Stress Reduction” (MBSR) course have become so popular).

With practice, we become aware of our experiences and reactions and can become more intentional in our responses. For example, if someone says something that makes us annoyed, it is quite possible that an automatic reaction is to reply without thinking. How many times have we said things we regret in this situation? Mindfulness allows us to notice our reactions, take a breath, and be more intentional in our response.

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Applying mindfulness to clinical practice has multiple benefits for both doctor and patient. Mindful awareness of the patient enhances the skills of active listening – tuning into the patients’ words, tone, facial expression, silences, etc. Mindful listening is a gift to the patient captured beautifully in the words of Thich Nhat Hanh: “You listen with one purpose, to help him empty his heart”. Mindful awareness of self during clinical practice also provides insight. You may become more aware of your own thoughts and feelings throughout the consultation. This can result in more authentic expression of empathy and compassion, which enhances the doctor-patient relationship.

These practices of mindful communication and self-awareness are woven into the delivery of communication skills teaching at LKC Medicine. Guiding students through a 2-minute formal practice before their simulated consultations and inviting them to reflect on their own thoughts and feelings has had a profound impact on their engagement and performance in teaching sessions and which is noticeable to clinical facilitators and the simulated patients involved.

Awareness of self has the additional benefit of reconnecting us with our own needs. Earlier, I referred to the tendency to put patients’ needs before one’s own and how disconnected physicians may be from their own needs. Mindfulness opens up awareness of “I’m noticing I need the bathroom”, “I’m feeling tired and overwhelmed right now”, “I’m still ruminating on my last patient’s situation”. These kinds of insights invite the question of “what do I need right now”, which can encourage self-care.

Self-Compassion

Whilst empathy allows us to notice and acknowledge the suffering of another person, compassion is the desire to alleviate that suffering. We naturally offer compassion to others when we see their suffering. However, when we are the one who is struggling, we tend to be more critical of ourselves. Picking up on one of the examples above – if a colleague says “I’m feeling tired and overwhelmed right now” we tend to respond with kindness and compassion. We may say “How can I help? Can you find time to rest? I’m sorry you are feeling like this”. In contrast, when it is ourselves feeling this way, we may find a more critical inner voice saying “Pull yourself together and get back to work”. Why are we any less deserving kindness and compassion than our colleague? What if we could offer that to ourselves?

We often hear advice on self-care that includes taking breaks, sleeping well, exercising, etc. But many of the suggestions relate to activities outside of working hours. We cannot say “I’m overwhelmed right now” and walk out of a clinic to go for a massage! We need “tools” that can be applied in the moment to support ourselves in moments of struggle. We can be guided by the question “What do I need right now?” It might be a 30-second break to take some deep breaths.

Or a hot cup of tea. Or to offer ourselves the words that we imagine a good friend would say to us in that moment. Something as simple as placing your hand over your heart as a gesture of self-compassion can have physiological effects (release of oxytocin and reduces stress-induced cortisol release).

Self-compassion is as simple as treating ourselves with the same kindness as we would a dear friend in times of struggle. It sounds straightforward, but it does not come naturally to many of us after years of treating ourselves harshly. One way of exploring these practices is to attend a course like the “Self-Compassion Training for Healthcare Communities” (SCHC). Or for a deeper dive, there is the full 8-week Mindful Self-Compassion (MSC) Programme, which incorporates a more formal practice of mindfulness and self-compassion.

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As a final thought, whilst the focus of this article is the potential for mindfulness and mindful self-compassion to support physician wellbeing, there are also many other people these tools can benefit. So, in addition to considering how to incorporate these techniques into clinical practice as part of self-care, you may also meet patients for whom you could recommend exploring mindfulness or self-compassion practice. Many people attending the MBSR or MSC 8-week programs do so at the recommendation of their doctor.

If you would like to know more about mindfulness, mindful self-compassion, or any of the courses mentioned, please do email me tanyatierney@ntu.edu.sg.

References:

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