Compassionate Listening: a means to connect and communicate in order to rediscover the art of nursing practice

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“People have important things to communicate. Speaking from your heart allows the emotionally difficult, the ordinary, and the wonderful things in our lives to be communicated and received.”

- David McArthur and Bruce McArthur
Examples from Francis Report (Independent Inquiry into care given by Mid Staffordshire NHS Foundation Trust 2005 -2009.)
Compassion implies the acknowledgement of another human’s suffering or predicament.

I believe that to nurse in a compassionate way implies being present for the patient. One cannot practice compassion from a distance.

Compassion in nursing implies a close encounter with our patients and/or their loved ones.
Through compassion one is able to strip off the layers that hide our core human nature. We remove layers such as detachment, showmanship, superiority, competition and ego “to go where it hurts, to enter into places of pain, to share brokenness, confusion and anguish (Nouwen, H. 1980).”
There is knowledge.
There is wisdom.
The difference is compassion.

-Tao of Pooh
Compassionate Care is reaching for that space where spirits connect and may dance together for a while. (Kimble, P. May 2013)

I believe that this feeling of safety and comfort with another is an embodied recognition that although we are human we are Spirit as well.
Fox (1979) sums it up by stating that “compassion is one energy, divine and human” (p.31).

That the embodied experience of Spirit leads to healing is recognized by nursing research (Watson, 2008).

This healing is recognized by nurse and patient or sometimes the patient’s relative or close friend: a connection is made with a gaze of compassion.
This is also very well described by Gully in Johns & Freshwater (1998) in a poem … “Moments special moments nothing extraordinary when my heart opens and sees beyond the physical and is filled with unconditional love barriers are dissolved, souls open, fear is dispelled” (p.143).
According to Fish & Shelly (1978, p.86) we must become aware of the barriers to listening which are: “word meanings, preconceptions, anxiety, personal defenses, purposes such as doing tasks, and different values.”
Example of disliked Doctor EKR
What does compassionate listening look like?

- Be totally present
- Focus on being rather than doing
- Clear the mind of chatter and biases
- Have a open mind
- Facial expression/tone of voice
- Presence entails patience
- Listening implies silence and focusing
- Compassion could imply some discomfort
- Planning (time available)
Often the most significant communication tool is silence, coupled with non-abandonment

Rousseau, 2000
“The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention…. A loving silence often has far more power to heal and to connect than the most well-intentioned words.” (Remen, www.wisdomquotes.com.002329.html).
• Stickley & Freshwater (2006; p. 16) who point out that: “While a technical recovery may be achieved in spite of the nurse-client relationship; a satisfactory recovery/outcome is dependent on a therapeutic relationship.”
• Proulx & Jacelon (2004) highlight the fact that “Often, healthcare providers and families of dying patients are reluctant to accept that a dying individual’s priority may be spiritual guidance, rather than technologically advanced medical care” (p. 116).
When patients feel they are being listened to they respond and give us insight into their being, their uniqueness, their fears and joys.
1. Embrace altruistic values and Practice loving kindness with self and others.

2. Instill faith and hope and honor others.

3. Be sensitive to self and others by nurturing individual beliefs and practices.

4. Develop helping – trusting- caring relationships.

5. Promote and accept positive and negative feelings as you authentically listen to another’s story.

6. Use creative scientific problem-solving methods for caring decision making.

7. Share teaching and learning that addresses the individual needs and comprehension styles.

8. Create a healing environment for the physical and spiritual self which respects human dignity.

9. Assist with basic physical, emotional, and spiritual human needs.

10. Open to mystery and Allow miracles to enter.
Watson: Core Principles/Practices

- Practice of loving-kindness and equanimity
- Authentic Presence: enabling deep belief of other
- Cultivation of one’s own spiritual practice—beyond ego
- “Being”: the caring-healing environment
- Allowing for miracles. (Watson, J. 2013)
We have to move from the “Case” to the “Face”
From
“The patient to the Spirit filled person behind the disease”

Jean Watson 2011
Recognise that there are aspects of knowledge beyond the clinical or factual such as:

- awareness,
- understanding
- and insight.

Also awareness of developing own philosophy and beliefs and an appreciation of others in order to make sense of the experience.
Skills to cope with other’s suffering

- Development of a deeper sense of their own humanity and vulnerability.
- The ability to work within uncertainty is seen as a necessary skill.
- “The professional challenge is to understand…but at the same time be prepared not to understand. Actually savour the not understanding as well…not a comfortable place to be, but someone has to be prepared to be in that place.”
Maintaining perspective within uncertainty

- Making a deliberate decision to allow yourself to actually just be silent enough to actually stay with something.
- Busyness needs to be replaced by the slower but often more intense action of being attentive, listening, and assisting patients and their loved ones in their search for meaning in the experience.
Roache’s Attributes of Caring

5 C’s

- Compassion
- Competence
- Confidence
- Conscience
- Commitment
“…the state of having the knowledge, judgment, skills, energy, experience, and motivation required to respond adequately to the demands of one’s professional responsibilities…

While competence without compassion can be brutal and inhumane, compassion without competence may be no more than a meaningless, if not harmful intrusion into the life of a person or persons needing help. (Roach in Smith, Turkel & Wolf, eds. (2013).
Our Culture of Compassionate Care

The 6 Cs

1. Care
2. Compassion
3. Competence
4. Communication
5. Courage
6. Commitment
“Compassion relates to our humanity in a unique way and the expression of compassion is part of what I identify as essential in critical moments of care, exemplifying the art of nursing.”

Kimble P (2010)
A Great Attitude becomes a Great Mood; 
A Great Mood becomes a Great Day.... 
A Great Day becomes a Great Year... 
A Great Year becomes a GREAT LIFE...

-UNKNOWN-
References:


Hegarty, M ; Breaden, K; Swetenham, K & Grbich, C. (2010). Learning to work with the “unsolvable”. Building capacity to work with refratory suffering. *Journal of Palliative Care* 26 (4).
