IFIC LATAM

Grupo de Trabajo de Atención Integrada y Fin de Vida

Cuidar a quienes cuidan: estrategias de protección y bienestar de los equipos de salud

¿Como sostener el cuidado sin quebrarse?

Compasión, Sensibilidad y Protección de Equipos de Salud

Dra. Daniela Castillo Mansilla

ificlatam@integratedcarefoundation.org

Agenda

01. *Contexto y Conceptualizaciones*

02. *Neurociencia de la compasión: Tres sistemas de regulación emocional*

03. *Beneficios de la compasión y sus flujos*

04. *Factores contextuales que afectan la provisión de cuidado compasivo, obstaculizadores y sus efectos*

05. *Medidas de protección de los equipos de salud*

06. *Retos y aprendizajes- ¿Cómo sostener el cuidado que se quebrarse?*

Contexto y emergencia del concepto en la literatura

THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY

Chaired by Robert Francis QC

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

February 2013

Executive summary

Presented to Parliament pursuant to Section 26 of the Inquiries Act 2005

Ordered by the House of Commons to be printed on 6 February 2013

Malenfant et al. BMC Palliative Care (2022) 21:80
https://doi.org/10.1186/s12904-022-00942-3

BMC Palliative Care

RESEARCH Open Access

Compassion in healthcare: an updated scoping review of the literature

Sydney Malenfant[1,2], Priya Jaggi[1,3], K. Alix Hayden[4] and Shane Sinclair[1,3,5*]

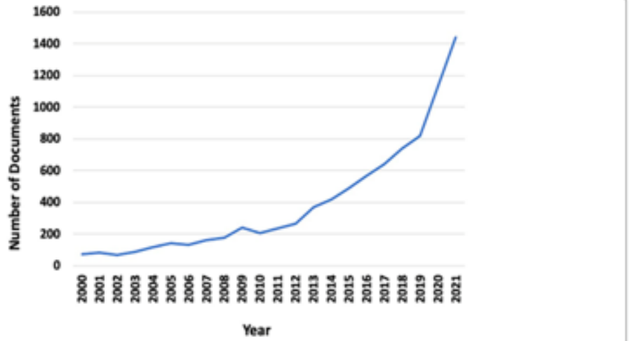


Fig. 1 Number of documents from 2000 to 2021 (Scopus search: Compassion in healthcare)

Int J Health Policy Manag. 2015 Jul 15;4(11):771-2. doi: 10.15171/ijhpm.2015.132.

Why and How Is Compassion Necessary to Provide Good Healthcare? Comments From an Academic Physician Comment on "Why and How Is Compassion Necessary to Provide Good Quality Healthcare?"

Christos Lionis [1]

Affiliations + expand

PMID: 26673339 PMCID: PMC4629704 DOI: 10.15171/ijhpm.2015.132
Free PMC article

Received: 22 May 2018 | Revised: 5 October 2018 | Accepted: 13 October 2018
DOI: 10.1111/nin.12271

FEATURE

WILEY Nursing Inquiry

Compassion in nursing: Solution or stereotype?

Stephanie Tierney[1] | Roberta Bivins[2] | Kate Seers[3]

Self and Identity, 2: 85–101, 2003
Copyright © 2003 Psychology Press
1529-8868/2003 $12.00 + .00
DOI: 10.1080/15298860390129863

Psychology Press
Taylor & Francis Group

Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself

KRISTIN NEFF
University of Texas at Austin,
Austin, Texas, USA

Cómo se ha definido la compasión

Jinpa, 2010

La compasión se refiere a ser sensible o tener “un sentido básico de apertura o sensibilidad hacia el sufrimiento propio y de los demás, aunado a la intención genuina de aliviarlo y prevenirlo”. (Gilbert, 2015)

Factores involucrados en la compasión

Reconocer el sufrimiento: Identificar de manera consciente cuándo otra persona está experimentando dolor, angustia o vulnerabilidad.

Comprender su universalidad: Apreciar que el sufrimiento es parte inherente de la experiencia humana y que todos, en algún momento, lo vivimos.

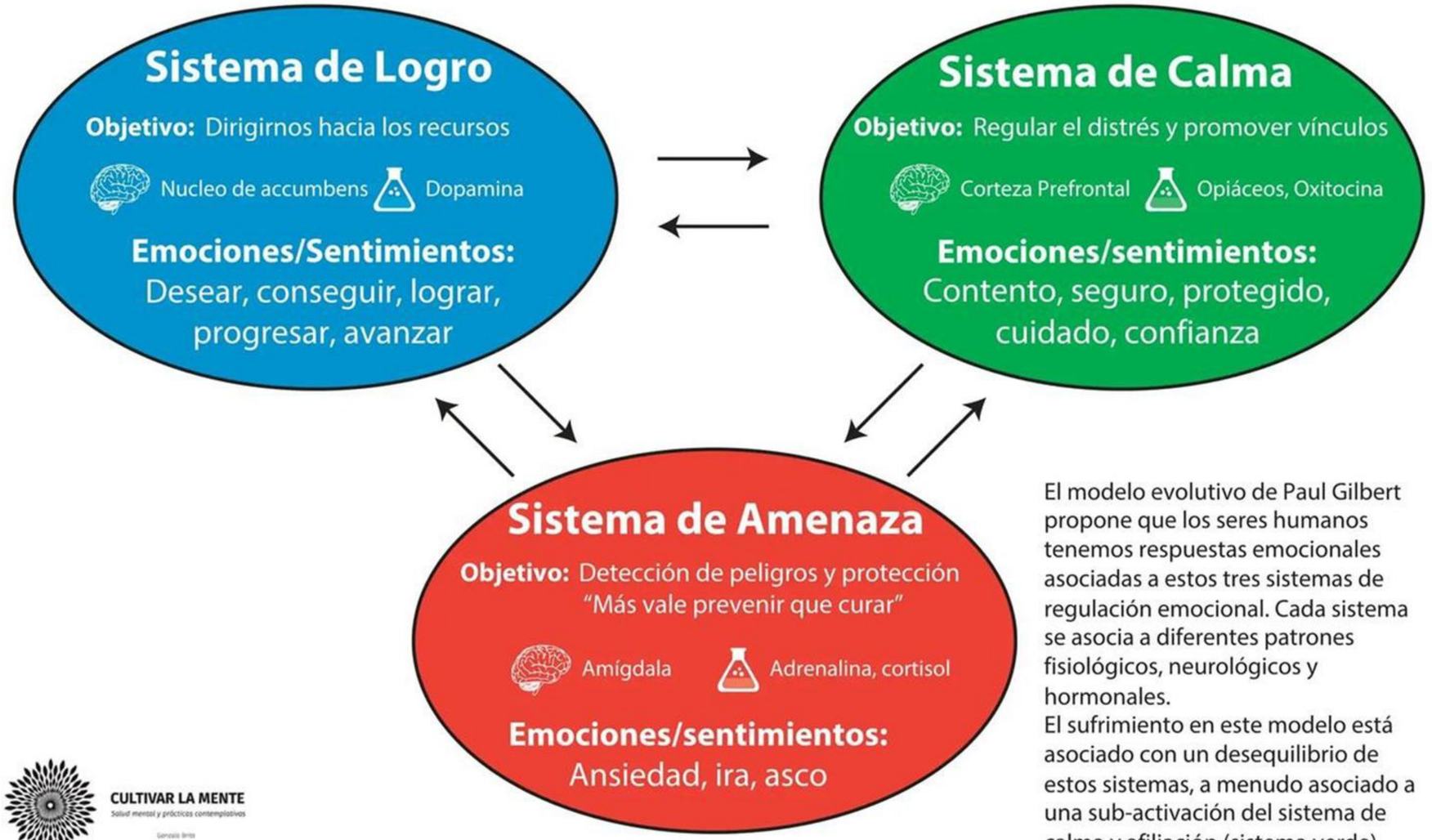
Conectar empáticamente: Sentir empatía por quien sufre y establecer una conexión emocional genuina con su experiencia y angustia.

Tolerar el malestar propio: Aceptar y gestionar los sentimientos incómodos que puedan surgir en uno mismo al presenciar el sufrimiento, manteniéndose abierto, presente y disponible para la otra persona.

Actuar para aliviar: Estar motivados y dispuestos a tomar medidas concretas que contribuyan a disminuir o aliviar el sufrimiento observado.

Gu J, Cavanagh K, Baer R, Strauss C (2017) An empirical examination of the factor structure of compassion. PLoS ONE 12(2):e0172471. doi:10.1371/journal.pone.0172471

Sistemas de Regulación Emocional



El modelo evolutivo de Paul Gilbert propone que los seres humanos tenemos respuestas emocionales asociadas a estos tres sistemas de regulación emocional. Cada sistema se asocia a diferentes patrones fisiológicos, neurológicos y hormonales.
El sufrimiento en este modelo está asociado con un desequilibrio de estos sistemas, a menudo asociado a una sub-activación del sistema de calma y afiliación (sistema verde).

CULTIVAR LA MENTE
Salud mental y prácticas contemplativas
Gonzalo Brito

PSYCHOLOGYTOOLS FREE

http://psychologytools.com http://cultivarlamente.com

Beneficios- Mejora los resultados en salud para pacientes y familias:

- Mejora la respuesta inmunitaria
- Reducción de las hospitalizaciones
- Menor dependencia de los cuidados intensivos al final de la vida
- Disminución del dolor y del uso de analgésicos
- Mejor adaptación psicológica a los diagnósticos de cáncer
- Reducción de quejas y aumento de la participación
- Reducción de estrés postraumático

(Rakel et al., 2011; Lown et al., 2015; 2018; Gilbert; 2017)

Medical Hypotheses 107 (2017) 92–97

Contents lists available at ScienceDirect

Medical Hypotheses

journal homepage: www.elsevier.com/locate/mehy

Compassionomics: Hypothesis and experimental approach

Stephen Trzeciak*, Brian W. Roberts, Anthony J. Mazzarelli

Cooper University Health Care and Cooper Medical School of Rowan University, Camden, NJ, USA

ARTICLE INFO

Keywords:
Compassion
Empathy
Humanism
Healthcare
Clinical trials
Clinical trial design

ABSTRACT

Recent reports indicate that healthcare is experiencing a compassion crisis – an absence of (or inconsistency in) compassionate patient care. It is currently unclear if, or to what extent, this exerts significant effects on health and healthcare. Experimental data are few, and this represents a critical knowledge gap for all health sciences. We hypothesize that compassionate care is beneficial for patients (better outcomes), healthcare systems and payers (lower costs), and healthcare providers (lower burnout). Compassionomics is the branch of knowledge and scientific study of the effects of compassionate healthcare, and herein we describe a framework for hypothesis testing. If the hypotheses are confirmed, compassionate healthcare can be established in the domain of

Intensive Care Med (2019) 45:815–822
https://doi.org/10.1007/s00134-019-05601-5

ORIGINAL

Healthcare provider compassion is associated with lower PTSD symptoms among patients with life-threatening medical emergencies: a prospective cohort study

Jeena Moss[1], Michael B. Roberts[2], Lisa Shea[1], Christopher W. Jones[1], Hope Kilgannon[1], Donald E. Edmondson[3], Stephen Trzeciak[4,5] and Brian W. Roberts[1,5*]

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Health Expectations

An International Journal of Public Participation in Health Care and Health Policy

Health Expect. 2022 Aug; 25(4): 1691–1702.
Published online 2022 Jun 3. doi: 10.1111/hex.13512

PMCID: PMC9327826
PMID: 35661516

More than a feeling? What does compassion in healthcare 'look like' to patients?

Sofie I. Baguley, MHealthPsyc, [1] Alina Pavlova, RMSc, [1] and Nathan S. Consedine, Professor [1]

Author information ▸ Article notes ▸ Copyright and License information PMC Disclaimer

Health Expect

Beneficios para la persona que brinda cuidado

Mejora la salud y bienestar de los proveedores de cuidado:

- Aumenta los sentimientos de gratificación y bienestar
- Menos estrés y fatiga
- Mejora la atención, confianza, comunicación, el desempeño del equipo, aprendizaje de los errores

Reduce las consecuencias económicas, legales e imagen pública institucional

(Sinclair et al., 2016; Lown et al., 2014; Francis, 2013; Perez-Bret E, Altisent R, Rocafort, 2016; Zaman et al., 2018; Whitehead et al., 2015; Trzeciak, Roberts y Mazzarelli, 2017; Cavanagh 2020, Bayuo y Agbernorku, 2022).

doi:10.1093/scan/nst060 SCAN (2014) 9, 873–879

Differential pattern of functional brain plasticity after compassion and empathy training

Olga M. Klimecki,[1,2] Susanne Leiberg,[3] Matthieu Ricard,[4] and Tania Singer[1,3]
[1]Department of Social Neuroscience, Max Planck Institute for Human Cognitive and Brain Sciences, 04103 Leipzig, Germany, [2]Swiss Center for Affective Sciences, University of Geneva, 1205 Geneva, Switzerland, [3]Laboratory for Social and Neural Systems Research, Department of Economics, University of Zurich, 8006 Zurich, Switzerland, and [4]Mind and Life Institute, Hadley, MA 01035, USA

Although empathy is crucial for successful social interactions, excessive sharing of others' negative emotions may be maladaptive and constitute a source of burnout. To investigate functional neural plasticity underlying the augmentation of empathy and to test the counteracting potential of compassion, one group of participants was first trained in empathic resonance and subsequently in compassion. In response to videos depicting human suffering, empathy training, but not memory training (control group), increased negative affect and brain activations in anterior insula and anterior midcingulate cortex—brain regions previously associated with empathy for pain. In contrast, subsequent compassion training could reverse the increase in negative effect and, in contrast, augment self-reports of positive affect. In addition, compassion training increased activations in a non-overlapping brain network spanning ventral striatum, pregenual anterior cingulate cortex and medial orbitofrontal cortex. We conclude that training compassion may reflect a new coping strategy to overcome empathic distress and strengthen resilience.

Keywords: fMRI; social; emotion; insula; medial orbitofrontal cortex

Medical Hypotheses 107 (2017) 92–97

Contents lists available at ScienceDirect

Medical Hypotheses

journal homepage: www.elsevier.com/locate/mehy

Compassionomics: Hypothesis and experimental approach

Stephen Trzeciak*, Brian W. Roberts, Anthony J. Mazzarelli

Cooper University Health Care and Cooper Medical School of Rowan University, Camden, NJ, USA

ARTICLE INFO

Keywords:
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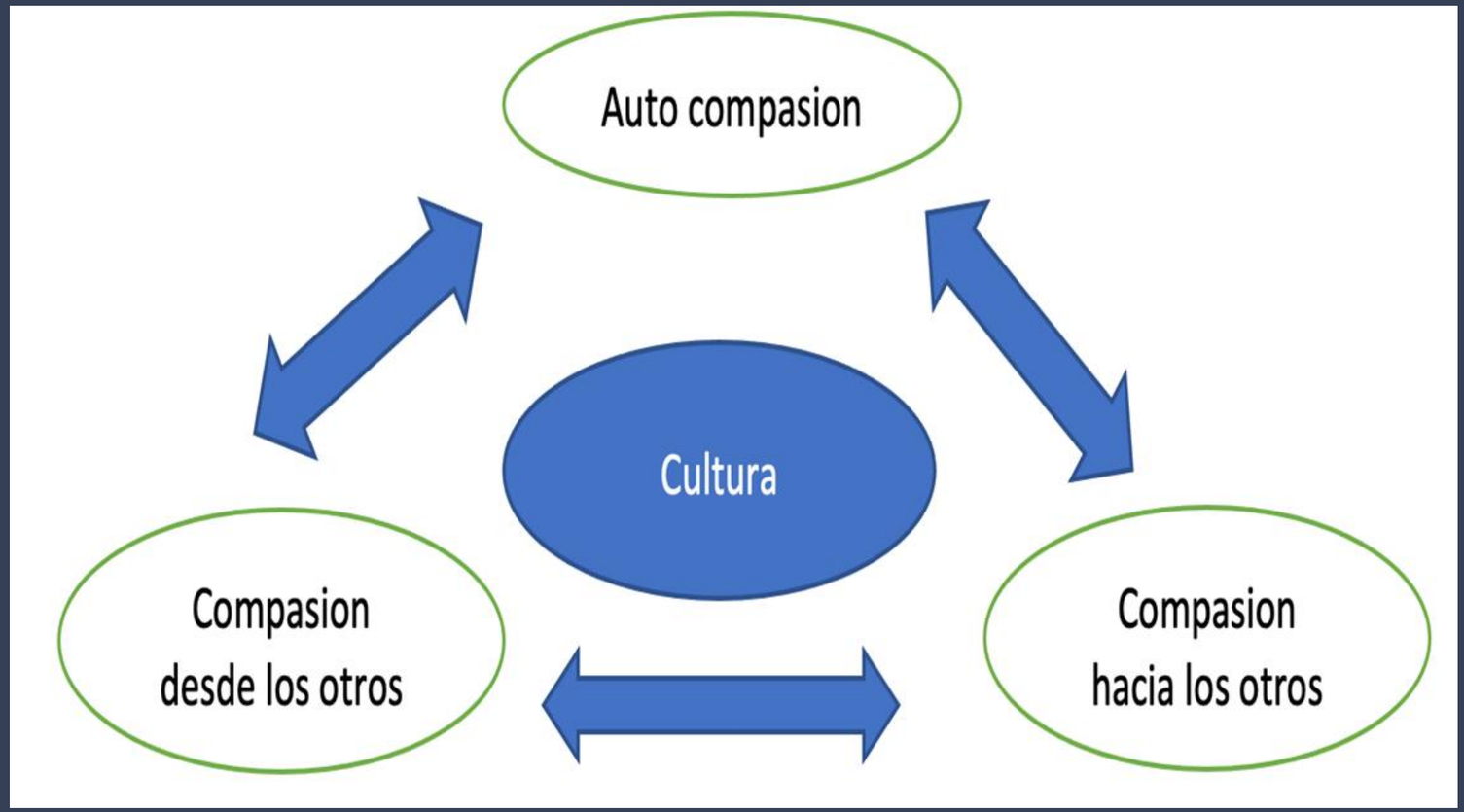
Healthcare
Clinical trials
Clinical trial design

ABSTRACT

Recent reports indicate that healthcare is experiencing a compassion crisis – an absence of (or inconsistency in) compassionate patient care. It is currently unclear if, or to what extent, this exerts significant effects on health and healthcare. Experimental data are few, and this represents a critical knowledge gap for all health sciences. We hypothesize that compassionate care is beneficial for patients (better outcomes), healthcare systems and payers (lower costs), and healthcare providers (lower burnout). Compassionomics is the branch of knowledge and scientific study of the effects of compassionate healthcare, and herein we describe a framework for hypothesis testing. If the hypotheses are confirmed, compassionate healthcare can be established in the domain of evidence-based medicine.

Flujos de la compasión



Gilbert, P. (2020). Compassion: From its evolution to a psychotherapy. Frontiers in psychology, 11, 586161.

Factores contextuales que afectan la provisión de cuidado compasivo

- Carga emocional y ética
- Exposición continua al sufrimiento
- Dificultades en el trabajo (cultura)
- Relación entre carga laboral y atención al paciente
- Falta de recursos: radio enfermera(o)/paciente
- Falta de empatía y comprensión entre los colegas

European Child & Adolescent Psychiatry
https://doi.org/10.1007/s00787-025-02711-y

RESEARCH

Experience of compassionate care in mental health and community-based services for children and young people: facilitators of, and barriers to compassionate care– a systematic review

Frane Vusio[1] · Kathryn Odentz[1] · Charlene Plunkett[1]

Received: 14 February 2025 / Accepted: 24 March 2025
© The Author(s) 2025

Received: 17 August 2024 | Revised: 5 December 2024 | Accepted: 18 February 2025
DOI: 10.1111/nicc.70013

RESEARCH ARTICLE

BACCN Nursing in Critical Care WILEY

Relationship of intensive care unit nurses' attitudes towards futile treatment with compassion fatigue and turnover intention

Öznur Erbay Dalli

Department of Internal Medicine Nursing, Bursa Uludag University Faculty of Health Sciences, Bursa, Türkiye

Correspondence
Öznur Erbay Dalli, Bursa Uludag University Faculty of Health Sciences, Department of Internal Medicine Nursing, Nilüfer/Bursa/16059, Türkiye.
Email: oznurerbay@uludag.edu.tr

Abstract

Background: Intensive care units (ICUs) are high-stress environments where nurses frequently encounter futile treatments. These experiences can lead to compassion fatigue (CF) and increase turnover intention (TI) among ICU nurses.

Aim: To examine the levels of attitudes towards futile treatment (ATFT), CF and TI among ICU nurses, to explore their relationship and identify the factors influencing ATFT.

Study Design: This cross-sectional study involved 440 ICU nurses who were members of the Turkish Society of Critical Care Nurses. Data were collected via an online survey using the Attitudes Towards Futile Treatment Scale (ATFTS), Compassion Fatigue-Short Scale (CFS) and Turnover Intention Scale (TIS). Descriptive statistics, correlation analyses and hierarchical regression analyses were conducted to analyse the data.

Scandinavian Journal of Caring Sciences

Caring Sciences

REVIEW OPEN ACCESS

Enablers and Barriers of Compassionate Care From a Nurses' Perspective: A Scoping Review

Nina M. van den Berg[1] | Hanneke van der Wal-Huisman[1] | Barbara L. van Leeuwen[2] | Wolter Paans[3] | Maya J. Schroevers[4]

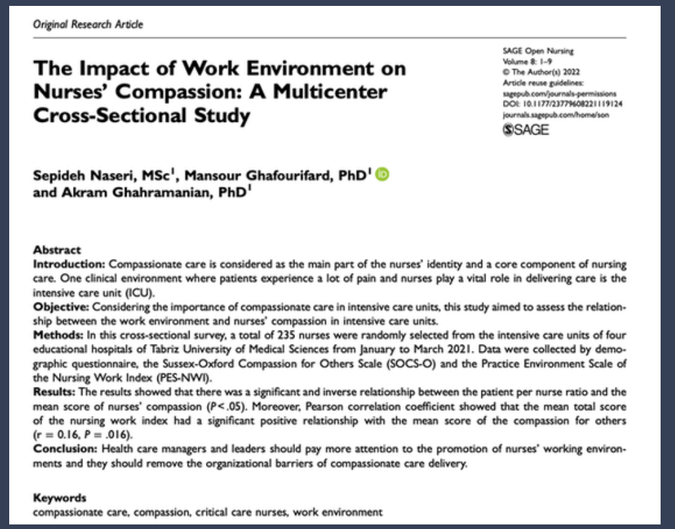
[1]Department of Surgery, University of Groningen, University Medical Center Groningen, Groningen, the Netherlands | [2]Department of Surgical Oncology, University of Groningen, University Medical Center Groningen, Groningen, the Netherlands | [3]Research Group Nursing Diagnostics, Hanze University of Applied Sciences Groningen, Groningen, the Netherlands | [4]Department of Health Sciences, Section Health Psychology, University Medical Center Groningen, Groningen, the Netherlands

Correspondence: Nina M. van den Berg (n.m.van.den.berg@ucmg.nl)

Received: 21 March 2024 | **Revised:** 10 June 2024 | **Accepted:** 26 December 2024

Funding: The authors received no specific funding for this work.

Keywords: compassion | compassionate care | enablers | facilitators | literature review



Original Research Article

The Impact of Work Environment on Nurses' Compassion: A Multicenter Cross-Sectional Study

SAGE Open Nursing
Volume 8: 1–9
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sagepub.com/journals-permissions
DOI: 10.1177/23779608221119124
journals.sagepub.com/home/son
SAGE

Sepideh Naseri, MSc[1], Mansour Ghafourifard, PhD[1] and Akram Ghahramanian, PhD[1]

Abstract

Introduction: Compassionate care is considered as the main part of the nurses' identity and a core component of nursing care. One clinical environment where patients experience a lot of pain and nurses play a vital role in delivering care is the intensive care unit (ICU).

Objective: Considering the importance of compassionate care in intensive care units, this study aimed to assess the relationship between the work environment and nurses' compassion in intensive care units.

Methods: In this cross-sectional survey, a total of 235 nurses were randomly selected from the intensive care units of four educational hospitals of Tabriz University of Medical Sciences from January to March 2021. Data were collected by demographic questionnaire, the Sussex-Oxford Compassion for Others Scale (SOCS-O) and the Practice Environment Scale of the Nursing Work Index (PES-NWI).

Results: The results showed that there was a significant and inverse relationship between the patient per nurse ratio and the mean score of nurses' compassion ($P < .05$). Moreover, Pearson correlation coefficient showed that the mean total score of the nursing work index had a significant positive relationship with the mean score of the compassion for others ($r = 0.16$, $P = .016$).

Conclusion: Health care managers and leaders should pay more attention to the promotion of nurses' working environments and they should remove the organizational barriers of compassionate care delivery.

Keywords
compassionate care, compassion, critical care nurses, work environment

Edinburgh Research Archive

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Centrality of agency in the provision of compassionate care in a Chilean paediatric hospital a qualitative realist approach

View/Open
Castillo-MansillaD_2024.pdf (15.07Mb)

BACKGROUND: Compassionate care, integral to person-centred care (PCC), lacks clear alignment with PCC in the literature. Challenges in conceptualisation and implementation persist, exacerbated by cultural variations. Despite consensus on compassion's three pillars—Awareness, Empathy, and Action

Search

Search ERA
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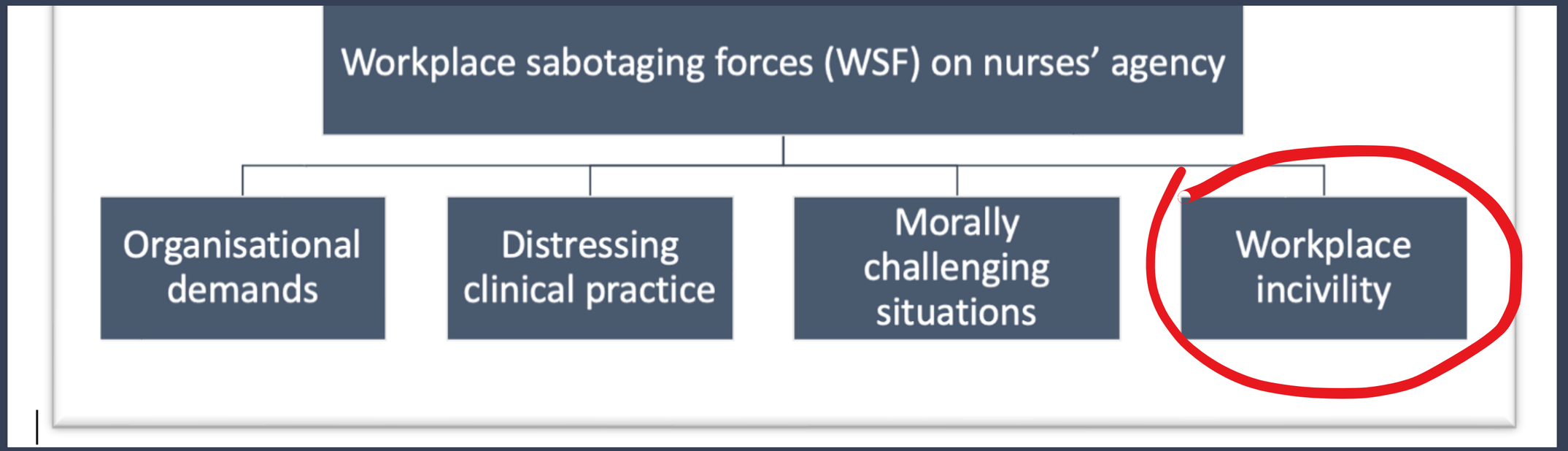
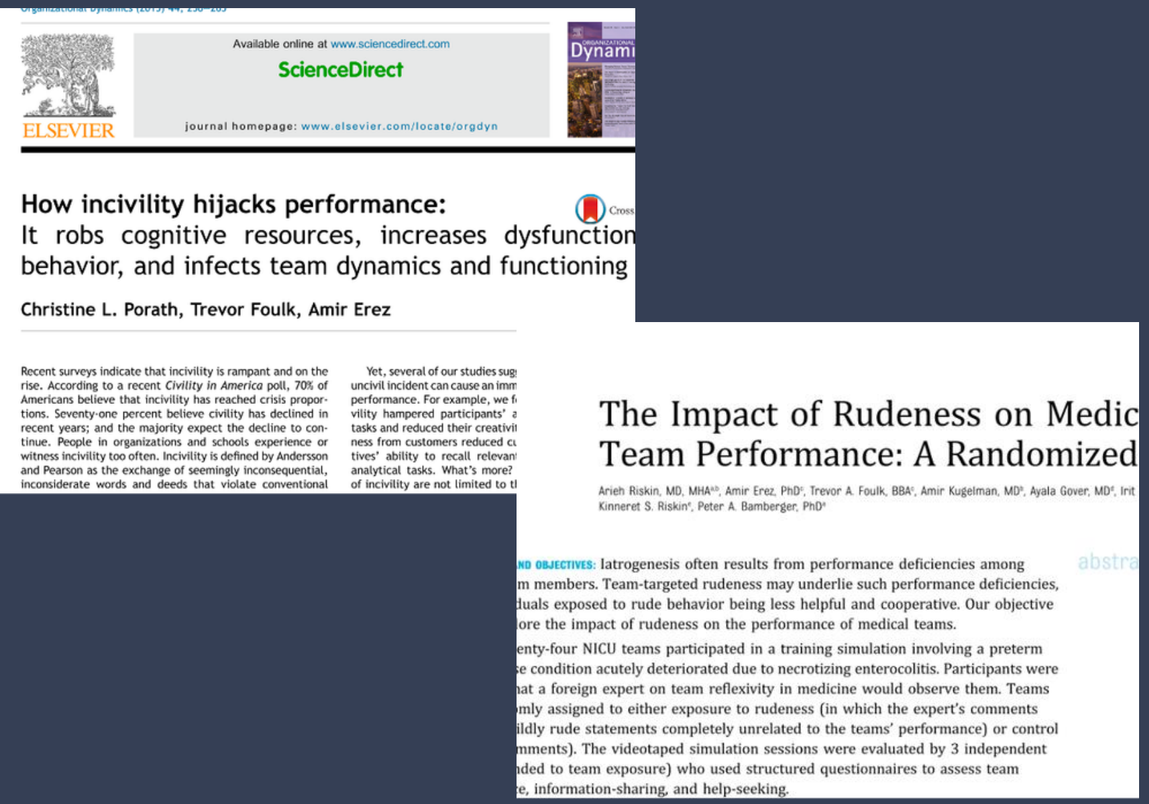


Incivilidad

Se define como un comportamiento de baja intensidad con una intención ambigua de dañar que viola las normas laborales de respeto mutuo (Andersson y Pearson, 1999)

¿Qué sucede cuando estamos expuestos a la hostilidad (Incivility) en el trabajo y cómo afecta esto a nuestro desempeño?



Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/orgdyn

How incivility hijacks performance:
It robs cognitive resources, increases dysfunction behavior, and infects team dynamics and functioning

Christine L. Porath, Trevor Foulk, Amir Erez

Recent surveys indicate that incivility is rampant and on the rise. According to a recent *Civility in America* poll, 70% of Americans believe that incivility has reached crisis proportions. Seventy-one percent believe civility has declined in recent years; and the majority expect the decline to continue. People in organizations and schools experience or witness incivility too often. Incivility is defined by Andersson and Pearson as the exchange of seemingly inconsequential, inconsiderate words and deeds that violate conventional

Yet, several of our studies sug
uncivil incident can cause an imm
performance. For example, we f
vility hampered participants' a
tasks and reduced their creativit
ness from customers reduced c
tives' ability to recall relevan
analytical tasks. What's more?
of incivility are not limited to t

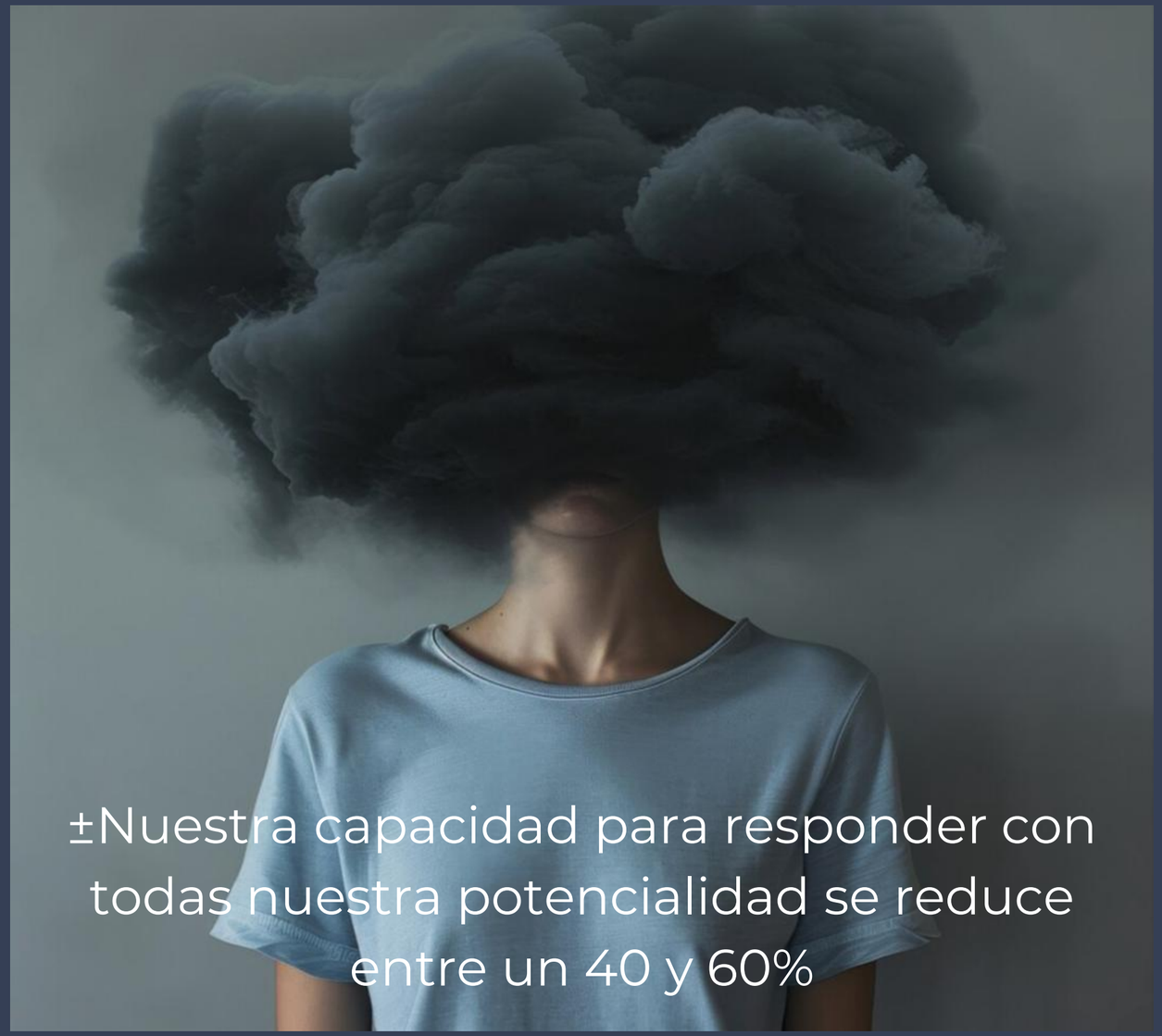
The Impact of Rudeness on Medic
Team Performance: A Randomized

Arieh Riskin, MD, MHA[a,b], Amir Erez, PhD[c], Trevor A. Foulk, BBA[c], Amir Kugelman, MD[b], Ayala Gover, MD[d], Irit
Kinneret S. Riskin[e], Peter A. Bamberger, PhD[d]

abstra

ND OBJECTIVES: Iatrogenesis often results from performance deficiencies among
m members. Team-targeted rudeness may underlie such performance deficiencies,
duals exposed to rude behavior being less helpful and cooperative. Our objective
ore the impact of rudeness on the performance of medical teams.

enty-four NICU teams participated in a training simulation involving a preterm
e condition acutely deteriorated due to necrotizing enterocolitis. Participants were
at a foreign expert on team reflexivity in medicine would observe them. Teams
mly assigned to either exposure to rudeness (in which the expert's comments
ildly rude statements completely unrelated to the teams' performance) or control
mments). The videotaped simulation sessions were evaluated by 3 independent
nded to team exposure) who used structured questionnaires to assess team
e, information-sharing, and help-seeking.



±Nuestra capacidad para responder con todas nuestra potencialidad se reduce entre un 40 y 60%

La incivilidad tiene un impacto inmediato en las emociones, pensamientos y comportamientos

Los efectos concretos a corto plazo de la incivilidad en el trabajo incluyen:

1. Reacciones emocionales negativas:
2. Distracción cognitiva y disrupciones en la memoria:
3. Disminución en la motivación y en el rendimiento laboral:
4. Aumento de la incidencia de comportamientos de retirada o evitación:
5. Impacto en la salud física y fisiológica:
6. Reducción en la cooperación y en las acciones de ayuda hacia otros:

Received: 10 July 2023 | Accepted: 3 November 2023

DOI: 10.1111/spc3.12918

REVIEW ARTICLE

WILEY

A review of the short-term implications of discrete, episodic incivility

Andrew Woolum[1] | Trevor Foulk[2] | Amir Erez[3]

Woolum, A., Foulk, T., & Erez, A. (2024). A review of the short-term implications of discrete, episodic incivility. Social and Personality Psychology Compass, 18(1), e12918.

Medidas de protección de los equipos de salud

Review Article

Mindfulness-Based Interventions for Professionals Working in End-of-Life Care: A Systematic Review of the Literature

Lori Covington, MA, Moitree Banerjee, PhD, Antonina Pereira, PhD, and Marie Price, MA

Journal of Palliative Care
2023, Vol. 38(2) 225-238
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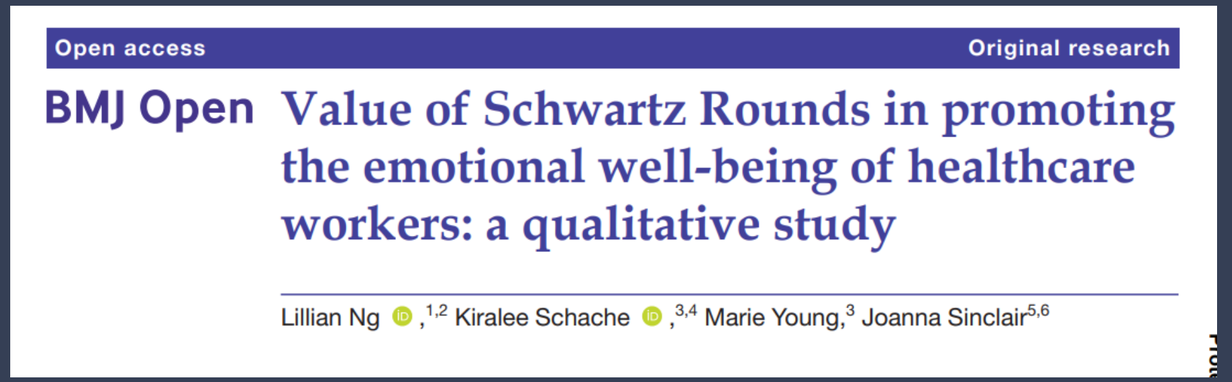
SAGE



Open access Original research

BMJ Open **Value of Schwartz Rounds in promoting the emotional well-being of healthcare workers: a qualitative study**

Lillian Ng [1,2] Kiralee Schache [3,4] Marie Young,[3] Joanna Sinclair[5,6]

MedEdPublish

MedEdPublish 2025, 14:31 Last updated: 30 JAN 2025

Check for updates

RESEARCH ARTICLE

REVISED **Redesigning Death Rounds: Alleviating distress for residents in end-of-life care**

[version 2; peer review: 2 approved]

Shannon Fang [1], Lauren Baumgardner[2], Benjamin Schwan[1,3], Vidya Krishnan[1,4]

Autocompasión

Es la capacidad de entenderte, aceptarte y ser paciente contigo mismo, a pesar de tus defectos e imperfecciones.

Implica ser amables y comprensivos con nosotros mismos cuando sufrimos, fracasamos o nos sentimos insuficientes, en lugar de castigarnos con la autocrítica

KINDNESS-LOVE

El deseo profundo de aliviar mi propio sufrimiento
(qué puedo hacer para ayudarme en este momento)

COMMON HUMANITY-CONNECTION

No solo se sufre, sino que se cree que se está sol@

MINFULNESS-PRESENCE

Capacidad atencional de estar en lo que está ocurriendo momento a momento (sin juicios)

Neff, K. (2011). Self-compassion: The proven power of being kind to yourself. Hachette UK.

Como sostener el cuidado sin quebrarse

Autocuidado

Compasión y amabilidad entre nosotros- CULTURA

Desarrollar habilidades de regulación emocional y toma de decisiones

Activar los tres flujos de la compasión e impulsar estrategias bottom-up y top-down

Daniela Castillo-Mansilla

Gracias por la invitación

daniela.castillo1@uchile.cl

https://orcid.org/0000-0002-4774-802X

Referencias adicionales

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