Catholic Health Alliance of Canada | Alliance catholique canadienne de la santé

CHAC Annual Conference 2024

Getting to the Heart of It: Being, Caring, Doing
Meaningful Connections and Actions

Winnipeg, Manitoba | May 9-10, 2024

Summary Notes

DAY ONE

May 9, 2024

Introduction

Over 200 people involved in Catholic health from across Canada met to reflect and explore the dimensions of compassion—being, caring and doing—at the heart of the Catholic health ministry. This year's conference focused on the importance of creating meaningful connections and actions to fulfil our mission.

Conference participants shared their hopes for the time together—that it would be a rich time of inspiration, connection, learning and sharing of experiences and ideas.

This summary contains summary highlights from the presentations and links to relevant websites. Notes captured from participant group work and dyads are provided in Appendices.

Dr. Shane Sinclair

Spreading and scaling up compassion in health care: *Moving from personal responsibility to organizational priority*

How important is compassion really to you as a person? How might your answer change if you are thinking about it as a care provider, as opposed to if you are a patient, resident or family member?

Is it a nicety or a necessity? Is it a distinguishing feature of your organization?

> The Health Ethics Guide says "Ultimately, the mission of the organization is measured by both the quality of care and compassionate attitude and approach with which it is provided. Mission is both quality and compassion."

When we practice compassion, we impact others but also find our true purpose as human beings. Compassion is the defining feature of Catholic organizations—measured by the quality of care and the compassion with which is provided.

Compassion is not about good intentions—it means to "suffer with" and it requires sweat equity and engagement.

Patients can differentiate between sympathy, empathy and compassion. Sympathy is a pity-based response to a distressing situation without the relational understanding. Empathy is an affective, conditional response that acknowledges and attempts to understand someone's suffering through emotional resonance.

Compassion is a virtuous response that seeks to address the suffering and needs of a person through relational understanding and action. It involves disadvantaging ourselves.

Karuna
"a trembling or quivering heart in response to a person's pain…that attempts to banish their suffering."

~Sanskrit Etymological Dictionary

There is convincing evidence that compassion is associated with positive health outcomes, patient satisfaction, quality of life and experience of care.

While health providers report not having enough time to practice compassion, it takes as little as 40 seconds to be compassionate. There is nothing inherently tiring about compassion. Compassion is not about access, transitions or processes of care. It's about the relational elements.

A large study with the Health Quality Council of Alberta using the Sinclair Compassion Questionnaire showed that compassion was the greatest predictor of health outcomes.

Those who practice compassion have higher feelings of wellbeing and happiness. It lowers our heart rate and reduces stress. Compassion is contagious. But personal, relational and organizational challenges—values-discordant cultures--work against compassion.

Burnout lives and thrives in our organizations. Compassion needs to be considered at the organizational and system level. We don't want to set up health care providers for failure.

What if health care organizations were accountable to create cultures of compassion and environments where patients, residents and staff experienced compassion?

References

Compassion Research Lab
Sinclair Compassion Questionnaire

Response

Participants worked together to identify actions their organizations might take to create cultures of compassion where compassion defines the care experience. See **Appendix A** for ideation.

Zofia Dove

The Power Bestowed on You

What do you want in your life for yourself and for those you love. What do those who love you want for you? We are all striving for happiness.

Our patients are experiencing fear and anxiety and we hope to bring them into a different space. Our energy and inner states impact others—our connection with them and the care experience.

The majority of us process through the left hemisphere of our brain—past, present and future, organizing in linear ways. It draws on logic, patterns, reactions, comparisons, judgement.

Processing through the right brains focuses on pictures, present time, imagination and creativity. It draws on congruity, energy, intuition, emotions.

There is no greater power than to be present with imagination in the presence of others—being mindful, making eye contact, watching for signals, asking for permission, listening with your imagination. Life needs to be witnessed.

The research tells us so much about the positive impact of humour. Laughter is out of the box thinking. Creative. Intuitive. It can help to connect us as humans, relieve stress, aid with the grieving process, create trust and belonging, diffuse conflict, build confidence, reframe circumstances, take risks, and solve problems.

Humour is a source of resilience. It takes courage to put ourselves out to each other to connect over a common human experience and communicate at a deeper level.

Our patients are our teachers. We are interconnected more than we know. When we are curious about others, we experience the flow of life—not the flight and fight.

As health care providers, this calls us to come from a state of being, a place of love, peace and joy. It calls us to regularly connect with and nurture our own creativity and intuition—sing, dance, laugh, listen, watch, feel, and be playful.

References

Zofia Dove
Dr. Jill Bolte Taylor (Whole Brain Living)

Response

See **Appendix B.**

"The intuitive mind is a sacred gift and the rational mind a faithful servant. We have created a society that honours the servant and forgets the gift."

~Albert Einstein

DAY TWO

May 10, 2024

Louise Hawkley

Loneliness and the Need for Connectedness and Belonging

Loneliness is not just being alone. It's subjective—*feeling* isolated. It is a mismatch between what you want in a relationship and what you are getting. It's about quality of relationships—and a low sense of control or chosen.

Social isolation is about low levels of social contact and is objective--*being* isolated. But it need not be unpleasant and may been seen as solitude, a chosen state.

Being isolated doesn't necessarily mean a person is lonely; some people feel lonely when they surrounded by other people. A 2018 poll of Canadians indicated 23% were lonely and isolated and 10% are lonely but not isolated.

There is a continuum of social connection and a stigma around admitting to loneliness. Intimate connectedness is the feeling of connection that stems from having an intimate other. Relational connectedness is the feeling of connection from having a close confidant. And collective connectedness is the feeling of connection that stems from a sense of belonging to a larger group.

30% of older adults are lonely. Rates of loneliness increase from 20-30 years and starts to accelerate at 70 years. Age differences aside, lonely-making is related to whether you are healthy, have a spouse, and our mobility. Universal predictors of loneliness include household income, household size, marital status, social participation and living alone.

Those at higher risk are bullied children, those experiencing homelessness, new mothers, veterans/their spouses, spouses of addicts, refugees, LTGBTQ+ individuals and racial and ethnic subgroups.

Chronic loneliness has health risks. Loneliness and social isolation increase the odds of premature mortality and depression.

The keys to combat loneliness from a public health perspective include strengthening social infrastructure locally, developing pro-connection public policies, mobilizing the health sector, reforming digital environments, deepening our knowledge and building a culture of connection.

> "It's a doozy—loneliness—it's a bad one."
>
> "Then I retired, and the isolation was deafening."
>
> ~Participants in a Lifespan of Loneliness, NY Times

Loneliness is <u>*our*</u> problem. In a social ecosystem, what happens to the individual affects the group and what befalls the group affects individuals.

There is no one-size-fits-all approach. We need to become agents of connection in our own circles, our organizations, our community and our society—tailoring interventions to suit the individual and group needs or the degree and types of loneliness we see around us.

References

Lifespan of Loneliness, NY Times
UCLA Loneliness Scale

Response

For participant reflections on loneliness, see **Appendix C.**

Panel: Programs that provide meaningful connections that respond to loneliness

Bre Brown, St. Amant Community Connections (Winnipeg)

David Stewart, Sara Riel Seneca Warm Line (Winnipeg)

Terry Landry, Providence Care Catalyst & ACT Programs (Kingston)

Three panelists who lead various innovative programs serving people with addictions, mental health challenges, developmental disabilities, autism and brain injury discussed their efforts to build connection and address loneliness in their teams and the people they serve.

In 2021, 40% of our clients said they felt lonely all or some of the time. Our strategy was to help people have two friends in their life. Even the smallest stress can seem unbearable when no-one has your back. Each of us is a social community and relationships are the answer.

> "All you need to do is connect with someone and be a human being with them. That can last an hour or ten years. It's being human to human.
>
> "It only takes seven seconds of radical courage to change a life."
>
> ~Panelists

People with disabilities particularly have less opportunity to access social networks, where people get to know them and they are valued for their contributions. We want for all a sense of belonging—living lives where we are seen, valued and missed when we are not there.

Peer support is so important. During COVID when restrictions started, people—and especially those with mental health issues—were afraid to go out. We couldn't see anyone in person, but they wanted to keep talking, and so we expanded our telephone support from 4 hours to 24 hours.

45,000 people called our warm line during COVID. Through our measurement tool, we found 75% of them were talking about loneliness, isolation, family stresses and anxieties.

Through our one-to-one-peer outreach we meet up with them and got them back into the community. Many of those who connected during COVID are now part of the program helping others.

Often we feel like it is our fault we are lonely—especially those of us with mental illness and addiction. When the whole world was retreating during COVID, we were intentional about going out and being with people. Most people's contacts aren't natural and they were falling by the wayside. We met with people in the rough, in shelters, set up hotel rooms, and handed out cell-phones and I-phones. Those two years were about intentionally being with people.

We are all champions for the people we support. We need to create networks to talk about leadership and the work we do. We need to build social capital and get exposed to each others' networks. Creating opportunities for connection creates a shift in our communities.

The world needs us to create radical collaborations—to do something differently or just to do something that needs to be done.

References

Seneca Warm Line
St. Amant Meaningful Connections
Providence Care Catalyst

Response

For participant reflections on loneliness, see **Appendix C.**

Kalvin Kristjansson and Andrew Terhoch

Your Presence with my Toothbrush

In care, a toothbrush offers a moment of connection. Every element of brushing teeth is a moment of connection—the potential for ease and for others to feel something profound. (David White's poem Working Together)

Thích Nhất Hạnh encouraged us to drink tea with reverence—and just so, we must brush each other's teeth with reverence.

Statistics say that if you have a disability and are 55 years old, you would have had 760 people who provided you care—760 people who had the potential to bring stress or connection.

Stress is felt acutely in the muscles, brings pain and affects overall health. The presence of intention and attention takes stress away. That is, if I am connected to the toothbrush and how it feels on someone's lips, I am more connected and, as a result, there is less isolation which can contribute to depression and spiritual distress.

Spiritual health is about growing in our own sense of self and understanding of our place in the world (our values). It means to find personal meaning in life (how we live, access and practice our values) and to appreciate the value of relationships with others (how we are supported to practice our values.)

> "People generally see what they look for and hear what they listen for. Quite often I am not heard. Often you are not talked to. That is very frustrating"
>
> "If we don't know people's stories, we have no way of connecting. People in power need to come down and hear people's stories to create change."
>
> ~Kalvin Kirstjannson

Mindfulness and compassion practices connect us to the preferences, hopes of others. Mindful communication reduces surprises and eliminates worry. A mindful care experience has a holistic impact—reducing stress, improving focus, building confidence and overall enjoyment of each day.

CBC's episode on the power of touch highlights the importance of moving from sympathy to empathy to fierce compassion, doing what is right.

Social justice calls us to create opportunities for an autonomous life for all—to live in a home with others, with access to our own things and space—where neighbours can look after neighbours.

References
Working Together by David White
CBC Now or Never "Getting in Touch"
Cohabit (Winnipeg)

Response
Patient Lee's Story

For participant reflections on loneliness, see **Appendix C.**

Lee Tomlinson "Patient Lee"

The Naked Truth about Compassion is Revealed—A Return to the Heart of Healing

The presence of compassion has the power to improve patient outcomes and its absence can cause devastating and even fatal consequences.

Most Canadian patients agree that compassion is very important, but it is not prioritized and many patients report not receiving compassionate care.

Compassion is a feeling of deep sorrow for another's pain and an intense desire to do something to reduce their suffering—their experience of mental, emotional, spiritual or physical pain.

Hippocrates called for healers to cure sometimes, treat often and comfort always. To comfort means "to strengthen greatly", providing emotional support, strength and hope, consolation in times of loss and encouragement in challenging circumstances.

For patients, compassion brings better, quicker outcomes, less pain, less anxiety and depression, faster healing, a stronger will to live and better long term health. Compassionate organizations have more engaged staff, lower turnover and more engaged care teams.

All that we are is story

From the moment we are born
To the time we continue our
spirit journey
We are involved in the creation of the
story of our time here.
It is what we arrive with
It is all we leave behind
We are not the things we accumulate
We are not the things
we deem important
We are story. All of us.
What comes to matter then
Is the creation of the best possible story
We can while we are here
You, me, us, together.
When we can do that
And we take the time to share the
stories with each other
We get bigger inside
We see each other
We recognize our kinship
We change the world
One story at a time.

~Richard Wagamese

As individuals, when we practice compassion, we have increased personal joy, better health, decreased burnout, greater job security and income and better quality of life.

But a post COVID survey found more than half of Canadian health care workers are stressed, overworked and ready to leave health care. Fear of errors, long hours, paperwork, constant change, rude patients or colleagues are causes of stress. And with that can come physical exhaustion, low self-esteem, depression, impatience, hopelessness, anger, self-medication, addiction, emotional numbness.

The truth is hurt people hurt people. And the naked truth about compassion is that it's not selfish to love yourself, to take care of yourself and to make your happiness a priority.

It's a necessity.

References
Patient Lee's Story
Compassion Heals Movement

Appendix A

Spreading and scaling compassion in health care

Participant ideas in response to Dr. Shane Sinclair presentation, May 9

- Define our values at orientation/onboarding (CEO message of welcome)
- Measure compassion via patient surveys
- Enhance educational offerings to staff
- Build informational opportunity to build relationships with staff that may be presenting challenge
- Bring frontline workers into conversation when discussing policy and procedural changes and opportunity for their feedback and contribution.
- Compassion audits—to monitor and assess interactions on units with patients throughout the organization
- Compassion shared among peers and colleagues (use the flower analogy regarding workplace environments "When the flower is struggling, don't try to change the flower, change the environment in which it grows")
- Spread and scale compassion research throughout the organization
- Add strategic compassion metric—add compassion measure to employee experience survey
- Have every Catholic organization identify Compassion as a strategic pillar with goals and actions in their strategic plan.
- Build compassion into mission fidelity matrix
- Build compassion into reviews of candidates for Board of Directors positions and executive appointments
- Develop a national standard through CHAC, along with metrics for compassion, accompanied with a benchmark for acute care and LTC
- Develop an education strategy focusing on mission (compassion) delivered to all board, staff and stakeholders.
- Make compassion a KPI
- Update language in the Health Ethics Guide to make it more inclusive and welcoming

> "When the flower is struggling, you don't try to change the flower. You try to change the environment in which it grows."
>
> ~Dr. Shane Sinclair

- Overtly celebrate the value of compassion and other values and those who live it/them
- Increase leadership presence
- Go back to previous mixed University and onsite mentoring before graduating
- Educating politicians re importance of compassion as a KPI—and funding
- Full review of available measurement tools to support improvement opportunities
- Create KPI with accountabilities
- Roll out education to front line and leadership
- Establish meaningful behaviour-based evaluation tools
- Leadership models vulnerability, collaboration, transparency and authenticity at all levels (engage all levels in the process)
- Move into a cultural expectation that we support the whole person—holistic vs task-based care
- Conduct surveys of staff and residents to assess levels of compassion
- Establish a "Bring your boss to work" type of program
- Add compassion to strategic measures, what we report on to the Board
- Compassion as a #1 priority is what should differentiate us in Catholic health care
- Compassion as organizational strategic priority—shows it is important
- Co-creating a safe environment for courageous conversation about: obstacles, communication, questioning policies, procedures

- Practicing daily gratitude with intention of uplifting one another
- Implementing a tool such as the SCQ measuring compassion in clients. Potentially developing something for staff
- Regularly measuring (eg. annually) and evaluating
- Making conditions conducive for a culture of compassion:
- Prioritize it in our strategic plan
- Offer training and workshops to staff and board on compassion
- Embed it in regular operational practices such as yearly performance evaluations, monthly supervision practices, hiring, job postings, interviewing, screening for compassionate therapists and board members
- Mission exchange
- Formation and education in the mission of the healthcare facility
- Examine and improve the approach re weaknesses
- Continue to improve strengths and opportunities
- Create a shared definition of compassion by everyone in the organization
- How to be compassionate: three key elements
- Communication → down (patients) → up (Board) and vice versa
- Understand the barriers to compassion (wellbeing)
- Returning to the spirit model
- Circle back to improve
- Establish an organizational KPI for compassion
- In house “Mission Moment” counsellor
- Hire for compassion--establish a compassion quotient
- Intentional engagement with residents/family/staff
- Involving people to get commitment
- Include in employee orientation
- Report out to staff/board/families
- Revisit the mission agreement
- Add KPIs that measure compassion
- Expand f2f orientation to all staff
- Education
- Cross exposure
- Prioritize compassion
- Open up opportunities for stories that demonstrate compassion and mission
- 3 wishes program
- Staff support groups and sharing stories
- Schwartz rounds for compassion
- LEAP training for lay folks, volunteers
- Diocesan sponsored space supporting healthcare worker experiencing moral injury
- Training programs to support further integration of compassion care-Mission
- Create networks across end-of-life providers/agencies
- Implement SCQI
- Daily messaging {“huddle messages”)
- Further actions on Reconcilation
- Créer un indicateur de compassion
- Representent client/patient/resident sur les groups de travail qui vous affectent
- Indentifier toutes les langues parler par chaque member de l’équipe

Appendix B

Laughter and compassion

Participant reflections and learnings: Zofia Dove presentation, May 9

- Trust!!! Build it and don't break it!
- Universal—found around all of the world
- "Joy, Love, Peace—everything else is thinking. How do we access sips of joy in our life each day?
- Be present, be in the moment. Life is fragile. Remember the last words with every conversation.
- No will regret time spent laughing and/or in play on their death bed.
- Practicing with humour is also a skill, one that opens our hearts, allows us to hold suffering in grace and light.
- The patient should be at the centre of their own experience.
- The power of touch—however small as a method of connection.
- Thinking about how people are being placed in priority over task (including self)
- Importance of presence and all our being
- Making connections
- Humour, permission, left and right-side awareness
- Trust your intuition in personal and interpersonal boundaries and the compassionate situation—and include good healthy dignifying humour if possible
- Remember you can accomplish the same things using the other side of your brain
- Make time to play
- Takes courage to show vulnerability
- You can find common ground quickly.
- Apprécier les petits moments
- Trouver des moments pour connecter
- Important de garder l'humour à la surface care c'est contagieux

Appendix C

Loneliness

Participant reflection and learnings: May 10 presentations

- Loneliness is a shared responsibility
- We enjoyed hearing about the creativity around combatting loneliness from the panel
- Love is all there is…if you're kind, caring and compassionate!
- We stand on the shoulders of giants
- It only takes 7 seconds of radical courage to start a new connection
- Our legacy has come full circle—with the lay people supporting the charism and work of the Founding Congregations with prayer and now the Founders praying for/encouraging our work as lay people in Catholic health.
- Long term care—indigenous world view—and importance of youth to elders, bridge past to future, example: intergenerational classroom in LTC
- Recognize that we all experience loneliness and encourage those difficult conversations as a method to connect across leadership, staff and the people we serve.
- Is loneliness a choice?? This question requires much more attention.
- Can lonely people recognize the importance of reaching out to organizations that will offer the help that is needed with fear of being marginalized.
- Choice reduces loneliness
- Can loneliness be overcome through compassion.
- Human connection occurs in many different ways and heals in many multifocal ways. Just connect and be with the other
- How can we create/provide opportunities/permission/space to hope?