



COMPASSION IN TIMES OF COVID-19 PANDEMIC

COMPAIXÃO EM TEMPOS DE PANDEMIA DE COVID-19

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Abstract

Aim: To reflect on compassion in times of the COVID-19 pandemic. **Methods:** A narrative review study based on the structure of a reflective theoretical essay that aims to contribute to discussions about compassion and how it has manifested in the current pandemic scenario. **Results and discussion:** From this reflection, it was possible to observe that the COVID-19 pandemic has created discussions about the importance of compassion, this is from the moment that health professionals feel and understand the suffering of patients and then their distancing from these patients – who could be your family members. Thus, this reflection is expected to encourage the practice of compassionate attitudes in the social environment, in the care environments for patients with COVID-19, and to reinforce its importance as an altruistic quality of health professionals, particularly those with a focus in the field of nursing, considering its constancy in the care of hospitalized patients diagnosed with COVID-19. **Final considerations:** Knowing, reflecting and discussing compassion must become a daily practice for health professionals when faced with such difficulties, in order to contribute to society in general, and for health teams to demonstrate their compassion and sensitivity towards themselves and others, not only during the pandemic, but beyond it.

Keywords: Patient Care Team; Compassion Fatigue, Hospice and Palliative Care Nursing.

Resumo

Objetivo: Refletir sobre a compaixão em tempos de pandemia de COVID-19. **Métodos:** Estudo do tipo revisão narrativa tendo como base a estrutura de um ensaio teórico reflexivo que visa contribuir com discussões sobre a compaixão e sobre como ela vem sendo manifestada diante do atual cenário de pandemia. **Resultados e discussão:** A partir dessa reflexão foi possível observar que a pandemia de COVID-19 tem aflorado discussões acerca da importância da compaixão, a partir do momento em que os profissionais da saúde se sentem sensibilizados diante o sofrimento dos pacientes e do distanciamento destes dos seus familiares. Assim, espera-se com essa reflexão incentivar a prática de atitudes compassivas no meio social, nos ambientes de cuidados aos pacientes com COVID-19, e reforçar sua importância como qualidade altruísta dos profissionais da saúde,

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com enfoque para aqueles do campo da enfermagem, considerando sua presença constante nos cuidados aos pacientes hospitalizados e diagnosticados com COVID-19. **Considerações finais:** Conhecer, refletir e discutir a compaixão que deve ser uma prática diária diante de momentos tão difíceis que tem sido vivenciado, de modo a contribuir para que a sociedade e equipes de saúde demonstrem toda sua sensibilidade compassiva consigo e com o outro, não somente durante a pandemia, mas para além dela.

Palavras-chaves: Equipe de Assistência ao Paciente; Fadiga por Compaixão; Enfermagem de Cuidados Paliativos na Terminalidade da Vida.

INTRODUCTION

Who has never danced to their favourite song? Or who has never sat down to talk to their best friend, their mother or father, or their spouse? Most people, if not everyone, have done these things. Now imagine that suddenly, you can't do this anymore, and you are sick in a hospital room, without being able to dance, you are lonely because you can't have contact with your loved ones. Unfortunately, with the COVID-19 pandemic, this is the grim reality. It's increasing and is happening to thousands of people around the world.

In December 2019, the first case of infection with the new coronavirus was reported in Wuhan, China. Due to the rapid spread of the virus around the world, on March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic¹⁻². Since the numbers of cases began to increase dramatically, the scientific community began to develop research to produce an effective vaccine against the SARS-CoV-2 virus. Almost a year after the first cases, the vaccine was already being tested and a few months later the population was being vaccinated.

However, a large part of the world population has not yet been immunized, that is, many people are still/will be contaminated and may already have COVID-19, and thus new cases with the severe form may be reported³. Faced with this scenario, the question is: what are people's attitudes and behaviours in relation to the changes arising from the pandemic? How have people been dealing with this new way of life? And, what has been done in health practices with regard to concern for others regarding compassionate care?



In the mid-1980s, there were increasing case numbers of the Human Immunodeficiency Virus (HIV) infection, in this the need arose to consider individual measures to reduce HIV contamination. There were, and still are, numerous campaigns to “prevent” and “protect your partner” from this virus. Campaigns were directed to the individual and to the person with whom he/she had sexual/intimate relationships³.

As a parallel situation, during the HIV epidemic concern regarding prevention was directed to the individual; but during the COVID-19 pandemic, prevention is not only focussed on the individual, but on the collective, since it’s a disease whereby transmission is highly contagious and rapid, from an infected person to the community. Spread occurs by shaking hands, chatting, or sneezing and coughing. Therefore, an infected person can contaminate countless others if that individual and collective protection measures are not taken.

Thus it can be seen that there is a need to utilise collective protection measures against COVID 19. This has driven campaigns urging people to frequently wash their hands, not touch eyes, nose and mouth, wear masks, and practice social distancing. This type of thinking and behaviour focuses on individuals acting for the benefit of the collective, as well as themselves. There is a need and social relevance to put into place and practice the feeling of compassion, to assert its potential for action, considering that metaphorically compassion is a verb⁴.

Therefore, in the midst of all these changes, there is a great need to adapt and grow communication between patients with COVID-19, their loved ones and the health team. This need has led health professionals to seek strategies to minimize the suffering of isolation between patient and family. Thus, the present study proposes to reflect on the use of compassion in care for the individual patient, especially with those with COVID-19, and most especially in Intensive Care Units.

Thus, the aim of this essay is to reflect on compassion in times of the COVID-19 pandemic.



METHOD

This is a narrative review on the theme of compassion in the context of the COVID-19 pandemic, structured in the format of a theoretical-reflective essay.

To support the theoretical-reflective text, an unsystematic narrative review was developed, searching the LILACS database (Latin American and Caribbean Literature on Health Sciences) for references that dealt with the topic. To this end, strategies such as the use of uncontrolled descriptors were used: “compassion”, “pandemic” and “COVID-19”, resulting in ten publications, six of which addressed the elements related to compassion in the context of the COVID-19 pandemic.

From the critical reading of the publications, a Thematic Content Analysis⁵ was created, from which two categories emerged, namely: 1) The person with COVID-19 and compassion and 2) Compassionate care and the health team. Based on these two thematic categories, the theoretical-reflective essay is structured.

RESULTS AND DISCUSSIONS

- The person with COVID-19 and compassion

The concepts of empathy, sympathy and compassion are understood as feelings and attitudes that are often present in discussions and dialogues in favor of humane and dignified care. Although the words sympathy, empathy and compassion are very often used interchangeably, because they have similar definitions, it is important to know their separate meaning, considering each term is unique.

Starting with the concept of sympathy, this is seen as a way of reacting emotionally, without conscious thought and reflection, we feel sympathetic when we feel sorry for another's misfortune and suffering. Empathy, is a more complex interpersonal construction, it's the ability to share and understand another's misfortune and suffering which involves an awareness and intuition. Compassion, on the other hand, is the ability to express sympathetic pity and concern for another's misfortunes and suffering. It is manifested by the way in which we develop actions, encouragement and support, with the aim of providing relief from suffering, resulting in mutual well-being⁶.



Clarification of these terms is important in the understanding of compassion during a pandemic. The COVID-19 pandemic allowed us a broader look at global human suffering, it also allowed insight into the striking reality of social inequality, particularly within Brazilian society.

The pandemic is showing us how vulnerable everyone is to the virus. However, “everyone” in this instance expresses inequality. Those who are financially secure are able to carry out the relevant sanitary protection and support, they are more able to social distance, purchase masks, alcohol gel and necessary food, simply because they can afford to do so. However, those who do not have financial stability and lack basic sanitation, employment, and housing can’t usually remain isolated at home if they are infected, or buy products to protect them against the virus, they are thus more at risk from infection and spreading the contagion. These people represent a large mass of the Brazilian population.

As regards empathy, simply being empathetic is not enough, because “feeling the pain of the other” does not enable what one wants to do for the other. There needs to be sensitization through compassion, such as “feeling and acting with/toward the other”. When used together, empathy and compassion can make a big difference in assistance, and reciprocally being helped from the collective action and prevention⁷.

When this sensitivity is not based on collective action, it creates a chaotic scenario, where contamination rates increase and the health system becomes pressurized, since it’s not ready for the huge demands from COVID -19⁸, and can’t support such a large number of sick people. Consequently, waiting times increase, with the vulnerable relying on a hospital bed, which might be unavailable or inadequate. Thus the sick are subject to a painful, rapid, and inhumane dying process, while being isolated from their family network and loved ones.

Here, health professionals, in addition to taking care of the patient, also need to take care of family members as the patient is in isolation, they must also take care of themselves and their peers. Therefore, it is necessary to develop strategies that provide moments of love and compassion to all, to enable the alleviation of mutual suffering caused by the situational context⁹. This reinforces the essence of exercising compassion as human beings, assuming it as a basic human feeling of value and worth¹⁰.



- Compassionate care and health professionals

Among the many heroes of the pandemic are health professionals, and of these nurses in particular, since these professionals in the hospital context, are in close contact with their patients for 24 hours a day, ensuring that the patient is secure and cared for in the best possible way. Nurse show compassion daily, and this shows the importance of exercising this sense in communications between patient and family¹¹.

The nursing team plays the role of mediator for many patients, and is a potential intermediary between patient and family, as it provides integral care to the patient from the diagnosis of the disease, until the moment of discharge, or in many cases during this pandemic, the patient's death. Thus, these professionals play an important role in the family's grieving process through compassionate and kindness¹¹⁻¹² when they report the patient's last moments in their dying process to the family.

Compassion is intrinsic to the human species, even if there are many occasions when we see its absence. However, with the new virus, a lot has changed, and many compassionate actions have been reconsidered and improved. The "Heroes", as health professionals came to be called, due to their presence on the front line of the pandemic, have been creative in their compassionate treatment of patients infected SARS-CoV-2. They have filled psychological, social and spiritual gaps, with the support of family, allowing them to talk to their isolated hospitalized loved one, by making use of technological resources, such as video - calls¹²⁻¹³.

This behavior arises from a sense of human solidarity¹⁰ and strength. During the pandemic facing fear of death has been prominent in the lives of health professionals, patients and family members, particularly in the context where patients have been isolated from their family and friends.



Patients hospitalized for COVID-19 are hugely affected by separation from their families, causing negative and harmful experiences for both the patient, family and hospital health team, this is most specific in the intensive care environment. However, using such technological strategies as video calls¹²⁻¹³, families have felt increasingly integrated in this compassionate care, which enables their greater participation - through the encouragement of nursing team professionals - in decision-making with the patient, so that everyone is welcomed, often with compassionate actions to try to honor the patient's wishes and avoid, when possible, traumatic experiences^{12,14-15}.

Due to restrictions that don't allow family members to meet their relative hospitalized with COVID-19, visits have been difficult. Faced with this situation, professionals have made use of technology with *Smartphones* and other technological resources. These have become essential items at the patient's bedside so they can communicate with their families while hospitalized. This is a compassionate measure that has helped to relieve the impact of social suffering due to the distance between patients and family members¹³⁻¹⁴.

In addition, the health team started to make use of strategies such as the celebration of special dates, and playing favorite songs for the patient with COVID 19, this allowed the patients to feel closer to those they were separated from. These actions showed that patients and their families felt more secure and were able to demonstrate their desires, feelings and emotions. The hospital teams developed actions related to the family's anticipatory grieving process, given the impossibility of the family's inability to be with their loved one during the period of hospitalization and the reality presented, where the outcome has often been death. Thus, when the patient dies, his memories are delivered to the families in a symbolic act, in a compassionate attempt to alleviate a complicated grief due to isolation¹²⁻¹⁴.

The compassionate sensitivity of health professionals towards patients and families is renowned. Especially in the understanding these professionals have shown with their patients, and trying to change their negative experience generated by COVID-19, and making each individual remembered until their last day of life. This has been achieved by small compassionate gestures that alleviate suffering from psychosocial problems and the spirituality of patients and family members^{6,13}.



After reflecting upon the proactive and sensitive efforts by the health team, we cannot avoid discussing self-care, this is an important issue to be addressed, which interferes with patient care. Caring for others is a sublime act, but it causes physical and mental fatigue in the health team, which can develop into compassion fatigue.

There were present factors that caused compassion fatigue in the lives of these professionals, but more specifically, in the current context, some of these factors have increased, such as work overload, fear of contamination and transmission of the virus, compassion exhaustion, low wages, among others. Thus these professionals develop a higher level of stress and anxiety to the point of compromising the quality of care^{8,16}.

Compassion fatigue has also resulted in a lack of empathy, compassion, social support, and hostile behavior towards healthcare professionals. These unpleasant situations contribute to professionals developing fatigue, anxiety and even depression.

Thus, it is worth highlighting the imperative need for care for those who care, assuming compassion and solidarity are mutual feelings and values, where everyone can reflect and consider collective care, recognizing the human that exists in each being, and the need to exercise compassion, respect, acceptance and solidarity with oneself and with others¹⁰.

FINAL CONSIDERATIONS

Compassion, especially during the COVID-19 pandemic, should be a necessary and common practice for the whole of society. Health professionals, despite all obstacles, continue to play their important role in the art of caring in a compassionate, empathetic, humanized way and being present at important moments in the life of each patient and the people close to them, from the first point of contact until hospital discharge, or sadly at the moment of a dignified death.



Finally, we propose a daily reflection about our compassionate attitudes as a new normal process of behavior, which must be discussed and reflected in our personal and professional spaces every day, so that there is greater effectiveness of actions both collectively and with the practice of compassion for each one of us.

REFERENCES

1. Belasco AGS, Fonseca CD. Coronavírus 2020. Rev Bras Enferm. 2020;73(2):e2020n2. DOI: <https://doi.org/10.1590/0034-7167-2020730201>
2. Santana VR, Aquino TR, Brito BM, Almeida CC, Barreto LB. COVID-19: Telemonitoring as a proposal for education, care and coping in primary care. experience report. PC-RESC. 2021; 1(e9967):1-12. Disponível em: <https://www.revistas.uneb.br/index.php/saudecoletiva/article/view/9967/7711>
3. Neto FRGX, Araújo CRC, Silva RCC, Aguiar MR, Sousa LA, Serafim TF, et al. Coordenação do cuidado, vigilância e monitoramento de casos da COVID-19 na atenção primária à saúde. Enferm. Foco 2020;11(1)Especial:239-245.
4. Brown B, Crawford P, Gilbert P, Gilbert J, Gale C. Practical compassions: repertoires of practice and compassion talk in acute mental healthcare. Sociology of Health & Illness. 2014; 36(3): 383-399. DOI:10.1111/1467-9566.12065
5. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2016.
6. Sinclair S, Beamer K, Hack TF, McClement S, Bouchaul SR, Chochinov HM, et al. Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. Palliative Med. 2017; 31(5):437-447. DOI: <https://doi.org/10.1177/0269216316663499>
7. Galea S. Compassion in a time of COVID-19. The art of medicine. The Lancet. 2020; 395(10241):1897-1898. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31202-2](https://doi.org/10.1016/S0140-6736(20)31202-2)
8. Barbosa DJ, Gomes MP, Souza FBA, Gomes AMT. Fatores de estresse nos profissionais de enfermagem no combate à pandemia da COVID-19: síntese de evidências. Com. Ciências Saúde 2020;31 Suppl 1:31-47. DOI: <https://doi.org/10.51723/ccs.v31iSuppl%201.651>
9. Silva, MCQS, Vilela ABA, Boery RNSO, Silva RS. O processo de morrer e morte de pacientes com COVID-19: uma reflexão à luz da espiritualidade. Cogitare enferm. 2020; 25. DOI: <http://dx.doi.org/10.5380/ce.v25i0.73571>.



10. Paixão GPN, Silva RS, Carneiro FNN, Lisbôa LNT. A pandemia do novo coronavírus (SARS-CoV-2) e suas repercussões na estigmatização e o preconceito. *Rev baiana enferm.* 2021;35:e36986. DOI 10.18471/rbe.v35.36986
11. Downing J. Palliative Care: Celebrating Nurses Contributions. Report by ICPCN, WHPCA, IAHPC. Bristol: ICPCN 2021.
12. Sharpe TS. Você não vai morrer sozinho: tecnologia e compaixão na pandemia COVID-19. *Enferm. Foco* 2020;11(Esp 2):52-54. DOI: <https://doi.org/10.21675/2357-707X.2020.v11.n2.ESP.3707>
13. Neville TH. COVID-19: A Time for Creative Compassion. *Journal of Palliative Medicine.* Ed. Mary Ann Liebert. 2020; 23(7). DOI: <https://doi.org/10.1089/jpm.2020.0242>
14. Kentish-Barnes N, Degos P, Viau C, Pochard F, Azoulay E. "It was a nightmare until I saw my wife": the importance of family presence for patients with COVID-19 hospitalized in the ICU. *Intensive Care Med.* 2021; 47: 792-794. DOI: <https://doi.org/10.1007/s00134-021-06411-4>
15. Oliveira AC, Lucas TC, Iquiapaza RA. What has the COVID-19 pandemic taught us about adopting preventive measures? *Texto & Contexto Enfermagem.* 2020; 29:e20200106. DOI <https://doi.org/10.1590/1980-265X-TCE-2020-0106>
16. Cáceres-Rivera DI. Enfermería, pandemia y fatiga por compasión: una reflexión general sobre el 2020. *Rev. cienc. cuidad.* 2021;18(1):116-123. DOI: 10.22463/17949831.2674