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IN NURSING FACILITIES

Empathy and Compassion: Foundations for Person-Centered, Staff-Sustaining Care

August 26, 2025

Host

Nikki Harris, MA, CBHC-BS

Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

Presenter

Kristin M. MacDonald is an assistant professor in the Department of Health Administration at Virginia Commonwealth University. Her research focuses on experienced compassion at work, well-being, and long-term care workforces. She enjoys teaching courses on person-centered care, health care management and performance, and service learning.

Dr. MacDonald has worked in a variety of healthcare settings, including as a nursing home administrator, adult care home administrator, clinical dietitian, and she operated her own private nutrition counseling practice. Dr. MacDonald was previously an adjunct instructor for health services and health administration students at Methodist University in Fayetteville, NC, receiving an "Excellence in Service to Students" award in 2017 during her time in this role. As an adult care home administrator, Dr. MacDonald's organization was featured in U.S. News and World Reports' "Best Nursing Homes" list, receiving a 5-star rating for health inspections, staffing and quality measures. She also guided this facility through a zero-deficiency state survey in 2012, and her organization received state-level recognition for adoption of person-centered care.

Dr. MacDonald earned her Doctorate in Health Services Organization and Research from Virginia Commonwealth University, a Master's degree in Health Care Policy and Management from Stony Brook University, and a Bachelor's degree in Nutritional Sciences from Cornell University. She is proud to have been selected as a 2023 Tillman Scholar.

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Learning Objectives

1. Define empathy, compassion, and "experienced compassion at work."

2. Understand how compassion benefits the well-being of both nursing home residents and direct care staff.

3. Learn how to use empathy mapping to enhance caregiving practices by applying key insights of empathy and compassion.

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Agenda

My Journey

The Research: What compassion can do

Translating compassion into staff-sustaining, person-centered care

Get ready to be interactive!
Operationalizing compassion via empathy mapping activity

My Journey

Nursing Home Administrator

Researcher and Educator

Registered Dietitian

From clinical care to compassionate leadership
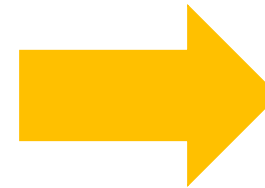
Research motivation

A Question Worth Asking

Burnout

Turnover
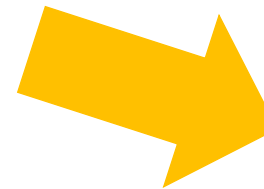
Compassion
as an antidote
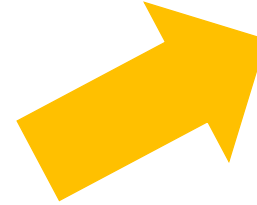
Compassionate environments benefit employees
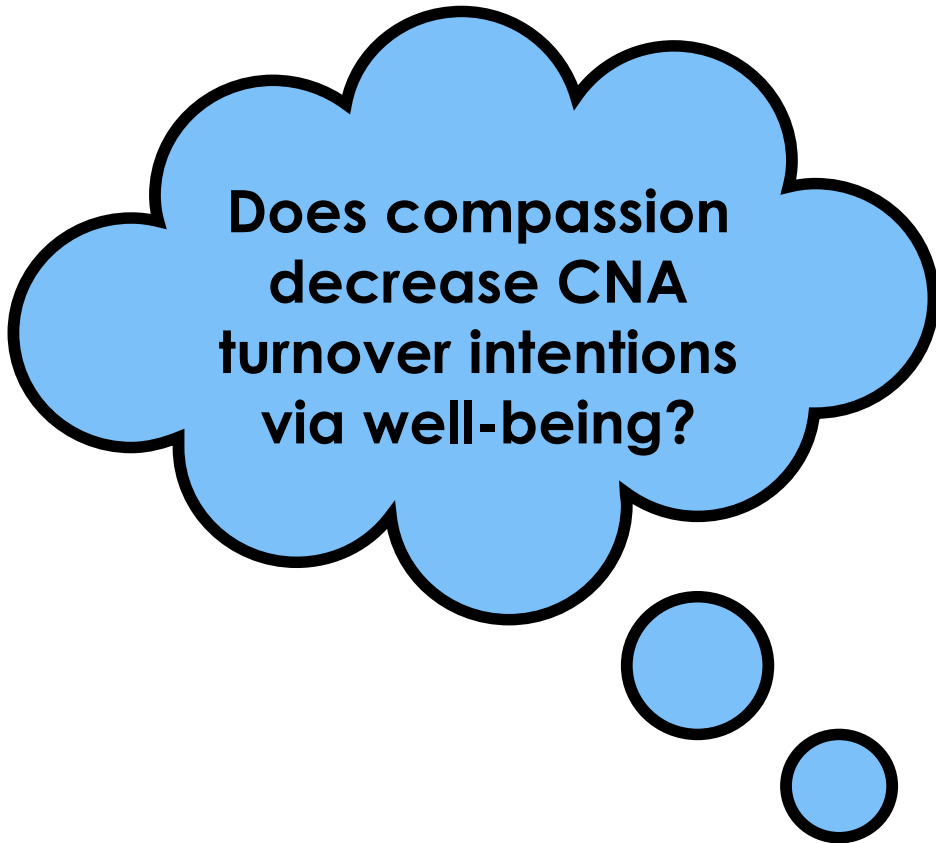
Compassion benefits patients

Experienced compassion at work benefits caregivers

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What we *specifically* asked...

Does compassion improve CNA well-being?

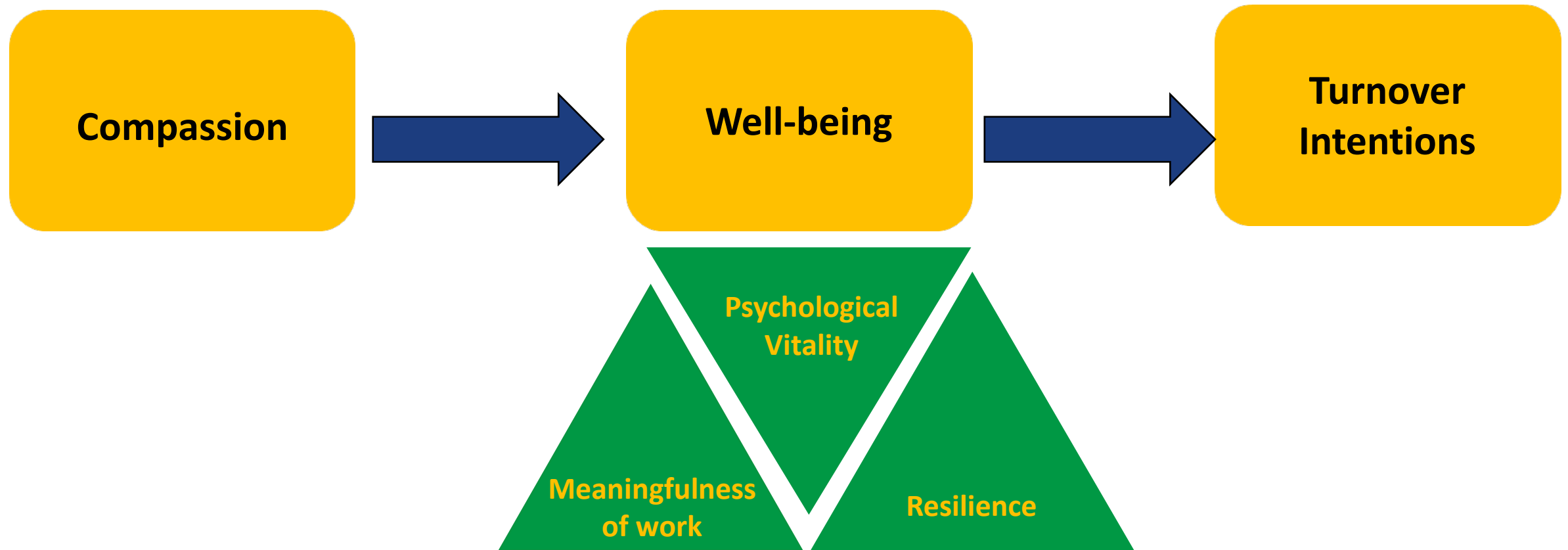Does compassion decrease CNA turnover intentions via well-being?

What we predicted…

Compassion predicts higher well-being

Well-being predicts lower turnover intentions

Well-being acts as a bridge between compassion and turnover intentions

...and how it might work

How We Studied It

- **Time period**: Aug. 2023 – Feb. 2024
- **Nursing homes**: 6 in Kansas and 7 in Virginia
- **CNAs**: 545 eligible and 71 participated in entire study

- **Data** collected at 3 timepoints
  - Time **1**: Experienced compassion at work
  - Time **2**: Well-being
    - <u>Examples</u>: "I have discovered work that has a satisfying purpose."
    - "I use change at work as an opportunity for growth."
  - Time **3**: Turnover intentions

- **Incentive** snacks and gift cards

What we found

Experienced compassion at work:

- Directly and significantly predicts lower CNA turnover intentions.

- Predicts higher meaningfulness of work, psychological vitality, and resilience.

- Predicts lower CNA profession turnover intentions through improved meaningfulness of work.

What It Means

- Average NH turnovers 40-70% of CNAs

- 87% of NHs have moderate to severe staff shortages

  - 99% of NHs have vacant jobs

    - Turnover costs $4500 per CNA

      - Poor staffing, poor quality of care

Experienced compassion is a promising solution!

Translating compassion into staff-sustaining, person-centered care

- A workplace intervention for both staff and residents

- Compassion practices and other organization-level supports

- Empathy mapping as a tool
  - An introduction today, can be used with staff **over and over again**
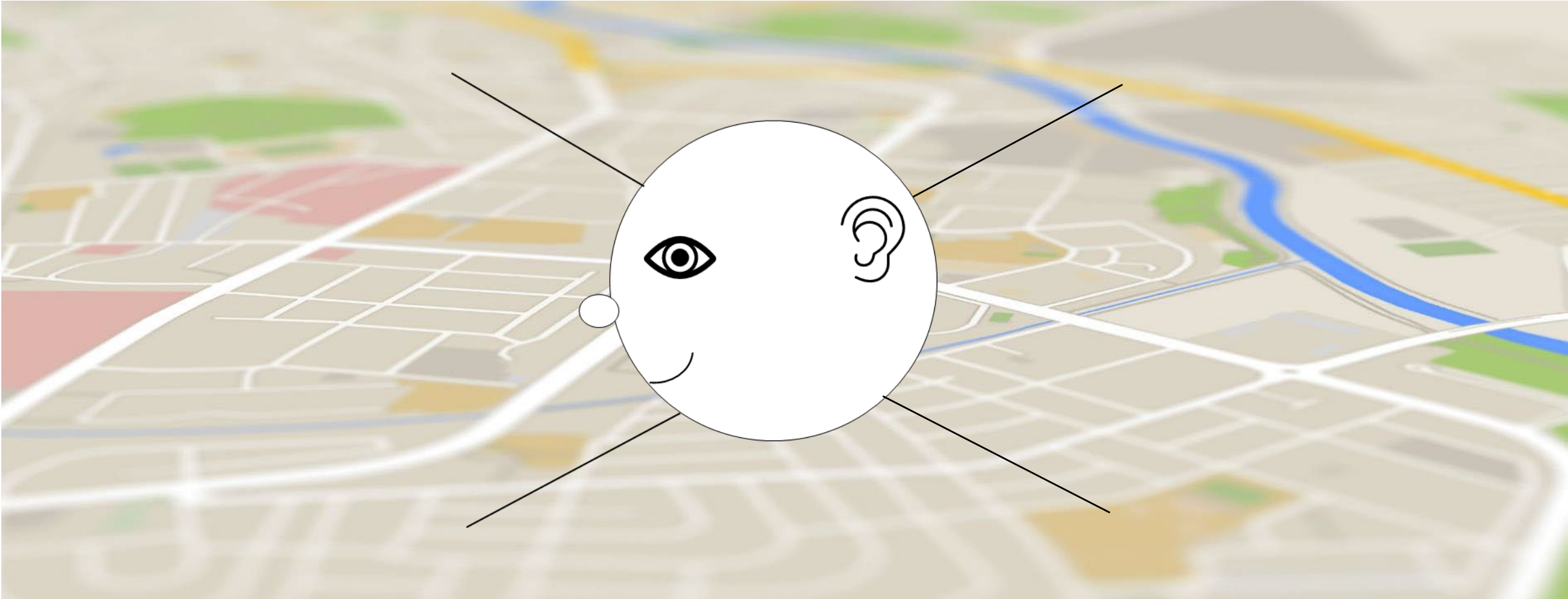
Understanding the Emotional Landscape

Sympathy

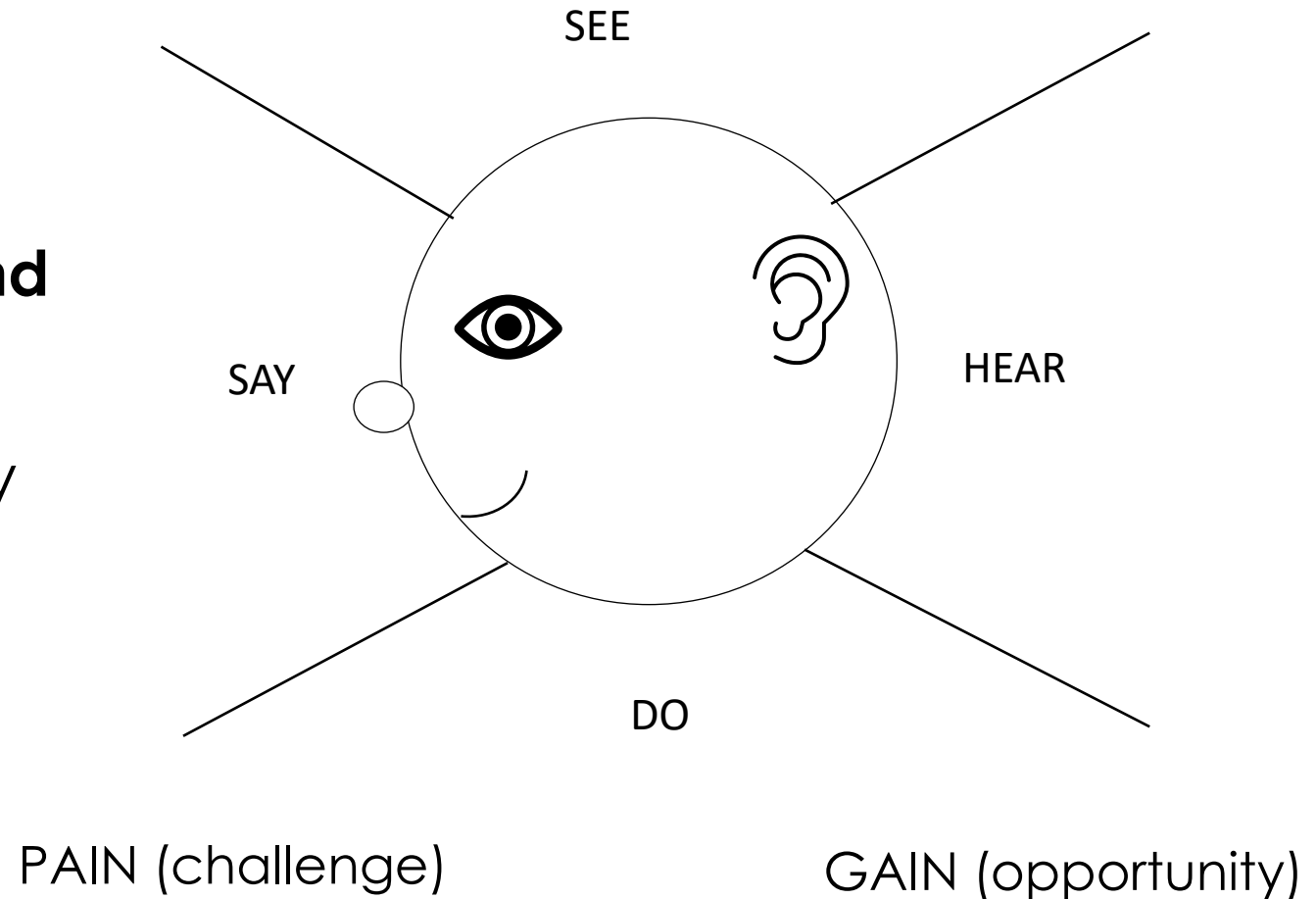**Empathy**

Compassion

What's the difference?

Empathy Mapping

Operationalizing Compassion via Empathy Mapping

- **Visualization tool**

- **Collaborative exercise**

- Used to think about **residents and staff (or anyone!)**

- Today, we will build an empathy map based on a **resident case**

- **Create your map** by filling in quadrants (plus pains/gains)

SEE

SAY

HEAR

DO

PAIN (challenge)

GAIN (opportunity)

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Empathy Mapping: Goals for Participants

- ✓ Think broadly about **another's perspective and experiences**

- ✓ **Better understand the person**, their behavior in the past and present, and how they may act in the future

- ✓ Facilitate **empathy, compassion and relational connection** between residents and all levels of nursing home staff

- ✓ Consider how we can create **mutually supportive environments for living and working**

Let's get interactive!

1. Victoria's case study
2. Use the blank Empathy map with red text ("your ideas"). <u>Fill in each section.</u>
3. Take 5-10 minutes to work on your Empathy map.
4. Discussion: Use the chat box or come off mute to share ideas for Victoria's Empathy map.

Visit https://bit.ly/EmpathyandCompassion_ACTIVITY

or scan the QR code.

Resident case: Victoria

- Victoria is a 65-year-old, former seamstress, with diagnoses of schizoaffective disorder, type 2 diabetes and hypertension. She moved into your nursing home as a long-term care resident 6 months ago. This move was following a series of hospitalizations related to her schizoaffective disorder, and poorly managed diabetes which has resulted in a leg wound.

- Victoria is originally from Puerto Rico and speaks primarily Spanish. She often struggles to understand her care team, as few staff members speak her language fluently. "I don't know what they are saying half the time," she confides in a bilingual nurse.

- Before entering the facility Victoria faced years of housing instability, living in shelters and temporary housing. She has one daughter who lives out of state and calls occasionally, but visits are rare. "I miss my daughter. I wonder if she could be in danger," she says nervously. "I miss my home," she says quietly. Victoria's income is limited to social security, and she has no savings. She often worries about being a burden.

- Victoria feels disconnected from the world outside the facility but also struggles to connect in her current living environment. She is reluctant to participate in activities and leave her room. Staff have noticed she becomes irritated and/or withdrawn with changes to routine, especially when unfamiliar staff are assigned to care for her. The facility struggles with understaffing, and Victoria hears complaints of caregivers being short on time, which makes her more reluctant to ask for any help. Additionally, Victoria has expressed distrust toward some staff, stemming from miscommunication and past trauma, though staff know little about the nature of this trauma. Some days Victoria refuses care, including that of her leg wound. Some days Victoria refuses to eat. Her care team is concerned about her isolation and declining mental health.

- Victoria dreams of feeling safe and respected. She wishes she could cook her own food, speak freely in her native language, and have more control over her daily life. "I used to sew dresses for my neighbors," she recalls with a smile. "Now I just sit here and wait."

Let's Fill It In!

*Consider thoughts and feelings too

Your ideas:

Your ideas:
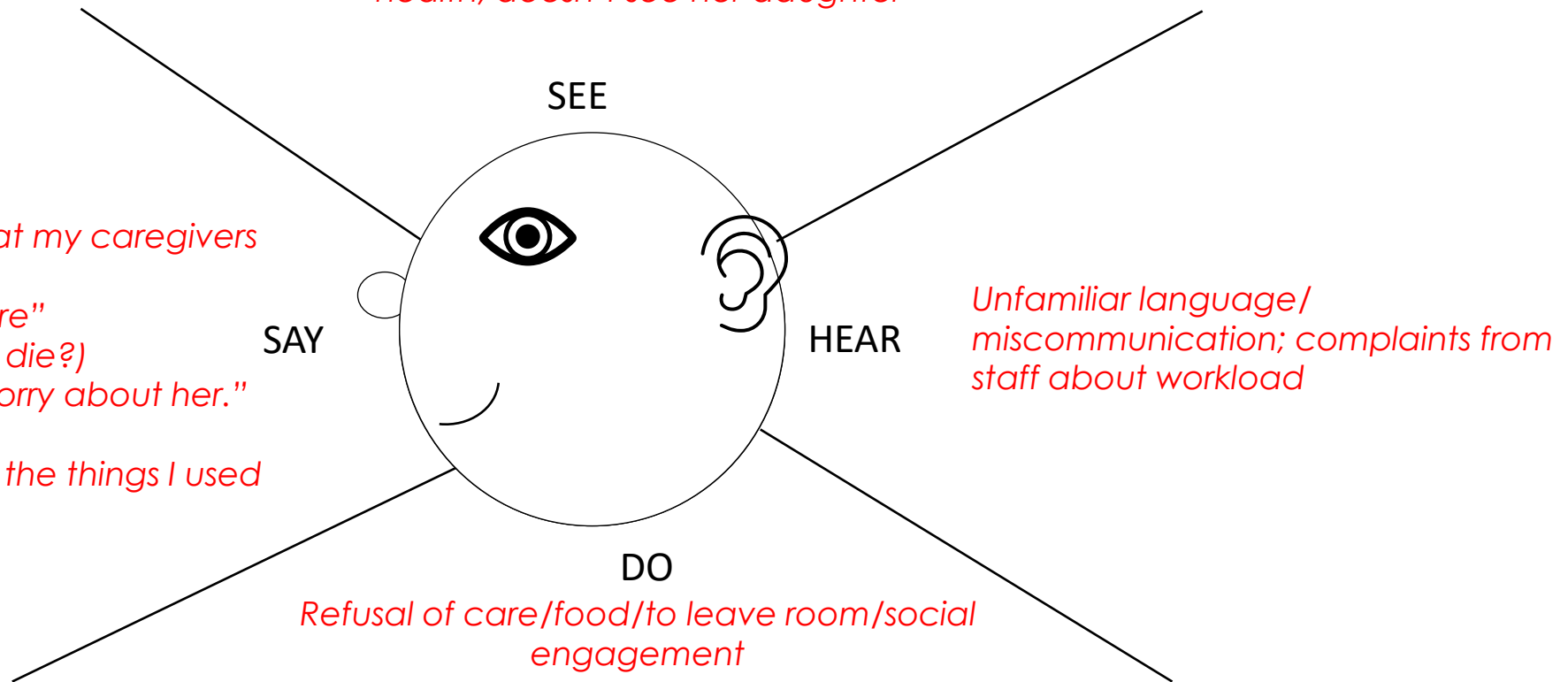
SEE

Your ideas:

SAY

HEAR

DO
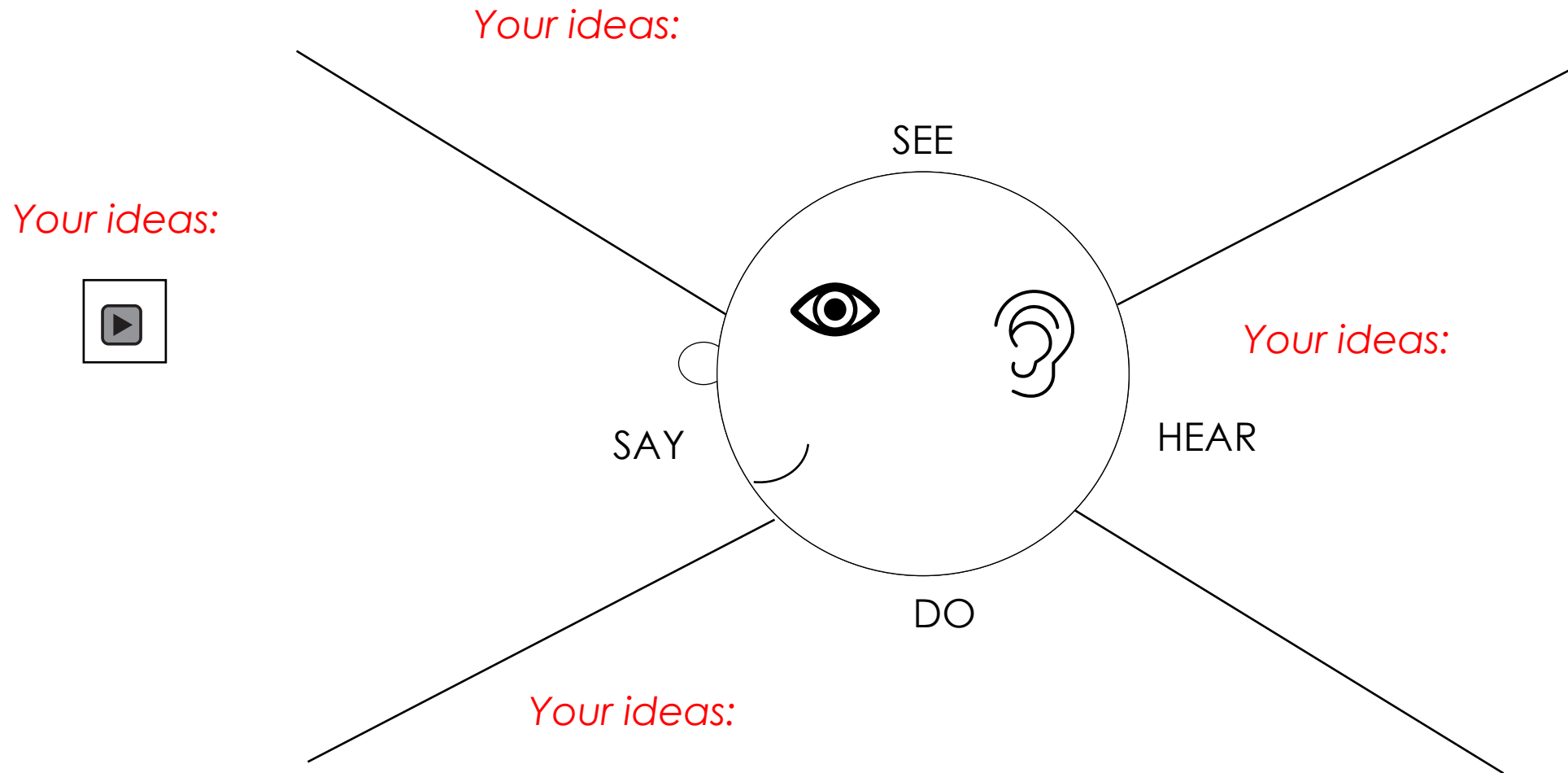
Your ideas:

PAIN (challenge) – *Your ideas:*

GAIN (opportunity) - *Your ideas:*

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Sample Empathy Map for Victoria

Consider thoughts and feelings too

Probably thinks about P.R. and her family – reminiscing, longing, familiarity; Probably re-experiences past trauma through triggers in environment

Staffing shortages; mostly the inside of her room; her declining health; doesn't see her daughter

SEE

SAY

HEAR

DO

- *"I don't understand what my caregivers say to me."*
- *"I don't trust anyone here"*
- *"I sit here and wait." (to die?)*
- *"I miss my daughter. I worry about her."*
- *"I want to go home."*
- *"I miss being able to do the things I used to."*

Unfamiliar language/ miscommunication; complaints from staff about workload

Refusal of care/food/to leave room/social engagement

PAIN (challenge) – *loneliness, isolation; fear; sadness; loss of purpose/family/home/identity*

GAIN (opportunity) – *Wants to feel safe/supported/ understood/independent; activities around cooking, sewing; connectedness with bilingual staff*

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Group debrief

- What surprised you?
- How did this change your view of resident care?
- How might this affect staff well-being?
- Could you use this activity at your facility?

Bottom line: Compassion mutually benefits residents and staff.

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Recap: What you can do tomorrow

- Think broadly about **another's perspective and experiences.**

- Practice compassionate inquiry – **be curious!**

- Encourage and embrace compassion opportunities – **big, but often quite small!**

- Create **mutually supportive environments** for living and working.
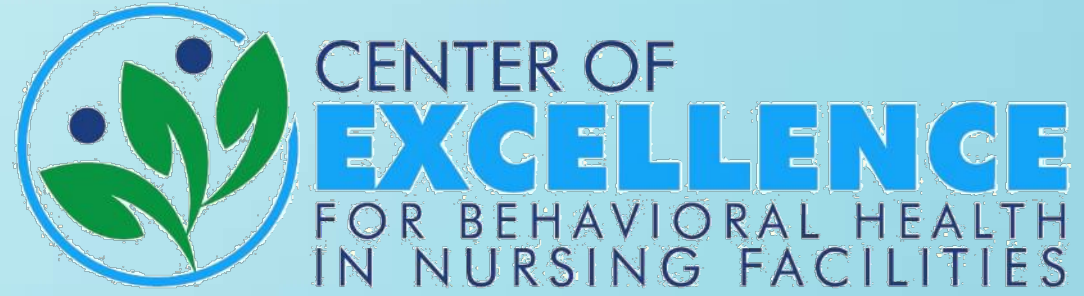
Questions?

COE-NF Grant End Information

Grant Ends: Monday, September 29, 2025

- **After This Date:**
  - No longer offering technical assistance consultations or live training events.

- **Resource Access:**
  - Training materials will be hosted on the CMS website (details coming soon).
  - Alliant Health Solutions will continue hosting COE-NF resources at nursinghomebehavioralhealth.org through September 2026.

- **Questions?**
  - Contact coeinfo@allianthealth.org

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Request Assistance – Until September 15th
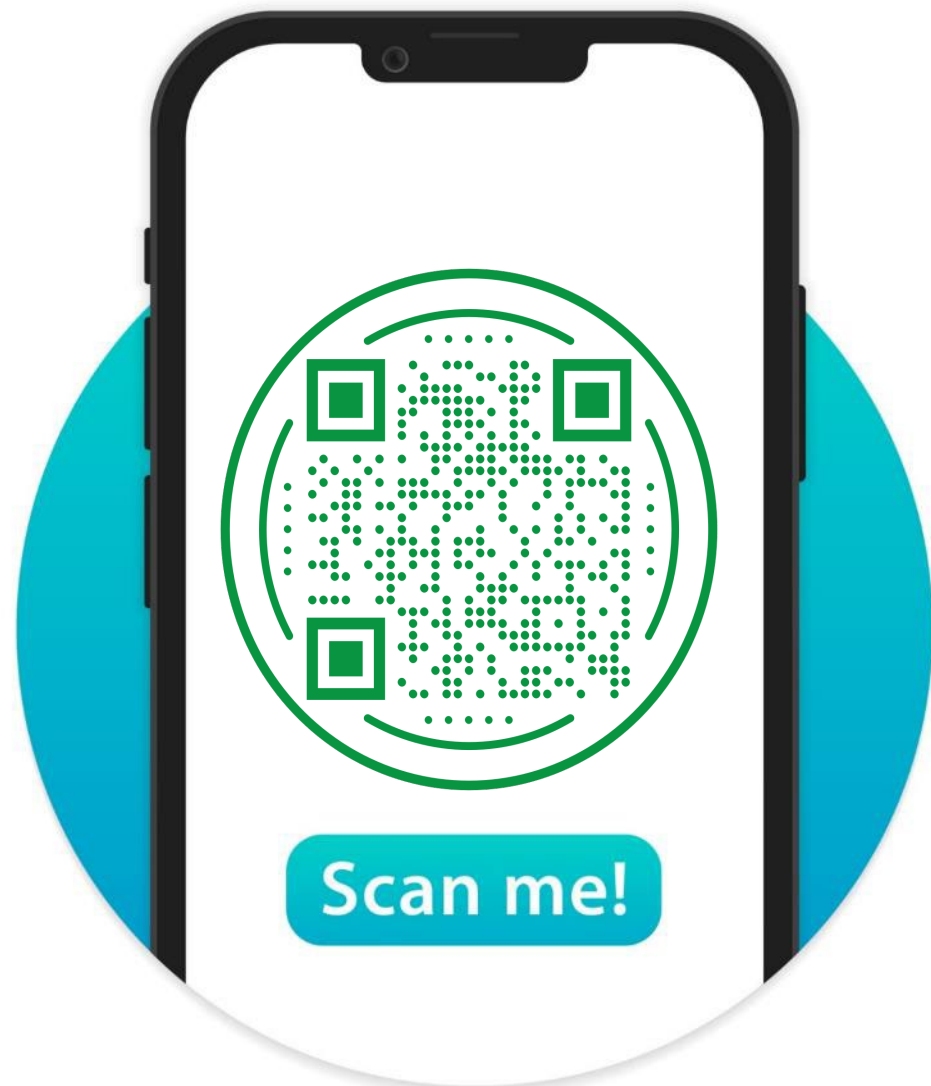
To submit a request for assistance, scan the QR code.

We look forward to assisting you!

Contact us:
For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:
nursinghomebehavioralhealth.org

Scan me!

How to Submit a Request

Dedicated Website

- Online form where nursing facilities can submit consultation requests
- Include CCN number and full facility name
- Online requests are responded to within **48 hours**
- https://nursinghomebehavioralhealth.org/request-assistance

COE-NF Voicemail Box: (844) 314-1433

- Messages will be responded to within **two (2) business days**

CLICK HERE
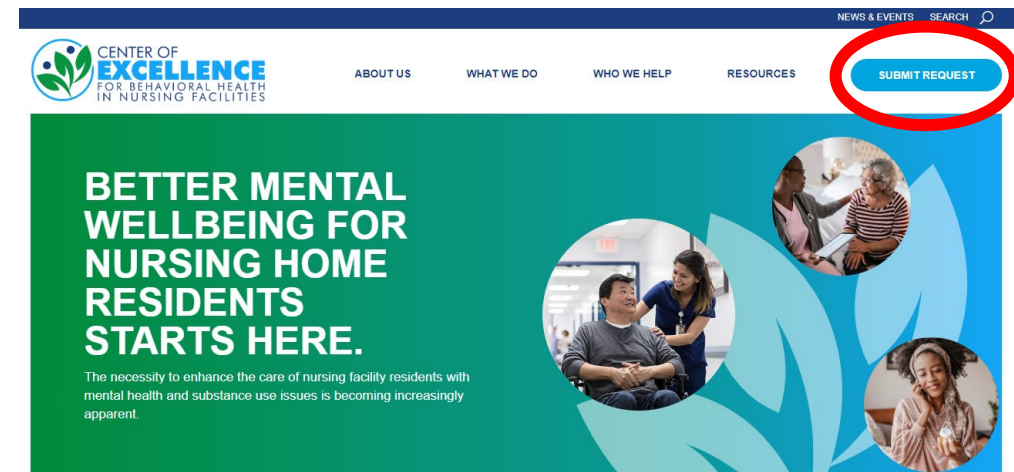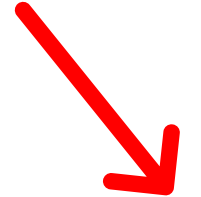
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Visit the website:
nursinghomebehavioralhealth.org

Thank You!

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