This is a draft version of the workbook and is subject to further change. Please do not circulate beyond your team.

HospiceUK

Compassionate Employers

CHAPTER 1- Compassion fatigue and compassion satisfaction

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Contents

Introduction

This is a draft version of the workbook and is subject to further change.

Please do not circulate beyond your team.

Disclaimer

While great care has been taken to ensure the accuracy of information contained in this publication, it is necessarily of a general nature and neither Hospice UK nor the other contributors can accept any legal responsibility for any errors or omissions that may occur.

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Who is this workbook for?

This workbook is a reflective learning resource for frontline staff whose work may bring them into contact with grief, caring responsibilities, emotional labour, distress, death, dying or bereavement.

It is designed to support individual reflection and team conversation.

It should be used alongside, not instead of, appropriate management support, supervision, occupational health, Employee Assistance Programme, HR guidance and organisational wellbeing provision.

How to use this workbook

This resource is for reflection and learning. It is not a substitute for clinical, psychological, occupational health, HR or emergency support.

Each chapter can be used as a standalone resource, however, the proposed order of chapters is:

- Compassion fatigue and compassion satisfaction
- Burnout
- Professional grief
- Stress and resilience.

Throughout each chapter there are opportunities for individual reflection and group reflection. Below is some guidance on how these activities should be facilitated:

Individual reflection guidance

- You do not need to answer any questions that feel too personal, unsafe or difficult.
- Pause at any point.
- If this content brings up distress, speak to someone you trust and access your organisation's support routes, such as your manager, supervision, occupational health, Employee Assistance Programme, HR, GP or urgent support if needed.

Group reflection guidance

- Participation is voluntary.
- No one should be expected to disclose personal trauma, bereavement, mental health experiences or private circumstances.
- Confidentiality expectations should be agreed at the start.
- Managers should not use reflective worksheets as performance management evidence.
- Teams should agree what can remain within the group and what may need to be escalated for safety or support.
- A facilitator is identified for more sensitive discussions, especially professional grief and burnout.

Our wider workplace

- Looking after ourselves matters, but wellbeing is not only an individual responsibility.
- Our workplace plays a large role in supporting our wellbeing.
- Workload, staffing, supervision, leadership, culture, psychological safety, fairness and access to support all shape whether people can stay well at work.
- *To access your organisation's support, please contact someone in your organisation for more information - such as your manager or HR team.*

About Compassionate Employers

The Compassionate Employers Programme launched in 2019 to provide organisations with the skills, knowledge, and resources needed to effectively support employees and customers through terminal illness, caring responsibilities, and bereavement.

We envision a world where all employers are equipped to advocate for and support employees and customers through significant life moments. Our programme is built around three key pillars: greater visibility, education, and connection.

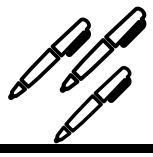
If you would like more information about Compassionate Employers, we would love to invite you to book a meeting with our team here: Compassionate Employers Intro Chat

About Hospice UK

Hospice care eases the physical and emotional pain of death and dying. Letting people focus on living, right until the end. But too many people miss out on this essential care. Hospice UK fights for hospice care for all who need it, for now and forever.

Membership of Hospice UK is open to UK organisations that provide hospice care. Anyone who works or volunteers for a Hospice UK member organisation can access our member-only services and resources. For more information on how to make the most of your Hospice UK membership, see: https://www.hospiceuk.org/innovation-hub/membership

Workbook key

	**Lightbulb moment**: An interesting fact or extra information.
	**Individual reflection**: An activity for you to complete (participation is optional).
	**Group reflection:** An activity to do with your team (participation is optional).
	**Important note!:** Information which is important to note.
	**See Glossary**: Detailed definitions.
	**Tool**: You can use this reflection/information outside of the workbook.
	**Quote/quotation**: Relevant quote/quotation.
	**Key term**: Important definition.
	**Reminder to be kind to yourself:** This activity may feel challenging or emotional (participation is optional). Please do take care of yourself and take breaks as needed.

Compassion fatigue and compassion satisfaction

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water and not get wet."

Rachel Naomi Remen[1]

Why this matters

Compassion is a huge part of our caring roles at work or elsewhere.

Working in hospice settings means being close to people's lives, and their losses. That can be rewarding, but it can also be emotionally demanding.

Our work asks the best of our compassion but if unsupported by ourselves and our workplace, it also puts us at risk of compassion fatigue.

What we will cover

This chapter is a space to reflect, make notes, and think about how we experience compassion in our roles and understand where we may need support. We will cover:

Important note! You do not need to answer any questions in this chapter that feel unsafe. If this content brings up distress, speak to someone you trust and access your organisation's support routes or urgent support if needed.

Definition: compassion

Key term

Compassion is the feeling of empathy that we have for others' pain which motivates us to act to help relieve their suffering[2].

As humans we have an incredible capacity to care for those around us.

Whether it be helping our neighbours with their shopping, serving a patient their favourite meals or being there in life's final moments.

Individual reflection: Think of a recent moment when you have shown compassion to another person. How did it make you feel?

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Compassion can be experienced as a positive element of our professional quality of life. This positive experience is called 'compassion satisfaction'[3] *(we will come back to this on page 19).*

Lightbulb moment: Compassion's Latin linguistic origin means 'to bear, to suffer with'[4].

Definition: what is compassion fatigue?

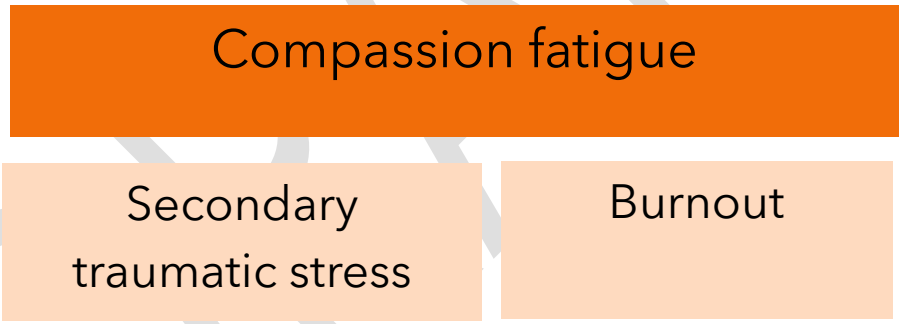
Our roles ask the best of our compassion. However, if we don't get the right support from our workplace and if we are not aware of the emotional impact of our role, we can find ourselves at risk of compassion fatigue.

Key term

Compassion fatigue is a state of significant emotional, mental or physical exhaustion. It results from prolonged ***exposure to the emotional stress involved in caretaking***[5].

It results in cognitive, emotional, behavioural changes and leads to a reduced capacity for someone to be empathetic.

Compassion fatigue is comprised of two elements: **burnout** and **secondary traumatic stress.**



Adapted from Halamová et al.[5]

While signs and symptoms can overlap, the key difference between burnout and secondary traumatic stress is[6]:

- secondary traumatic stress is caused by exposure to traumatic events/stories[6]

- burnout is caused by work related stress[6].

See Glossary for further definitions.

Spotting the signs

There can often be a lot of shame and stigma around experiencing compassion fatigue. It does not make us bad people, just people who really care but may need some support.

Recognising the signs of compassion fatigue in yourself and your colleagues is the first step in getting the right help for you and your team.

Physical symptoms

- Fatigue and exhaustion
- Muscle tension, aches and pain
- Sleeping problems
- Gastrointestinal problems/ nausea
- Change in appetite
- More susceptible to illness
- Headaches.

Emotional symptoms

- Feeling helpless/powerless
- Reduced feelings of empathy
- Feeling detached/numb/cynical
- Irritability/anger
- Anxiety/sadness
- Loss of interest in activities
- Emotional exhaustion
- Decreased job satisfaction
- Feeling isolated.

Cognitive symptoms

- Difficulties concentrating
- Memory problems/ forgetfulness
- Difficulties making decisions
- Intrusive thoughts about difficult experiences
- Difficulties separating personal and professional lives.

Behavioural symptoms

- Avoiding patients
- Withdrawal from activities
- Withdrawing from work
- Problems in relationships
- Increased use of distractions
- Increased substance use
- **The Silencing Response***.

Symptoms identified in Mathieu[6], Gustafsson and Hemberg[7], Zhang et al.[8], van Dernoot Lipsky and Burk[9]

Lightbulb moment: *The Silencing Response describes the state where the healthcare professional is unable to listen to a patient's needs[10].

They may find it hard to pay attention to the patient, minimise patient distress or become frustrated with the patient for their experience.

Be mindful of this symptom in patient-facing hospice roles.

Pause and reflect

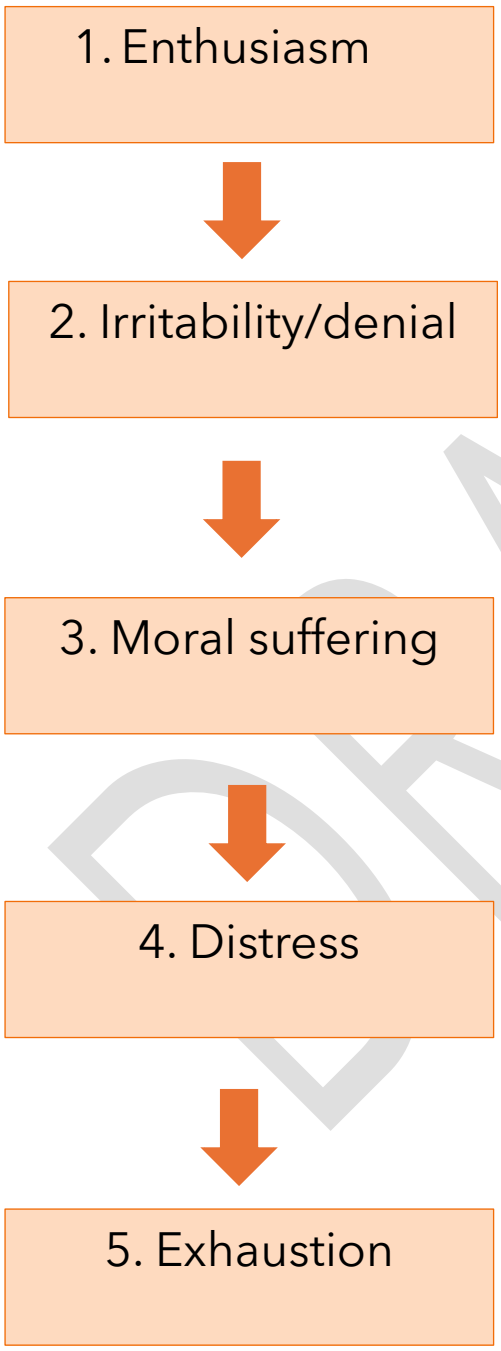
Be kind to yourself in these reflections. You do not need to answer any questions that feel too personal, unsafe or difficult.

Individual reflection: Have you experienced any signs of compassion fatigue? If so, how did they show up for you?

Important note! If this content brings up distress, speak to someone you trust and access your organisation's support routes, such as your manager, supervision, occupational health, Employee Assistance Programme, HR, GP or urgent support if needed.

How does it occur? The 5-stage model

Compassion fatigue is not usually caused by a single incident or exposure to trauma. Instead, it is cumulative[8] and compassion fatigue develops over time.



Compassion experience:

- High motivation and commitment
- Strong belief in value of the work
- Enthusiastic and positive
- Willing to work extra.

Compassion reduction:

- Enthusiasm wanes
- Lack of rest and high work intensity
- Make small mistakes/cut corners
- Lose concentration and focus
- High empathetic engagement.

Compassion discomfort:

- Frustrated at limitations of role
- Neglect self-care and personal life
- High emotional impact from work
- Feelings of powerlessness and self-doubt.

Compassion distress:

- Thinking about distressing work experiences outside of work
- Comparison of patient experiences to own experiences
- Emotional distress anxiety and worry.

Compassion fatigue

- Emotional exhaustion/detachment and numbness
- Avoid patients
- Avoid work/leave profession
- Profound physical/emotional symptoms (e.g. sleep difficulties).

Adapted from work by Zhang et al.[8]

Risk factors

> *'Exposure to trauma in and of itself does not cause 'pathology'' (the significant physical, emotional, psychological symptoms of compassion fatigue).* Kessler et al[11]

In hospice settings, we often experience challenging and emotional situations. It is human nature for us to be affected by the things we see and hear.

However, these experiences do not mean we will always develop compassion fatigue. Other **organisational** and **personal** factors contribute and can increase the risk of us developing compassion fatigue, burnout and secondary traumatic stress.

While this is not an exhaustive list, it can be helpful for us to be aware of areas where we may be more at risk:

Personal factors
Current life circumstances (stress factors)
Close identification with those you are caring for
Caring responsibilities outside of work
Difficulties balancing professional and personal life
Difficulties managing emotions (acknowledging/expressing feelings)
Past life circumstances (experiences of trauma)
Having very high/unrealistic expectations about what we can achieve at work
Difficulties coping with stress and relying on unhealthy coping strategies
Feeling socially isolated and having limited support
*High levels of unmonitored empathy[12]

Organisational risk factors
Lack of training for our specific job responsibilities
Limited/no clinical supervision or reflection space
Unrealistic and unachievable workload
High exposure to trauma without time and space to recover
Working in isolation (limited support from colleagues)
Risk of personal injury and violence while at work
High levels of negativity in the team and low workplace morale
Long working hours/ lots of overtime/ not taking annual leave

Mathieu[6] and Gustafsson and Hemberg[7]

Our wellbeing is not only an individual responsibility. While it is important for us to acknowledge our individual risk factors, it is shaped by workload, staffing, supervision, leadership, culture, fairness, psychological safety and access to support.

Individual reflection: Can you identify any organisational risk factors in your team?

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Tool: If it feels safe for you to do so, you can use this tool to identify areas of organisation risk for compassion fatigue. This can aid discussions about support and next steps with your manager.

Empathy and secondary traumatic stress

Empathy is a great strength but when emotional exposure at work is intense, repeated and unsupported it may become risky to our wellbeing (*high levels of unmonitored empathy[12]). Our empathy can be overloaded!

But what does this mean in practice? When we were researching this workbook, we came across Rothschild's book, 'Help for the Helper'[13] which discusses potential risks of 'Unconscious Somatic Empathy'[13].

These were the questions we asked:

Question: What is empathy?

Answer:

Key term

Empathy describes the ability to experience another person's perspective, understand their experience and feel their emotions. This process involves complex cognitive, emotional and physiological mechanisms[13]

Question: What is the difference between empathy and compassion?

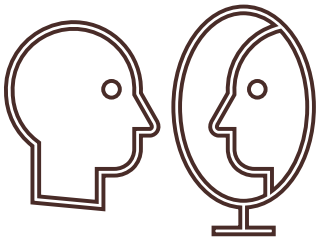
Answer:

While connected to compassion, empathy remains in feelings (not actions). **Empathy is a great strength, and it makes us good at relating to others, understanding their needs and building trust[13].**

Question: If empathy is a good thing, how can it be a risk of compassion fatigue?

Answer:

Empathy is a brilliant skill and we are often drawn to working in the hospice sector because we are attuned to the feelings of others. However, emotions are contagious[13] and without us realising, we can internalise the pain, worry and distress of others, particularly if we closely identify with their experience. Their feelings can become our own.



Question: How are emotions contagious?

Answer:

Have you ever found yourself feeling sad after work and you cannot place where it is coming from? Does it feel like the emotions are not quite your own?

It could be down to *Unconscious Somatic Empathy[13].

Through mimicry of body language or facial expressions (consciously or unconsciously) [13]and the work of mirror neurons in the brain[14], emotions are transmitted between individuals.

If unchecked, our brain can make us 'vulnerable to other's negativity'[15]; we 'respond to their anger with fury or are dragged down by their depression'[15].

Question: What does this mean for me?

Answer:

If we are always automatically visualising the traumas of others and unconsciously feeling the emotions of our patients or colleagues, **instead of a connective tool empathy can be paralysing, leaving us feeling drained and unable to offer care**.

Our empathy is overloaded. This then can increase the risk of us developing secondary traumatic stress[12] thereby compassion fatigue, vicarious traumatisation and burnout[13].

The key to managing this risk is about making these unconscious processes conscious[13].

- Notice when you are absorbing others' experiences.
- Check in when are picturing the challenges they have experienced.
- Connect back to your reality using mindfulness techniques.

See Glossary for full definition of 'Somatic empathy'.

Practical tool: noticing how we feel

'We are most vulnerable to compassion fatigue and vicarious traumatization when we are unaware of the state of our own body and mind' Rothschild[13]

Mindfulness is one key way we can become aware of how we feel and manage stress.

Individual reflection: Take care of yourself! This activity is optional and is for reflection and learning. It is not a substitute for clinical, psychological, occupational health, HR or emergency support.

*What sensations are you experiencing in your **body**?*

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*What thoughts/images are coming into your **mind**?*

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*What can you do right now to help you feel **calm**?*

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Adapted from Rothschild[13]

Compassion satisfaction

It is not all bad news! Our work can bring us lots of joy and connection.

Key term

Compassion satisfaction: describes the overall enjoyment and pleasure that individuals experience when they are able to do their work well[3].

Specifically, it is the fulfillment caretakers get from helping others through their work and leads to increased motivation and improved professional quality of life.

Compassion satisfaction is comprised of two elements: **Work competency and happiness** and **Personal integrity and happiness**

Adapted from Halamová et al[5]

At work when we can feel,

- fulfilled, calm and aligned with our values (**personal integrity**)[5] and
- capable of taking on challenges with the right resources and tools from our workplace (**work competency**),[5]

our professional quality of life can flourish.

Vicarious growth describes the way we grow and change as people as a result of the work we do[16]. See Glossary for further definitions.

Accessing support

Looking after ourselves matters, but wellbeing is not only an individual responsibility. Our workplace plays a large role in supporting our wellbeing.

Workload, staffing, supervision, leadership, culture, psychological safety, fairness and access to support all shape whether we can stay well at work.

To access your organisation's support, please contact someone in your organisation for more information such as your manager or HR.

Individual reflection: Sometimes when we are struggling, we may not know who to speak to in our organisation.

Make a note of what support is available to you in your hospice:

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Important note! Personal strategies are helpful but are not always enough. If we are experiencing or at risk of compassion fatigue, it is important we get the right support.

Speak to someone you trust and access your organisation's support routes, such as your manager, supervision, occupational health, Employee Assistance Programme, HR, GP or urgent support if needed.

Worksheet: team conversation

Supporting compassion satisfaction: team and organisation strategies

This activity is designed to open discussions around compassion fatigue and discuss team-level action in supporting compassion satisfaction and reducing organisational risks of compassion fatigue.

For more information on risk factors of compassion fatigue and how we can support compassion satisfaction, please see the workbook chapter.

Important note!

Group reflection guidance

To facilitate this activity safely ensure that:

- Participation is voluntary.
- No one is expected to disclose personal trauma, bereavement, mental health experiences or private circumstances.
- Confidentiality expectations are agreed at the start.
- Managers do not use reflective worksheets as performance management evidence.
- Teams agree what can remain within the group and what may need to be escalated for safety or support.
- A facilitator is identified for more sensitive discussions.

Group reflection: How can we as a team better…

Mitigate organisational risk factors of compassion fatigue

E.g. prioritise engaging in supervision, allow breaks after exposure to distressing situations, realistic workload, support for lone-working individuals.

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Support compassion satisfaction (work competency and happiness)

E.g. consider practical needs of the team (e.g. working printer), assess team resources and capacity, training opportunities for staff.

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Mitigate personal risk factors of compassion fatigue

E.g. reflection spaces staff can use, integrate mindfulness into the working day, accessibility of organisation wellbeing support such as Employee Assistance Programmes.

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Support compassion satisfaction (personal integrity and happiness)

E.g. celebrating small successes as a team, consider peer support opportunities, wider professional development goals, build strong cross-team working relationships, identify team values.

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Examples adapted from Papadatou[4], Mathieu[6] , Gustafsson and Hemberg[7], Van der Kolk[15], Balideh, Nejati, Torkaman[17]

Worksheet: individual reflection

Compassion satisfaction self-reflection prompts

Compassion satisfaction describes the overall enjoyment and pleasure that individuals experience when they are able to do their work well[3].

This activity is designed for us to reflect compassion satisfaction.

Be kind to yourself in these reflections. You do not need to answer any questions that feel too personal, unsafe or difficult

Important note!

Individual reflection guidance

- You do not need to answer any questions that feel too personal, unsafe or difficult.
- Pause at any point.
- If this content brings up distress, speak to someone you trust and access your organisation's support routes, such as your manager, supervision, occupational health, Employee Assistance Programme, HR, GP or urgent support if needed.

Be kind to yourself. This questions can feel challenging so take your time and take breaks as needed.

Individual reflection:

What do I enjoy about my work/volunteering? What do I find rewarding?

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What is the best moment of my day? How can I celebrate small moments?

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Who/what inspires me to do the work I do? How can I draw strength from this?

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What opportunities are there to share positive moments/stories/experiences at work/volunteering with colleagues?

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Reflection questions inspired by Steele[2], Stamm[3], Noor et al.[18], Visible Resource[19], Trauma Informed Stoke-on-Trent and Staffordshire guide[20]

Glossary

Some of the terms mentioned in this chapter can be confusing. Even the academics don't always agree what the terms mean!

Below are some further clarifications which may be of help.

- **Compassion** is the feeling of empathy that we have for others' pain which motivates us to act to help relieve their suffering[2].

- **Compassion fatigue** is a state of significant emotional, mental or physical exhaustion experienced as a result of prolonged exposure to the emotional stress involved in caretaking[5].

  It looks like cognitive, emotional, behavioural changes and leads to a reduced capacity to be empathetic. *Coined by Carla Joinson 1992 as a form of fatigue experienced by healthcare workers*[7].

- **Burnout** is the experience of physical and emotional exhaustion often caused by high work demands and limited support, contributing to low work satisfaction[3].

  Symptoms include feeling overwhelmed, powerless at work and a decreased sense of personal accomplishment. *Initially coined by Freudenberger in the 1970s*[2] *burnout has been defined by the World Health Organization*[19] *as a term specific to the workplace context.*

- **Secondary traumatic stress** is the negative impact of indirect exposure to, witnessing or supporting in a traumatic incident[5]. It can occur from a single event or over time. *It was coined by Figley as 'the stress resulting from helping or wanting to help a traumatized or suffering person'*[12].

- **Vicarious trauma** is sometimes referred to in a similar way to secondary traumatic stress. It describes negative emotional, physical, psychological and spiritual changes resulting from repeated indirect exposure to traumatic stories[2] and is something that occurs over time[22].

  Coined by Saakvitne and Pearlman [23]*, vicarious trauma looks like changes in how someone views the world and Mathieu*[6] *argues it is the result of experiencing multiple instances of secondary traumatic stress.*

- **Stress** can be defined as a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree[24].

- **Primary trauma** is caused by direct exposure to a traumatic event where the individual is harmed or at direct risk of harm[6].

- **Secondary trauma** is a response related to exposure to others at risk or experiencing harm[6].

- **Silencing response** describes the state where the healthcare professional is unable to listen to a patient's needs[10]. They find it hard to pay attention to the patient, minimise patient distress or become frustrated with the patient's experience. *The term was first used in 1997 by Anna Baranowsky and J. Eric Gentry*[25].

- **Empathy** describes the ability to experience another person's perspective, understand their experience and feel their emotions. This process involves complex cognitive, emotional and physiological mechanisms[13].

- **Somatic empathy** describes empathy as more than a psychological experience but a physical one. It explains the ways we experience the stories of others within our body, respond to others' physical symptoms with physical symptoms[13].

- **Compassion satisfaction** describes the overall enjoyment and pleasure that individuals experience when they are able to do their work well[3].

  Specifically, it is the fulfilment caretakers get from helping others through their work and leads to increased motivation and improved professional quality of life.

- **Work competency and happiness** describes feeling capable at work; that an individual feels they have the resources and tools to conduct their work well and feel able to support others[5].

- **Personal integrity and happiness** describes an individual's wider feelings of joy, satisfaction and calm in their lives. An individual feels that who they are and how they live their lives aligns with their beliefs and values[5].

- **Vicarious growth** describes the positive change in the way an individual views the world view as a result of the indirect exposure to trauma. It describes the growth, newfound purpose and meaning in the work that they do as a result of providing care[16].

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Further reading

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