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- Team resilience

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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 managers of 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 do I 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:

- Team resilience
- Supporting teams with compassion
- Leading with vulnerability
- Managerial burnout.

Throughout each chapter there are opportunities for individual reflection and group reflection. See below for 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, 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!:** Important information.
	**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.

Team resilience

'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.'

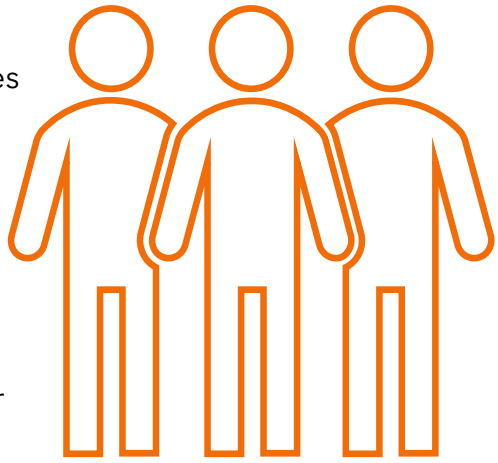
Rachel Naomi Remen[1].

Why this matters

Resilience in the workplace is a topic we have heard a lot about in recent years. We all have a level of resilience and as a team, resilience means we are better equipped to effectively respond to the specific challenges we encounter in hospice settings.

However, resilience does not make us or our team superhuman!

While we may cope in the short term, if the challenges of our role continue to exceed our resources it can damage our health and wellbeing[2].



As managers, we play an important role in recognising if our teams are struggling. Our role as managers and as organisations lies in supporting our teams with compassion.

What we will cover

This chapter is a space to reflect, make notes, and think about what resilience looks like for our teams. 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: what is resilience?

Within management discourse, resilience has become an increasingly popular tool in the way we support wellbeing at work[2].

But what do we mean by 'resilience'?

Key term

Individual resilience is the ability of an individual to maintain 'a stable equilibrium' under adverse conditions[3].

Yet we cannot look at resilience in isolation as it is dependent on our environment

Key term

Resilience as a community is 'Processes and skills that result in good individual and community health outcomes in the face of negative events, serious threats and hazards. […]

Resilient individuals have the problem-solving skills, social competence and sense of purpose to rebound from setbacks […] *Resilience is also shaped by the availability of supportive environments*'[4]

Therefore, as managers, if we draw only on individual resilience without questioning the wider picture (perhaps unrealistic workloads or poor organisational management) we will never be able to truly support our teams[2].

Team resilience

'When a job becomes damaging for health is when the individual's resources do not match the demands of the role.'

Bajorek et al[2]

Resilience is not a trait but an ongoing process[5]. We cannot understand resilience without understanding the challenges our teams face.

To do this we will look at supporting resilience across three levels:

1. Organisation structures

Workplace structures can contribute to or mitigate workplace stress.

2. Team specific challenges

In the hospice sector, our teams face specific challenges including professional grief, compassion fatigue and burnout.

3. Role of the manager

We as managers are well placed to identify team challenges and respond to needs with compassion.

Lightbulb moment: For further reading on hospice specific workplace demands and impact on burnout, see the review by Papworth et al[6].

Pause and reflect

Be kind to yourself in these reflections! We are only one person with that limited capacity to enact change.

We are all learning and if there are small things that we are able to implement, then we can better support our teams.

Individual reflection: What does resilience at work mean to you?

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Individual reflection: Can you identify any challenges facing your team that could impact their resilience?

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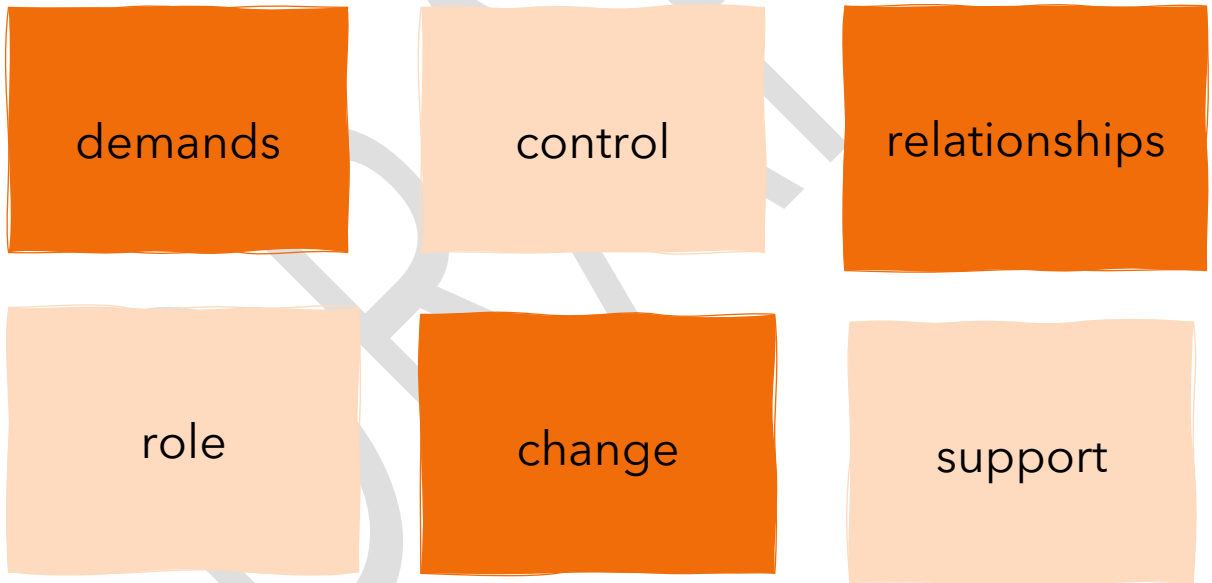
Organisational structures: workplace stress

Across all organisations workplace stress has been recognised as a significant concern – in 2024/25, 964,000 workers experienced work-related stress[7].

Key term

Stress in the workplace is 'the adverse reaction people have to excessive pressures or other types of demand placed on them. Workers feel stress when they can't cope with pressures and other issues'[8].

The Health and Safety Executive identified that there are six main areas which can affect workplace stress which should be assessed and managed. They are:



Identified in Health and Safety Executive[8]

Lightbulb moment: Our organisations have a legal duty to protect workers from stress at work and must both assess stress risks and take actions to reduce risks[7].

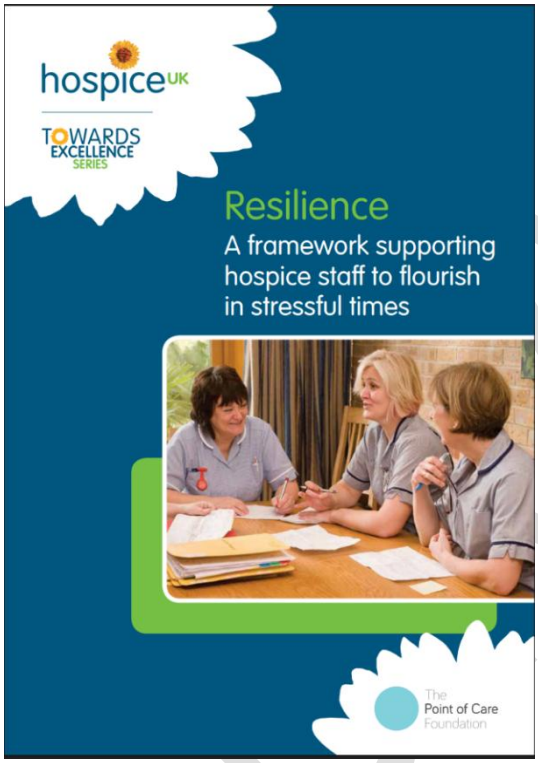
You can access more information and resources about these responsibilities on the *Health and Safety Executive's website*: https://www.hse.gov.uk/stress/overview.htm

Hospice UK resilience framework

Workplace stress is not a new concern.

In 2013, Hospice UK commissioned The Point of Care Foundation to examine research into the experience of hospice staff and volunteers and strategies to support them in their work.

Tool: Senior leaders can use the checklist to inform strategies to ensure a healthy and resilient workforce and that boards receive annual reports on its use.



The Resilience Framework[9] describes the range of interventions available for leaders to respond to different types of stress that might affect people working or volunteering in hospices.

It identifies the two main sources of stress experienced to be:

- **'The work context: organisational stress**
- **The intrinsic nature of the work'[9]**

Lightbulb moment: More recently, research by Ravalier et al[10] in NHS settings highlighted that for those experiencing work stress, contributing factors included high workload, changes at work, lack of understanding around mental health at work and lack of support returning to work.

Positive working relationships, open honest organisational communication around change (bottom-up approach) and supervision were identified by workers as helpful[10].

Practical tool: 'Good Work' model

While we as managers may not always be able to influence institutional change, we can identify and share the challenges with senior leaders. We may also be able to make small practical changes where we can support staff wellbeing.

A review by Parker and Bevan in 2011[11] indicated that employee health benefits from 'good work' and identified key qualities which make up 'good work'.

Individual reflection: Consider what challenges your team face in each area.

Area	What challenges are there?	What can I do to support my team?
Varied and interesting work		
Effort-reward balance		
Autonomy, control, ownership and task discretion		
A fair workplace		
Secure employment		
Learning development and skill use		
Employee voice		
Strong working relationships		

Titles identified in Parker and Bevan[11]

Team specific challenges: compassion fatigue

Beyond structural changes we need to be aware of the other risks that our teams encounter that are specific to their work and contribute to workplace stress.

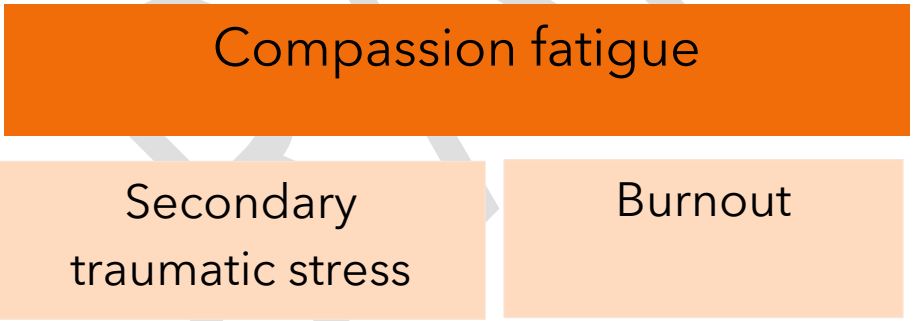
In caring professional roles compassion fatigue, burnout and vicarious traumatisation are occupational hazards that we need to look out for.

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***[12].

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

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



Adapted from Halamová et al.[12]

While signs and symptoms can overlap, the key difference between burnout and secondary traumatic stress is[13]:

- secondary traumatic stress is caused by exposure to traumatic events/stories[13]

- burnout is caused by work-related stress[13].

See Glossary for further definitions

When our team is struggling: spotting the signs

As managers we are often in a good position to notice when our team is struggling. We may be the first ones to see changes in someone's behaviour or mood.

Recognising the signs of compassion fatigue in our colleagues is the first step in getting it right for 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[13], Gustafsson and Hemberg[14], Zhang et al.,[15] van Dernoot Lipsky and Burk [16]

Lightbulb moment: Occurring in clinical settings, *The Silencing Response describes the state where the healthcare professional is unable to listen to a patient's needs[17].

They find it hard to pay attention to the patient, minimise patient distress or become frustrated with the patient's experience.

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

Practical tool: identifying risk factors

Both **organisational** and **personal** risk factors contribute to the development of burnout and secondary traumatic stress or both.

Often the focus is placed on the individuals to prevent compassion fatigue and while self-care strategies are helpful[13], risk factors should be mitigated by the organisation.

While this is not your responsibility solely, if we as managers can identify areas of risk, we can advocate for support for our team. This is not an exhaustive list, but some factors are noted below:

Risk factors identified in Gustafsson and Hemberg[14] and Mathieu[13]

Compassion fatigue risk factors	
Organisational risk factors	**Checkbox**
Lack of training for specific job responsibilities	
Limited/no 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	

Individual reflection: What other workplace concerns have you identified as putting your team at risk? How are they mitigated?

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Mitigating risk

Tool: This section is particularly relevant for those supporting teams working directly with individuals, patients or families.

Exposure to trauma is a risk factor for compassion fatigue. There are some roles such as frontline care workers or nurses where we are exposed more frequently to traumatic instances.

When we see and hear difficult things, a human reaction is to discuss the situation with our colleagues. However, without us realising, sharing unnecessary and graphic information can put our colleagues at risk of secondary traumatic stress[6].

There are two kinds of debriefing:

1. Formal debriefing

- Often scheduled support
- Examples: clinical supervision, peer consultations
- Limitations: not immediate when the support is needed.

2. Informal debriefing

- Ad hoc situations
- Examples: sharing with colleagues at lunch, in the moment debriefing
- Limitations: can be uncontained and increase risk of secondary traumatic stress

Adapted from Matheiu[13]

Lightbulb moment: If you don't currently have any formal support in place for your team, Resilience Based Clinical Supervision may be a model to consider.

For further information please see our *Hospice UK webpage on Resilience Based Clinical supervision*: https://www.hospiceuk.org/innovation-hub/clinical-care-support/workforce-programme/your-wellbeing-resilience/resilience-based-clinical-supervision-support

Pause and reflect

Be kind to yourself in these reflections. We are only one person with that limited capacity to enact change.

We are all learning and if there are small things that we are able to implement, then we can better support our teams.

Individual reflection: What debriefing opportunities do your team have access to?

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Individual reflection: What are the benefits and drawbacks to current debriefing structures? How can this be improved?

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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.

Team specific challenges: professional grief

Key term

Professional grief is the type of grief experienced by individuals as part of the work they do[18] (e.g. death of a patient/individual).

It 'differs from personal grief as it is anticipated daily, and a result of the job chosen'[18].

In both clinical and non-clinical hospice roles our teams build caring relationships with people in times of pain and suffering[19]. We care deeply and care is foundational in our work[19]. When strong professional relationships end, our teams may grieve that loss and if this experience and these relationships go unacknowledged, it can feel like professional grief is 'hidden in private shadows'[18].

Professional grief can feel different to our other experiences of grief. It can be complex and multifaceted for several reasons:

Repeated exposure

to death and dying as part of our roles

Professional responsibilities

and upholding professional expectations whilst managing our grief

Our relationships

with the individuals we work with vary and may differ from our colleagues'. We may be particularly impacted by a death if:

- we had a close professional relationship
- we are reminded of personal experiences of grief
- we felt unable to offer the care we wanted to

'Part of the job' mentality

resulting in stigma around professionals expressing grief[5]

Phillips, Trainum, Thomas Hebdon[18] and Papatatou[5]

Not all deaths may affect us and our teams in the same way and that is OK. We shouldn't shame or blame ourselves or others if we feel things differently to other colleagues or respond in a different way to previous deaths.

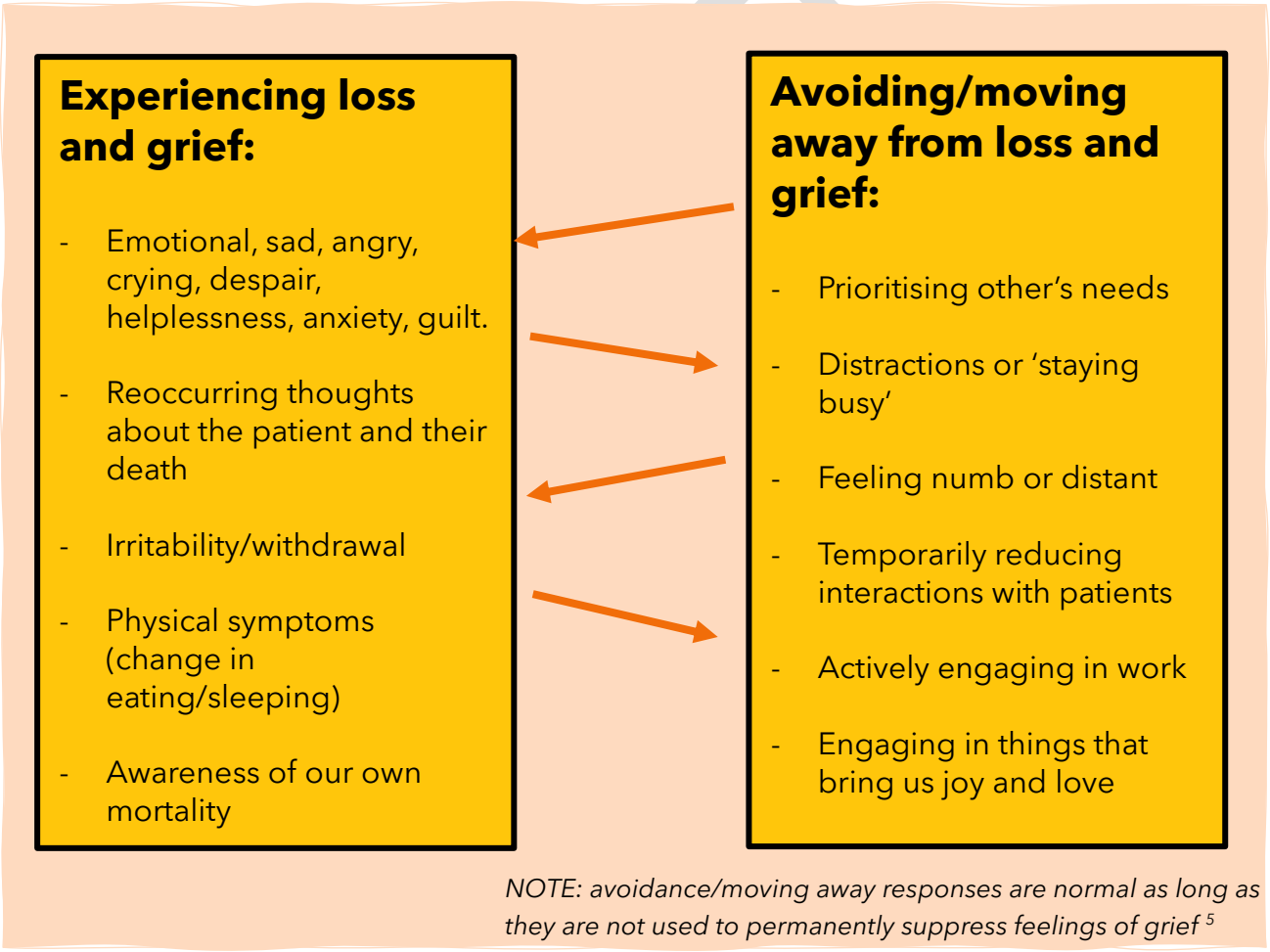
Papadatou's model

As managers, we have the opportunity to acknowledge the impact of professional grief on our team members and offer them practical support.

Papadatou's [5] model is a useful illustration of the way in which professional grief can present.

Papadatou argues that professional grief occurs as an **ongoing fluctuation** between **experiencing the grief** and loss and by **moving away from the loss** experience.

Adapted from Papadatou[20]



NOTE: avoidance/moving away responses are normal as long as they are not used to permanently suppress feelings of grief [5]

Lightbulb moment: This fluctuation from one to the other is necessary, adaptive, and healthy.

When we are not able to fluctuate, we can become totally overwhelmed or completely repress our grief[21], increasing risk of compassion fatigue and burnout[18].

Practical tool: fluctuating in professional grief

Due to roles, boundaries and confidentiality our teams may or may not have access to the rituals or support they would have in personal bereavements, e.g. attending the funeral or support from those close to the person.

Therefore, as individuals and as teams we need ways that allow us to experience and fluctuate in our grief in a supported and sustainable way.

Individual reflection: How can we find strategies and methods to allow this practice to occur in our workplaces?

Experiencing loss and grief:

- *E.g. reflection spaces for colleagues, supervision*
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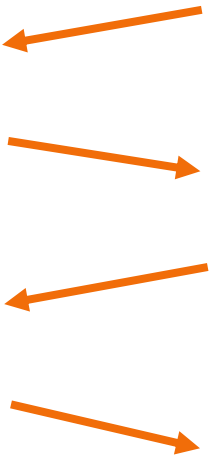

Avoiding/moving away from loss and grief:

- E.g. *allowing staff breaks/flexibility from particular duties*
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Titles adapted from Papadatou[20]

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.

Pause and reflect

What can often make our experience of professional grief so challenging is the ways in which it has often been sidelined[5], hidden in private shadows and not openly expressed'[18].

Therefore, we need to find support that meets the needs of our teams, that allows us to be open about professional grief, experience and process it safely.

Individual reflection:

1. How do we currently support each other after a death?
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2. How are deaths acknowledged for staff at our hospice?
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3. What helps us feel safe to talk about grief?
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4. How are non-clinical colleagues and volunteers supported?
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5. What could we do differently as a team?
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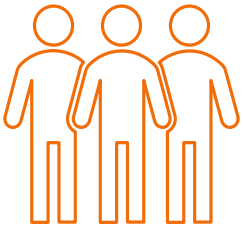
Tool: These questions can be used for team discussion. If facilitated as a group, please ensure you are following the group facilitation guidance detailed in the Introduction.

Role of the manager: compassionate leadership

Our wellbeing is shaped by our workplace. We know that unsupportive workplaces are a huge risk factor for burnout in a workforce, breeding cynicism, overwork and distress in its workers[13].

As managers, it can feel daunting and a big responsibility. Many challenges that our staff face (workplaces stressors such as reduced resources or personal circumstances such as staff bereavement or family circumstance) are not within our direct control.

However, what we can contribute to as managers is a kind, compassionate culture. The Kings Fund suggest this looks like:



Relationships	Active listening	Understanding
building strong, trusting relationships	actively listening to our team's needs	understanding and empathising

Titles adapted from Bailey and West[22]

Leading with compassion helps people feel 'valued, respected, and cared for – enabling them to reach their potential and deliver their best work'[22]. It can have significant impact on our teams resulting in improved wellbeing, engagement and motivation[22].

The better we can get to know our teams, the easier it is for us to know what challenges they are facing and the support they may need.

See Chapter on 'Supporting teams with compassion' for more information on compassionate leadership

Self-reflection

Be kind to yourself in these reflections. When juggling multiple responsibilities and a busy workday, it can be hard to find the time to check in with your team.

We may not always get it right – we are only human.

Individual reflection: When do you find it hard to respond to the needs of your team well? What makes it challenging?

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Individual reflection: How can you get to know your team better? How can you build stronger relationships?

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Lightbulb moment: In moments of challenge when our resources are stretched, it can feel hard to find time to listen to our team. However, they are often a great source of solutions and alternatives to problems[23].

Supporting our teams

The needs of each of our team members are different and by getting to know each person better, by understanding their challenges and listening to what works for them, we are better placed to support them in the way they need when times are tough.

This process is very important and requires intentional time. One way you may find helpful to begin these conversations is by using our 'Get to Know Me' document.

The 'Get to Know Me' document is a helpful tool for both managers and employees.

It's designed to make it easier to have open, honest conversations and create a workplace where people feel safe, understood, and supported.

It covers topics including:

- **My life outside of work**
- **Important dates for me**
- **Ways in which I might show I'm struggling**
- **Ways I would like to be supported if I am struggling**
- **The best way to communicate feedback**
- **My working hours and flexible accommodations**

You can access your free copy from the *Compassionate Employers Website here: https://www.hospiceuk.org/download-your-get-know-me-document.*

Be kind to yourself. While we can feel the pressure to fix the problems our staff face, often we do not need to have all the solutions in order to be supportive and helpful.

Worksheet: individual activity

Leading resilient teams

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. As managers we may not be able to influence all the challenges our teams face.

However, what we can do is model techniques and behaviours that support wellbeing and team resilience.

Leading by example is fundamental in supporting team resilience. If we are not contributing to a culture where wellbeing is prioritised, it makes it really challenging for your team to look after themselves and each other.

Below are some ideas of small things we can do to support this.

Important note!

Individual reflection activity

- 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. These are some ideas of things for you to reflect on, not a strict 'to do' list.

Individual reflection: Consider small ways you can lead by example and support team resilience.

Area	Actions	What can you do today?
Recognise impact of the work	Openly acknowledging that caring work can impact us makes our team feel less alone. -Destigmatise the concept of compassion fatigue and burnout. - Be mindful of the team's cumulative exposure to trauma.	
Working sustainability	Do you take your lunch break? Do you book annual leave? Or do you work overtime regularly? If we don't show our team a healthy approach to work, we cannot expect them to do the same.	
Self-care	If we prioritise work life balance, we show others that it is important. - Openly value activities outside of work. - Be flexible with others' family/caring responsibilities. - Encourage others to prioritise self-care.	

The calm in the chaos	Help the team to weather the storm. - Be clear on policies and procedures so if something happens you are prepared and can respond calmly. - Support staff in recognising the bigger picture of the situation. If all hands on deck are needed, make sure people have recovery time.	
Staff voice	Champion staff feedback - both positive and negative. - Ensure people feel listened to even if immediate outcomes are unlikely. - Pass on feedback to senior management.	
Check in	Regularly check in with your team about how they are feeling - not just about how they are performing. - Ask how people are in 1 to 1 meetings and really listen. - Ask them what practical support would help and implement if possible.	
Positivity	Positivity can go a long way in supporting staff morale. - Praise effort and good work. - Be an ambassador for celebrating small successes.	

Adapted from Mathieu[13]

Worksheet: individual reflection

Responding to your team's needs

Our teams often come to us wanting a response to the challenges they are facing. In busy environments, while we really want to be helpful, we can accidentally jump to conclusions about the type of response they need in that moment. For example, we might look to action when our colleague needs emotional support or respond with empathy when they want us to listen without any input.

For us to be compassionate and supportive managers, we need to understand what they need from the very start of the conversation.

Duhigg's work on Supercommunicators [24] suggests clearly framing conversations as 'help, hear, hug' to effectively get to the centre of the problem.

This faming can be particularly useful in 1 to 1 discussion or when time is restricted and you need to understand how you can support quickly

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! These are some ideas of things you to reflect on.

At the start of an interaction ask:

Titles adapted from Duhigg[24]

Help

Do you need my help?

This is asking whether they would like you to problem solve.

E.g. Practical, solution-oriented conversation.

Hear

Do you need to be heard?

This is asking whether they would like you to listen without input.

E.g. Social, 'venting about a challenge' conversation.

Hug

Do you need emotional support?

This is not a literal hug but asking if they need your compassion and empathy.

E.g. Reassuring, supportive conversation.

Individual reflection: People need different things from an interaction. Reflect on an example of each type of conversation:

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Glossary

- **Individual resilience** is the ability of an individual to maintain 'a stable equilibrium' under adverse conditions[3].

- **Resilience as a community** is 'Processes and skills that result in good individual and community health outcomes in the face of negative events, serious threats and hazards. […]

  Resilient individuals have the problem-solving skills, social competence and sense of purpose to rebound from setbacks […] Resilience is also shaped by the availability of supportive environments'[4].

- **Stress at work** is 'the adverse reaction people have to excessive pressures or other types of demand placed on them. Workers feel stress when they can't cope with pressures and other issues'[8].

- **Compassion fatigue** is a state of significant emotional, mental or physical exhaustion. It results from prolonged *exposure to the emotional stress involved in caretaking*[12].

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

- **Burnout** is the experience of physical and emotional exhaustion often caused by high work demands and limited support, contributing to low work satisfaction[23].

  Symptoms include feeling overwhelmed, powerless at work and a decreased sense of personal accomplishment.

- **Secondary traumatic stress** is the negative impact of indirect exposure to, witnessing or supporting in a traumatic incident. It can occur from a single event or over time[23].

- **Formal debriefing** refers to scheduled formal support processes such as clinical supervision[13].

- **Informal debriefing** is ad hoc emotional support often between colleagues[13].

- **Professional grief** is the type of grief experienced by individuals as part of the work they do[18]. This could include the death of a patient or someone with whom you have built strong professional relationships.

- **Emotional regulation** refers to the conscious and unconscious strategies someone uses in responding to, experiencing and expressing an emotional experience[25].

- **Compassionate leadership** is about taking the time to build strong, trusting relationships with your people. It means actively listening, understanding, and empathising with them. Leading with compassion helps people feel 'valued, respected, and cared for—enabling them to reach their potential and deliver their best work'[22].

  'There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care'[22].

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Further reading

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