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

HospiceUK

Compassionate Employers

Frontline and volunteer workbook

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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.

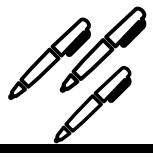
If you would like more information about Compassionate Employers, we would love to invite you to book a meeting with our team here: Compassionate Employers Intro Chat

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?

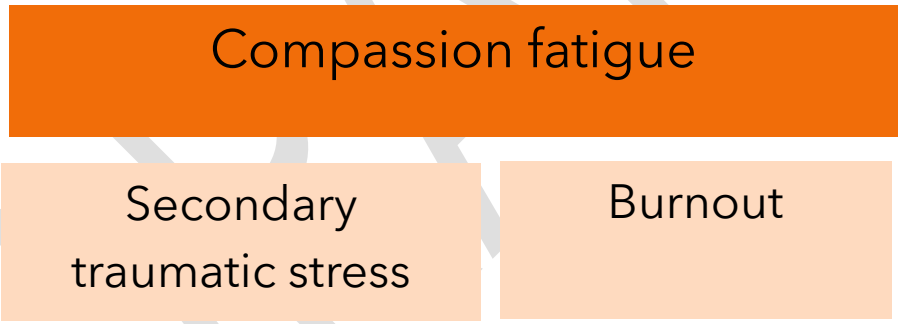
Our roles ask the best of our compassion. However, if we don't get the right support from our workplace and if we are not aware of the emotional impact of our role, we can find ourselves at risk of compassion fatigue.

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: and **secondary traumatic stress** and **burnout.**



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

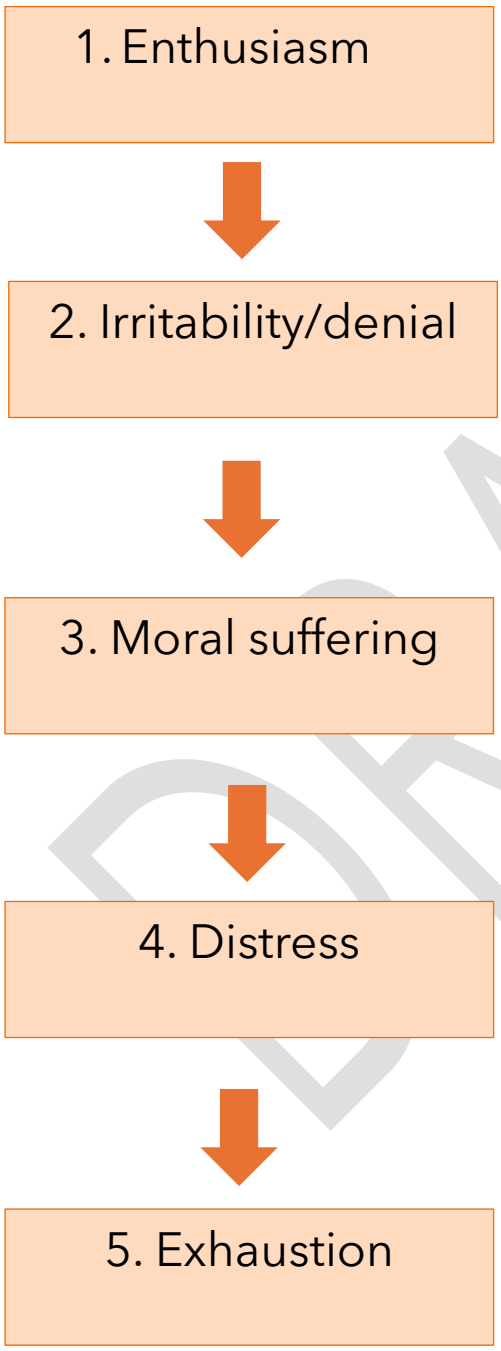
Be kind to yourself in these reflections. You do not need to answer any questions that feel too personal, unsafe or difficult.

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?

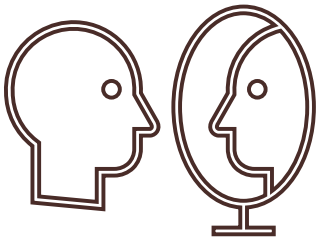
Answer:

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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Burnout

'Resources can act as a buffer against job demands, but if job demands outweigh the resources available, this can lead to stress and eventually burnout'

Ravalier, McVicar and Boichat[1]

Why this matters

In the current world we live in, burnout often feels like it is only one precarious step away. In juggling work and home, we are not alone in wanting to shout, "I just can't do it all anymore!"

Burnout is something that anyone in any organisation can face, yet we know that in working or volunteering in hospice settings, we are facing stressors which put us at risk of burnout.

Some of these pressures may be:

- limited resources
- emotional labour
- increasing demands.

These factors can make it feel really hard to put our needs first.

What we will cover

This chapter is a space to reflect, make notes, and think about ways in which we can look after ourselves and each other. We will cover:

Important note! 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 burnout?

Burnout is a term we have heard a lot about over the last few years. It means different things to different people.

Individual reflection: What does burnout mean to you? What does it look like?

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The term we are using here is based on the explanation given by the World Health Organization.

Key term

Burnout describes an experience of physical and emotional exhaustion including feeling overwhelmed and powerless at work.

It is often caused by **unsupported chronic workplace stress** [2] leading to low work satisfaction[3].

Burnout is different from compassion fatigue and secondary traumatic stress[3]. See Glossary for further definitions.

Spotting the signs

Everyone is different. What burnout looks like and feels like can vary from person to person.

However, there are often three areas where we may experience burnout symptoms.

1. Exhaustion

Complete physical, psychological and emotional exhaustion[2]:

- Feeling depleted and having no energy
- More emotional, irritable and upset
- Withdrawn and distant
- More prone to sickness
- Aches, pains and difficulties sleeping.

2. Mental distance from work

Feelings of negativity towards work[2]:

- Feeling more cynical, 'worst case scenario' thinking
- Feeling our work is no longer meaningful
- Small tasks/problems feeling overwhelming
- Feeling unfulfilled and underappreciated
- Low morale and feeling hopeless or bitter about our work.

3. Feeling unsuccessful at work

We cannot recognise our professional accomplishments[2]:

- Because we are exhausted, we become more prone to making mistakes
- Not taking breaks and working longer hours to try to compensate
- Wanting to quit
- Difficulties completing tasks
- Feeling like we are failing/are a failure.

Symptoms identified in World Health Organization[2] , Taranu et al.[4], Shanafelt et al.[5], NHS Newcastle upon Tyne[6],

What causes burnout

When we are in the midst of burnout it can feel like it is all our fault.

However, burnout is often **caused** by a mixture of personal and organisational factors; the **relationship between us and our job** as shown below.

Concept adapted from Maslach[7]

Workload overload When there is too much work for the time and resources available, we are stretched thin. It becomes chronic when there is no time to rest and recover.	**Lack of control** When we feel we have no influence over our work it can be restrictive. Lack of control prevents us from problem-solving or having input into the aims and objectives we have to meet.
Insufficient reward When we don't feel recognised by our workplace for what we do. We can feel unappreciated and devalued.	**Breakdown of community** When workplace relationships collapse, peer support is lost. Chronic conflict can breed frustration and hostility.
Absence of fairness Systems that are unjust (e.g. unbalanced workload, biased pay progression or not listening to all parties in decision making) damage respect in the workplace.	**Values conflict** When we feel the requirements of our work do not align with our values, we can feel constrained. It can occur when we feel stuck between conflicting organisational values (e.g. mission statements vs actual team practice/culture).

Pause and reflect

Do some of those challenges sound familiar? Consider if any of these areas are impacting your workplace and how it could be mitigated.

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

Individual reflection: Which/if any area is impacting your workplace?

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Individual reflection: What challenges are you/your team facing?

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Individual reflection: What realistic solutions might help?

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

Practical tool: self-compassion

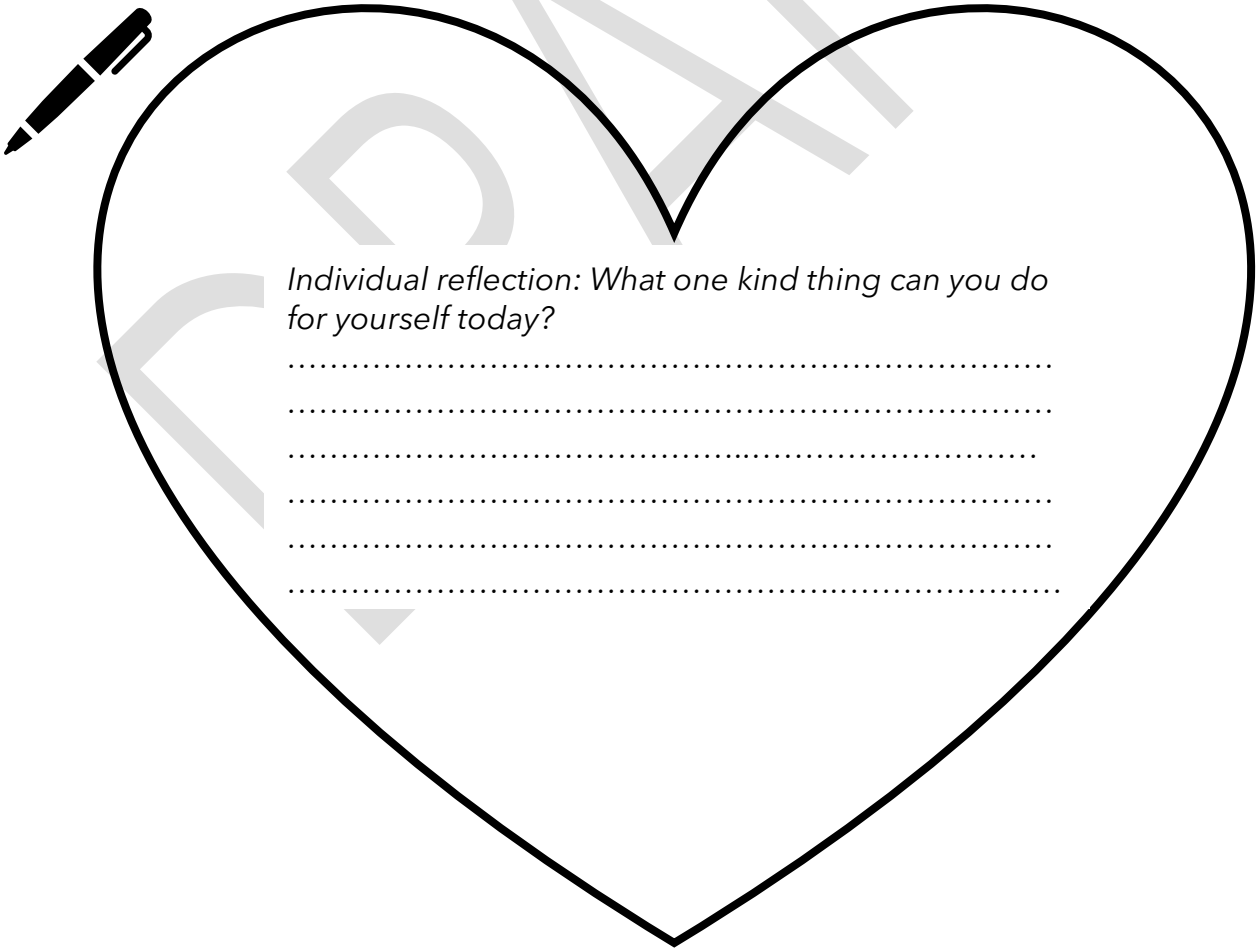
When things feel difficult, when our resources are stretched and our capacity is low, we can be really hard on ourselves.

This is a reminder to check in with that critical voice and take a moment for you.

Key term

Self-compassion is giving ourselves warmth, care and understanding despite our failings or challenges[8].

It includes self-kindness, a feeling of common humanity and mindfulness[9].



Individual reflection: What one kind thing can you do for yourself today?

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Prevention and 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, 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 burnout, 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

Mitigating the risks of burnout: team and organisation strategies

Our wellbeing is shaped by our workplace and unsupportive workplaces are a huge risk factor for burnout in a workforce, breeding cynicism, overwork and distress in its workers[10].

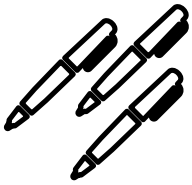
As teams, we need to work together to support each other and work towards advocating for organisational and cultural changes that can mitigate risks of burnout[5].

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: As a team, add further examples of supportive group strategies mitigating the six key risk factors:

Work Overload, Lack of Control, Insufficient Reward, Breakdown of Community, Absence of Fairness, Values Conflict[7].

Celebrate successes no matter how small (maybe a slot in the team meeting)

Problem solve work quantity and 'pinch points'

As a team, go through organisational policies and available wellbeing services

Set up structured peer support groups. Talk to managers about prioritising attendance of this support

Analyse structures which are rigid – discuss and implement areas where flexibility can support

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Worksheet: individual reflection

Discussing burnout with our manager: discussion guide

These conversations can feel daunting but remember you do not need to share more than you are comfortable with[11].

However, when everyone is working together and is open to different perspectives and solutions, you can find ways of better supporting your wellbeing.

This conversation guide aims to support you when having conversations with your manager about the risks of burnout you may be experiencing. By making notes ahead of time, you can feel prepared in the conversation.

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 questions can feel challenging so take your time and take breaks as needed.

Topic areas for this worksheet have been adapted from Maslach[7] and Mental Health UK [11]

1. About you

- **Confidentiality**: at the start of the discussion make expectations around confidentiality clear.
- **Impact**: what is the impact that the current situation is having on you and the risk/experience of burnout?
- **Contributing factors**: what personal and professional factors are contributing to how you are feeling (e.g. financial worries, bereavement, mental health, physical health)? How are they impacting you and your work?
- **Further guidance**: what further personal guidance would you find helpful to support the contributing factors? For example, medical advice, financial advice, mental health support.

While you may not feel comfortable in sharing specific details, context can help your manager in understanding the impact on your personal and professional life and understand where they can take action.

Individual reflection: Make a note on each point to help you stay on track in the conversation. This can include any questions you may want to ask.

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2. Workload

- **Specific tasks**: What specific tasks do you have and what are the challenges you are encountering?
- **Potential solutions**: Do you have any ideas as to how your workload can be reprioritised?
- **Job description**: Review your job description. Often our work changes over time without it changing our role formally.

Speaking about your specific workload with your manger can help them to problem-solve areas or support you in reprioritising tasks.

Individual reflection: Make a note on each point to help you stay on track in the conversation. This can include a list of your tasks and the challenges you are experiencing.

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3. Control

- **Autonomy**: Are there areas where you want to take the lead? Do you have ideas about how you can have more autonomy in your work?
- **Wider picture**: Do you have a full understanding of your workplace's wider picture? Can you ask you manager for clarity on this and where your work fits?

If we feel like our work is out of our control it can impact on how valued we feel. Equally we may have identified tasks where we know we can take the initiative and want to take that step.

Individual reflection: Are there any areas where you would like more autonomy?

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4. Community

- **One to one support**: Do you have regular check-ins with your manager? Can you ask for this? Can what you discuss in this meeting be reviewed at a later date?

- **Team support**: Do you know what wellbeing support your organisation offers? Do you have access to supervision/group reflection? How can your manager support you in prioritising the accessing of that support?

Team support is vital in us coping well at work, however, group support sessions and supervision often fall to the bottom of the to-do list. There may be further wellbeing support options such as an Employee Assistance Programme (Employee Assistance Programme) to which you may have access.

Individual reflection: Is there any specific support that you would find helpful?

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5. Fairness

- **Rights and policies**: Are you familiar with your organisational policies e.g. Inclusion and Diversity, Complaints Procedures, Sickness Absence? Do you know where these are located?

If you feel you are not being treated fairly, it is important you fully understand your rights. Your HR team can help you in understanding your organisation's policies.

Knowing the policies can help support you in knowing what adjustments you may be able to access.

Individual reflection: From looking at your organisation's policies, what (if any) adjustments would you find helpful? Do you have any questions about the policies?

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6. Values

- **Team values**: Do you have a set of values for your team? How do they fit with your work values? How are values upheld in your team?

- **Team cultures**: Have you noticed any attitudes/behaviours that are impacting team dynamics? How are these dynamics impacting you?

Culture can be something that feels challenging to talk about let alone change. However, by having these conversations our managers can be more aware of workplace dynamics.

Remain open-minded when communicating any challenges with your manager.

Individual reflection: Do you have any observations about team dynamics? If so, how can you communicate in balanced and open ways?

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- ……

7. Reward

- **Positive feedback**: How is good work or good practice recognised in your organisation? Is positive feedback given, if so in what way?

- **Celebrations**: Do you share and celebrate successes in your team? Do you have any ideas how this can be improved?

Often, we don't have conversations about how we like to receive feedback. However, this can be instrumental in whether we feel our work is recognised.

Individual reflection: How do you like to receive feedback? How can you share these preferences with your manager?

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Glossary

People use different language to describe the same and/or similar experiences. Some of the terms mentioned in this chapter also relate to other terms which can be confusing.

Below are some further clarifications which may be of help.

- **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[12], burnout has been defined by the World Health Organization[2] as a term specific to the workplace context.*

- **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[13].

  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*[14].

  Secondary traumatic stress is the negative impact of indirect exposure to, witnessing or supporting in a traumatic incident[13]. 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'*[15].

- **Self-awareness** is our awareness of our internal state (emotions, cognitions, physiological responses), which drive our behaviours (beliefs, values and motivations) and an awareness of how we impact and influence others[16].

- **Self-compassion** is giving ourselves the warmth, care and understanding despite our failings or challenges[8]. *Neff and Davidson included in the definition three elements: self-kindness, a feeling of common humanity and mindfulness[9].*

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Professional grief

'We burn out not because we don't care but because we don't grieve. We burn out because we have allowed our hearts to become so filled with loss that we have no room left to care'

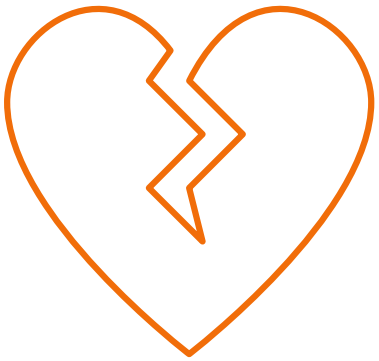
Rachel Naomi Remen[1]

Why this matters

Grieving is something we, as a society, can find very difficult to talk about.

Even in hospice settings where we play foundational roles in caring for dying and bereaved people, the grief we may experience as a result of our working and volunteer roles (professional grief) can feel like it is hidden in the shadows.

When we don't acknowledge its impact we can feel alone at a time when we need connection.



What we will cover

In this chapter we look to understand what grief can look like and the ways we can experience grief as a result of our professional roles. We will cover:

Important note! 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 grief?

Grief is an incredibly personal experience and there is 'no one right or universal way to experience or respond to loss'[2].

There are many terms that are used to describe and discuss the experience and process of loss*. For the purposes of this workbook, we will be using the following definition, however, terms can feel limiting. Please use whatever language makes you feel comfortable.

Key term

Grief is the emotional response to a significant loss or anticipated loss, whether through death or through living losses.

It is a universal human experience[3] and it is described by O'Connor[4] as an often painful emotional state that repeatedly rises and fades.

Individual reflection: What other words come to mind when you hear the word 'grief'?

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In hospice settings, we are often supporting others in their grief. We can also experience grief ourselves as a result of our work or volunteer roles. This is called *professional grief.

Before we explore professional grief, we will first look at the impact of grief.

See Glossary for further definitions relating to grief including professional grief.

Impact of grief

Grief can have a huge effect on our minds and our bodies. It can affect every area of our lives, some of which are listed below. It is important to recognise that no two experiences of grief will feel the same and that some of these symptoms may come and go.

Cognitive

- Difficulties in concentrating and processing information
- Difficulty making decisions
- Forgetfulness and 'brain fog'
- Confusion

Emotional

- Sadness
- Fear and anxiety
- Numbness
- Loneliness
- Helplessness and guilt
- Anger at the person or at the world
- Worried about mortality
- Shock – even if death isn't sudden the finality of death can feel shocking
- People may feel acceptance or relief. For many who are living with ***anticipatory grief**, there can be a huge sense of relief knowing that they don't have to suffer anymore and knowing that you don't have to worry about them.

Behavioural

- Withdrawing from social interaction
- Irritability
- Searching/yearning

Physical

- Difficulties sleeping
- Tiredness/exhaustion
- Weight loss or gain
- Losing appetite
- Stomach issues
- Dry mouth
- Aches and pains
- Headaches
- Feeling as though there is a weight on your chest/chest tightness
- Physically run down
- Increased blood pressure[4]

Spiritual

- Grief can really challenge someone's faith; it can make them question the meaning of life or their belief systems
- Grief can inspire someone to lean more heavily into their faith, becoming more active within their faith community or changing their practices for worship

See glossary for definition of *anticipatory grief.

Symptoms identified in NHS[5], NHS inform[6], Gilewski[7]

Models of grief

There are different models of grief which try to explain a complex and deeply personal process.

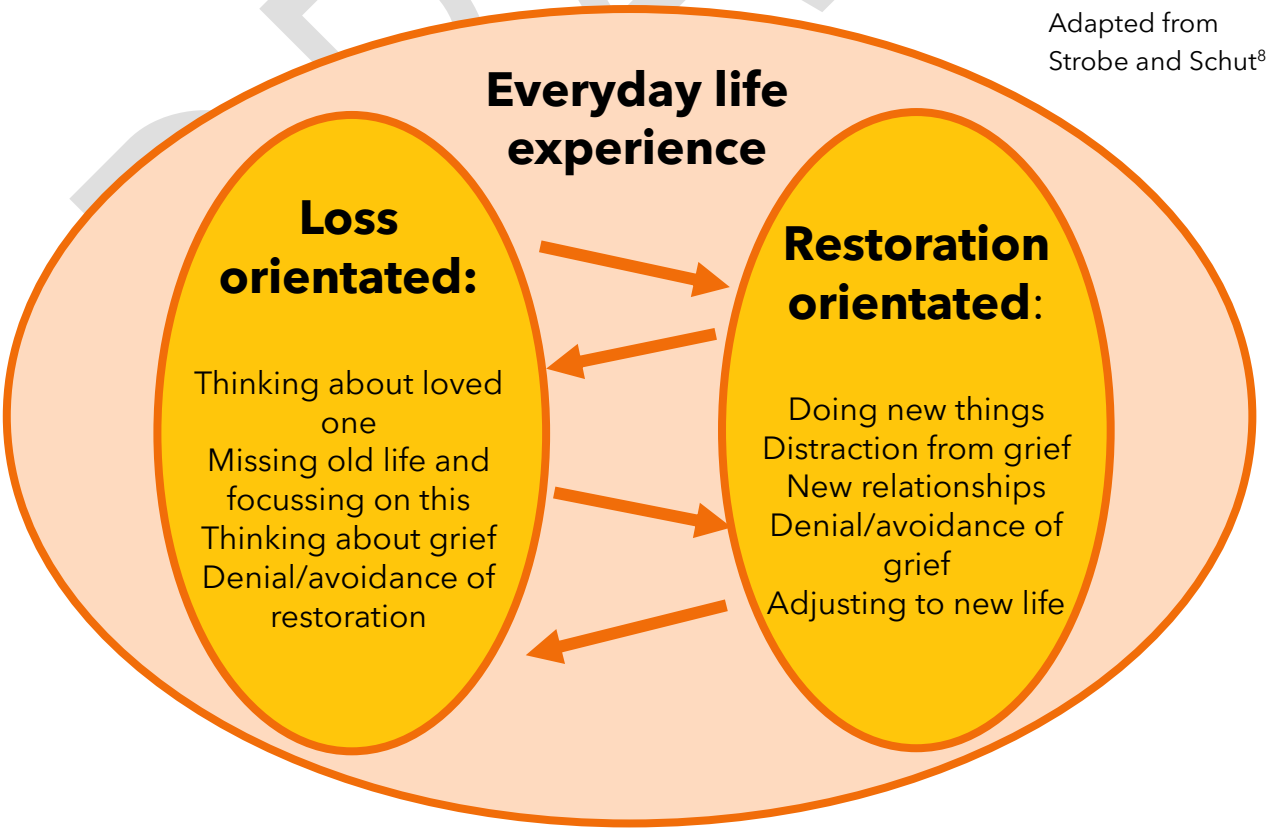
While they may not be relevant to everyone, models can help some of us feel less alone in the symptoms we are experiencing.

1. 'The Dual Process Model of Coping with Bereavement'- *Strobe and Schut (1999)*[8]

The Dual Process model of grief, instead of progressing through stages, suggests that grief oscillates between loss days and restoration days as depicted in the diagram below.

We may move between these two states many times even on the same day.

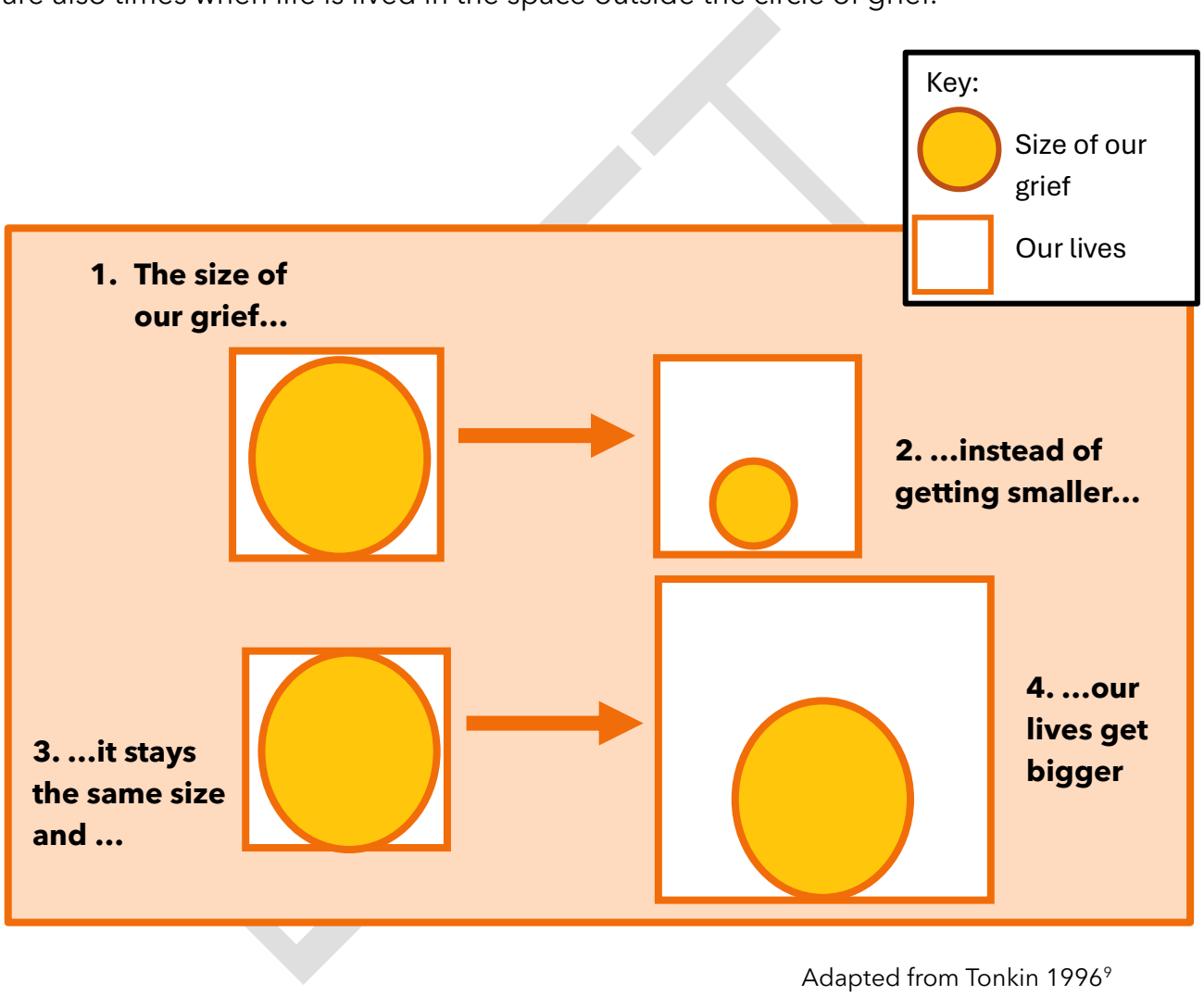
Adapted from Strobe and Schut[8]



2. 'Growing around grief'- *Tonkin (1996)*[9]

The 'Growing around grief' model suggests that grief doesn't diminish, but our lives expand around it.

There are moments when our grief feels as intense as the day of the loss, yet there are also times when life is lived in the space outside the circle of grief.



Adapted from Tonkin 1996[9]

Around significant dates our grief can feel incredibly intense, as if we have no capacity for anything else in life.

However, it is a reminder that life can and will continue to grow around our grief as we learn to live alongside it.

Pause and reflect

Grief models can be helpful for some but oversimplifying for others. What are your thoughts?

Be kind to yourself. Thinking about grief can bring up many different thoughts and feelings – pause or skip this question if you want to.

Individual reflection: Has grief impacted you? If so, what symptoms have you noticed?

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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.

Grief and the brain

Another way of understanding grief is through the lens of neuroscience.

When we were researching this workbook, we came across O'Connor's book, 'The Grieving Brain' [10]. For some, neuroscience may bring clarity while for others it can feel too clinical so please take care of yourself in this section.

These were the questions we were asking:

Question: How does the brain process the world around us?

Answer:

Our brains process multiple streams of information, encoding the world around us. Using external data, it creates **internal maps** of our relationships and surroundings.

Specific neurons fire encoding locations of particular information, e.g. we unconsciously know the location of the armchair in the living room and can picture where our child is at 1pm on a Monday (lunch break at school).

These internal maps support us in predicting and managing our day-to-day.

Question: What happens to the internal map when someone dies?

Answer:

When someone close to us dies, while we may consciously know that they are no longer in the 'physical world, our neurons fire every time we expect our loved one to be in the room'[10].

Our brain hasn't updated the internal map. Each time this occurs, our virtual map with that person in it conflicts with the external world and reality that they are no longer here. In this moment we feel the pain of grief.

Question: How does our brain cope with loss?

Answer:

O'Connor[8] suggests that for our brain, grieving is a form of learning, updating the map and 'integrating the loss into our lives'.

It takes time for our brains to process that the person is no longer here. Our brains struggle to predict what a life without them looks like. 'Updating the map' is a process that can be deeply painful, especially if we were very close to them.

Question: What does this mean for me?

Answer:

'Integrating loss' sounds like a detached and practical process, however, we know that this is not how we experience grief. Grief continues throughout our lives, and we feel it at each point when overlap occurs between our virtual map and our current reality.

However, as we continue to live, these feelings of grief become familiar; we find ways of coping and including the love we had and continue to have, into our lives.

Lightbulb moment: For some further reading on how grief affects the brain, see: O'Connor M-F. The grieving brain: the surprising science of how we learn from love and loss. New York: HarperOne; 2022.

Professional grief

Key term

Professional grief is the type of grief experienced by individuals as part of the work they do[11] (e.g. death of a patient/individual).

It 'differs from personal grief as it is anticipated daily, and a result of the job chosen' [11].

In both clinical and non-clinical hospice roles we build caring relationships with people in times of pain and suffering[12]. We care deeply and care is foundational in our work[12]. It is understandable that we may be impacted by grief, death and dying.

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]

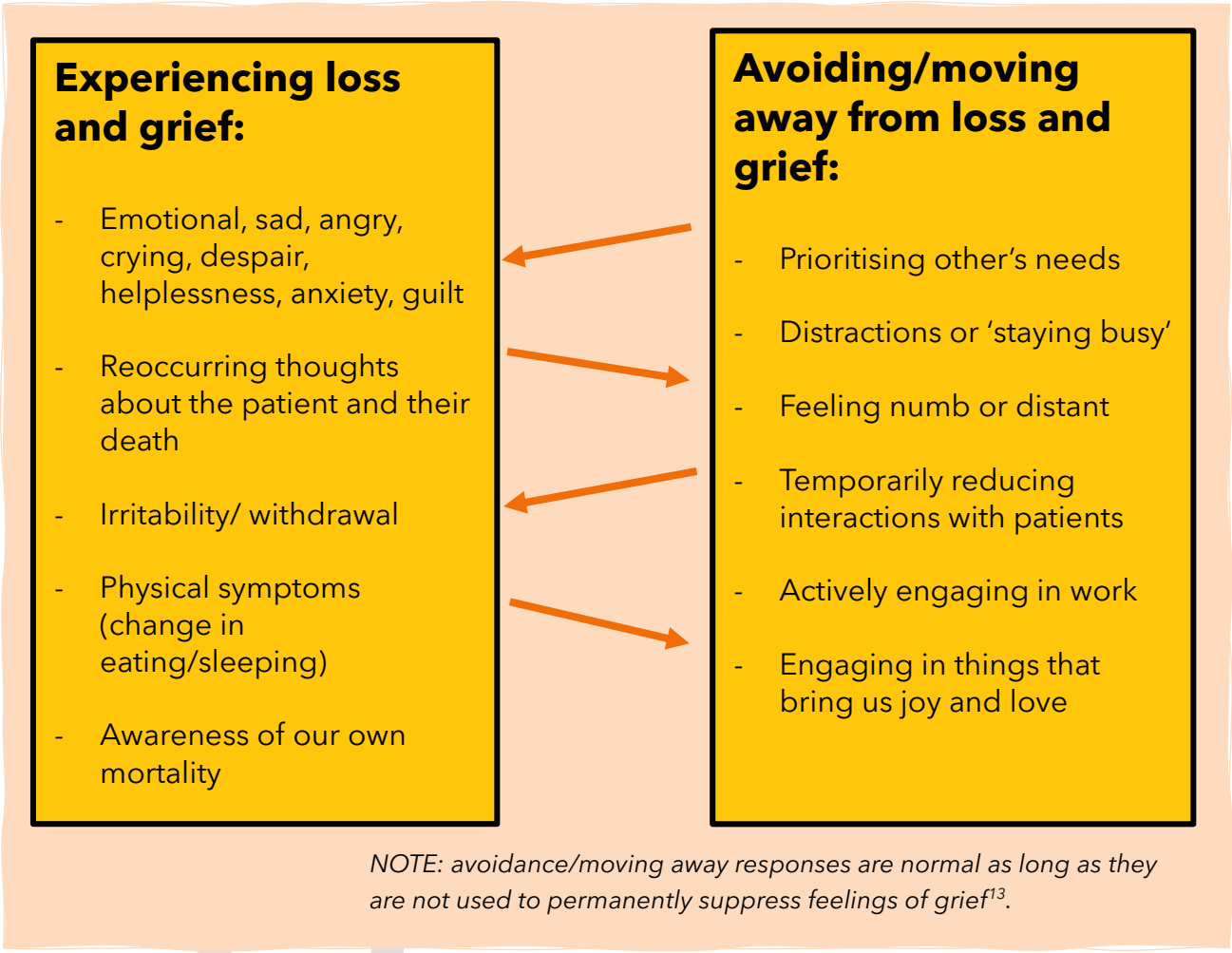
Phillips, Trainum, Thomas Hebdon[11] and Papatatou[13]

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

Professional grief: Papadatou's model

Incorporating the differences of professional grief, Papadatou developed a model of professional grief which draws on the Dual Process Model[8] and includes the cumulative effect of experiencing multiple deaths.

Adapted from Papadatou[14]



NOTE: avoidance/moving away responses are normal as long as they are not used to permanently suppress feelings of grief[13].

Papadatou[13] argues that professional grief occurs as an **ongoing fluctuation** between **experiencing the grief** and loss experience and by **moving away from the loss** experience.

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

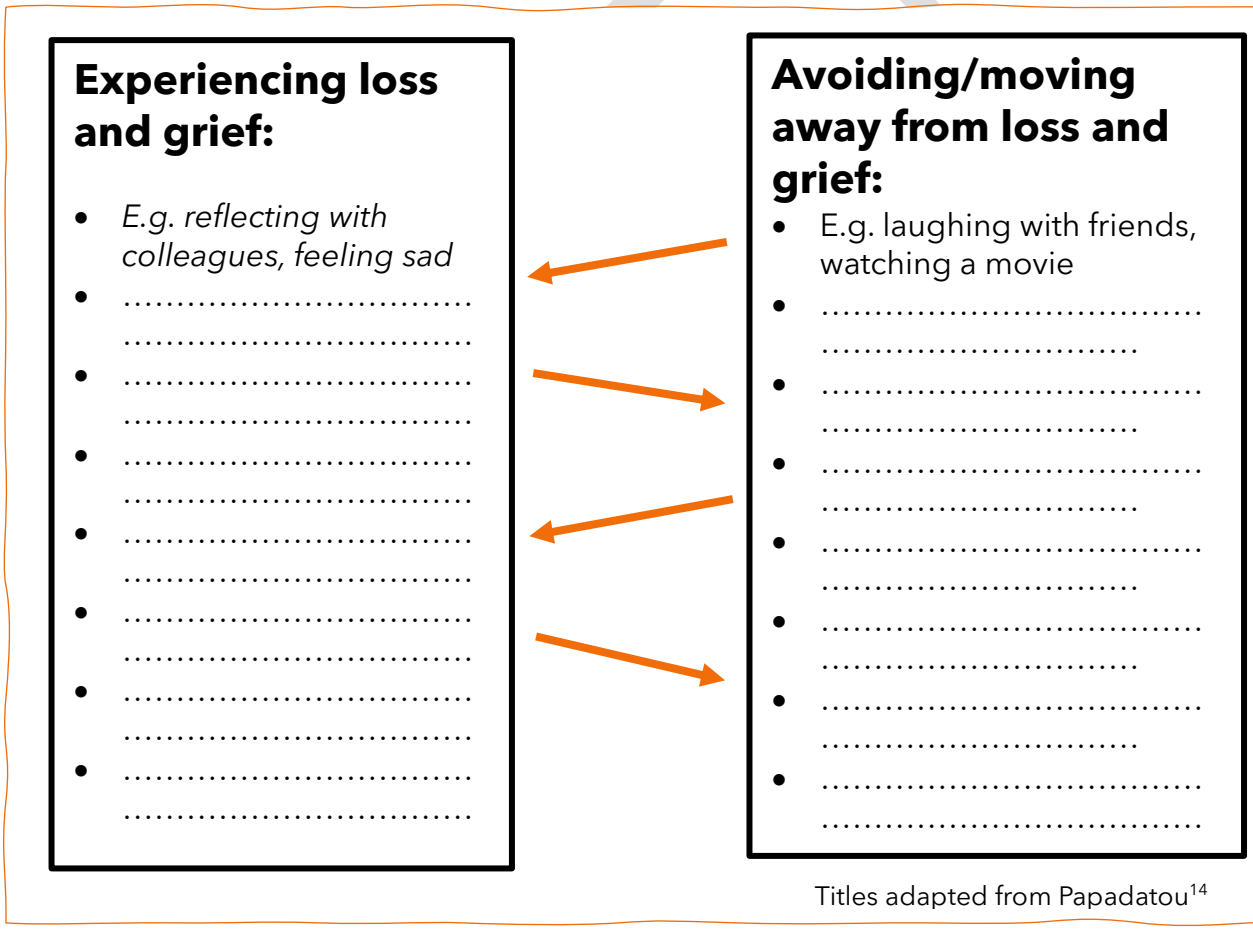
When we are not able to fluctuate, we can become totally overwhelmed or completely repress our grief[15], increasing risk of compassion fatigue and burnout[11].

Practical tool: Supporting ourselves

Professional grief can be really challenging to cope with. Due to our roles, boundaries and confidentiality we may or may not have access to the rituals or support we would have in personal bereavements, e.g. attending the funeral or getting 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: Give examples of ways/activities in which we as individuals can fluctuate in our professional grief.



Titles adapted from Papadatou[14]

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.

Supporting our teams

What can often make our experience of professional grief so challenging is the ways in which it has often been sidelined[13], disenfranchised, 'hidden in private shadows and not openly expressed'[11].

Therefore, we need to find support that meets the needs of our teams, that allows us to be open about professional grief and to 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: If it feels safe for you to do so, the following five reflections can be discussed as a team. You can further share them with your

Worksheet: team conversation

Supporting our team

Professional grief is something that is not often discussed and for our teams it can feel sidelined[13], 'hidden in private shadows and not openly expressed'[11].

The need to better support our teams through professional grief and social support has been identified as significant in supporting our team's wellbeing and mitigating burnout[11].

Further, Papadatou[13] argues that there are three distinct ways in which we and our organisation can support our teams who regularly encounter death and dying as part of their role:

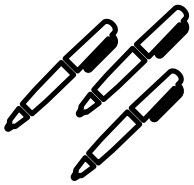
- Holding environment
- Collaboration and open teamwork
- Commitment.

Important note!

Group reflection guidance

To facilitate this activity safely ensure that:

- Participation is voluntary.
- No one should be 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: As a team how can we support each of the three factors detailed below?

1.Holding environment

How can we support safety, order and predictability when encountering death and dying at work?

E.g. timely emotional support

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2. Collaboration and open teamwork

How can we improve inter-team and interdisciplinary collaboration?

E.g. meeting with other relevant services

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3. Commitment

How can we commit to the requirements of our individual roles and to commit to support each other?

E.g. clearly defined responsibilities

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Diagram adapted from Papadatou[13]

Worksheet: individual reflection

Professional grief self-care plan

How we experience professional grief varies from person to person. Certain losses may impact us more than others for a variety of reasons and we can find it challenging to cope with.

When we are struggling, it can be hard to know what helps, who to turn to, or what support is available. By creating a self-care plan, we can identify ways in which we can look after ourselves as we experience and fluctuate in our professional grief.

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. Take your time answering the questions.

Individual reflection: Give examples of what can help in each category.

Connection and support

- Who can I turn to when I am struggling? Who can support me (professionals or loved ones)?

.....

- Who can I speak to at work? Who can support me in my team/organisation?

.....

Emotional

- How can I experience and process the feelings I am having? *For example, mindfulness, reflections, self-compassion.*

.....

- How can I allow myself to move away from the experience of grief and loss? What makes me feel good?

.....

Physical

- Grief can have a significant physical effect on the body[8]. How can I look after my physical health? *For example, sleeping, eating, drinking water, and movement.*

.....

Practical

- What situations might I encounter at work that may bring up feelings of professional grief? *(For example, communicating with the bereaved family).* What support is available?

.....

Headings adapted from South West Yorkshire partnership NHS Foundation Trust[16]

Glossary

The following quotation is a helpful way of understanding grief in relation to burnout, compassion fatigue and vicarious traumatisation:

'Dying or bereaved people do not cause our burnout, compassion fatigue or vicarious traumatisation. It is not something they do to us. […it is] as a result of our relationships with them, ourselves, our coworkers, and work context which is perceived as unsafe or uncaring' **Papadatou[13]**

Below are some further clarifications which may be of help:

- **Grief** is the emotional response to a significant loss or anticipated loss, whether through death or through living losses. It is a universal human experience[3] and it is described by O'Connor[4] as an often-painful emotional state that repeatedly rises and fades.

- **Professional grief** is the type of grief experienced by individuals as part of the work they do[11] . This could include the death of a patient or someone with whom you have built strong professional relationships.

- **Bereavement** is experienced because of the death of someone important to us. Societally there are processes, expectations and rituals which culturally signify bereavement[3].

- **Disenfranchised grief** is a type of grief that is often misunderstood, un-acknowledged, unexpressed, undervalued, or invalidated by others or social norms. Disenfranchised grief can feel similar to grief through bereavement and is experienced by the individual as a significant loss while not being granted the space to grieve.

  Some examples may include breakdown of relationships, estranged friendships, loss of job, loss of prior abilities, relocation or stigmatised deaths[17]. *It was first coined in 1987 by Ken Doka*[18].

- **Anticipatory grief** refers to feelings of grief or loss that you may feel before the loss happens. For example, this could include feelings of grief for a loved one living with a life-limiting condition.

Rando[19] further includes in anticipatory mourning not only the grief of the expected death but further grieving the lost experiences and hoped for future.

- **Mourning** while often used interchangeably with grief, mourning has been defined as personal and public expression of grief.

  Brabant[20] suggests that mourning encompasses social expectations of what grief should look like and cultural definitions of how we should grieve that loss.

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Stress and resilience

'Being conscious in where we are putting our focus can teach us that we have incredible freedom in how we choose to interact with our lives'

van Dernoot Lipsky and Burk[1]

Why this matters

Stress is something we all experience at different times in our lives. We can encounter stressors in our personal lives as well as in our working or volunteer roles in the hospice sector.

Particularly when we experience changes in our personal or professional lives, we can experience an increased level of stress.

Stress is not always a bad thing. It can act like a fire alarm and be useful in warning us about problems.

However, too much stress can negatively impact our health and our relationships.

What we will cover

In this chapter we will look at how stress can impact us and our team and ways in which we can recognise stress, regulate and restore. We will cover:

Important note! 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 stress?

Stress is something that everyone experiences from time to time.

Key term

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'[2].

Stress is not always a bad thing. It can be motivating and productive, particularly in the short term[3] and

- Warns us about problems
- Prepares us for action
- Increases focus e.g. when completing a task or meeting a deadline.

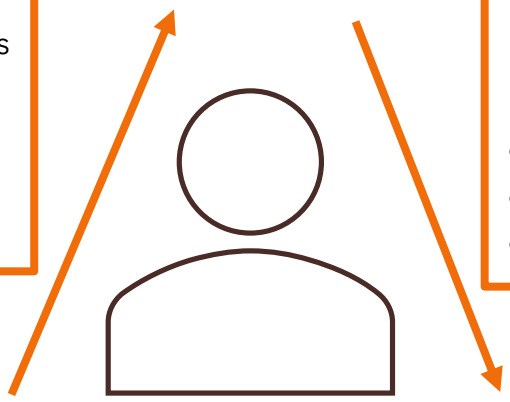
Our body has systems in place that respond to stress, one of which is the autonomic nervous system.

It has two parts that work in tandem: **sympathetic** and **parasympathetic** systems[4].

Stress and the body

1. **Sympathetic** system prepares us for action[4]:

- heart pounding
- muscles tense
- breathing increase



2. **Parasympathetic** returns us to a calm state[4]:

- heart rate slows
- muscles relax
- breathing slows

Spotting the signs

However, when stress becomes very high, it is no longer helpful to us. We can find it hard to think clearly and it makes it difficult for us to solve problems[5].

Overtime if we are functioning at high levels of stress, it can impact our physical and mental health.

Our body and mind give us distress signals when we are no longer coping well. Everyone is different, but some common distress signals are:

Physical

- Insomnia
- Migraines / headaches
- Stomach problems
- Muscle pains
- High blood pressure
- Increased heart rate
- Associate with increase in symptoms of chronic health conditions (e.g. skin conditions

Emotional

- Worry
- Anxiety
- Low mood
- Increase irritability / aggression
- Upset/ tearful

Cognitive

- Difficulties concentrating
- Change in thinking (negative thought patterns)
- Difficulties making decisions
- Forgetfulness

Behavioural

- Withdrawing from friends and family
- Change in eating habits
- Increase in unhealthy coping mechanism (drinking alcohol/smoking)
- Avoiding situations which may bring up anxiety

Signs identified in McLoughlin, Arnold and Moore[6] and NHS.UK[7]

Self-awareness

When we are busy, it can be easy for us to miss signs that we are experiencing stress. We can forget to check in with ourselves and keep going without listening to our mind's and body's signs (distress signals).

Self-awareness is important therefore to help us keep on top of our distress signals.

Key term

Self-awareness is awareness of:

- our **internal state** (emotions, cognitions, physiological responses) which drives our **behaviours** (beliefs, values and motivations)
- how we **impact and influence others**[8].

If we are more aware of what stress looks like for us, we can identify signs early and access support before becoming overwhelmed.

However, self-awareness is not about judging ourselves or being really critical. It is about being curious and compassionate and trying to understand ourselves a bit better.

Lightbulb moment: Self-awareness isn't always easy. Many of us are our own harshest critics and judge ourselves unfairly.

We can fall into a trap of focussing only on the 'negative' aspects of ourselves, rumination or unhelpful thoughts.

Be kind to yourself. If you are experiencing unhelpful thoughts, there are ways to challenge them. Please see:

Every Mind Matters. Reframing unhelpful thoughts. [online] Available at: https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/self-help-cbt-techniques/reframing-unhelpful-thoughts/.

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: How do you know that you are experiencing stress? What are your distress signals?

E.g. physical, emotional, cognitive, behavioural signals

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Individual reflection: Who can you speak to when you are feeling stressed?

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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.

Self awareness: sources of stress

When we are more aware of how we are managing day to day and what stress feels like to us, we can identify the warning signs early and access support.

Further, if we can identify what's causing our stress, it may be easier to find ways to manage it.

What causes high levels of stress can vary – everyone is different. However, causes often fall into two categories:

External stressors:

- Financial worries
- Family
- Work
- Bereavement
- Relationships/social
- Academic
- Environmental

Internal stressors:

- High to unrealistic expectations
- Doubting ourselves
- Comparing ourselves to others
- Viewing stress as very threatening to us
- Difficulties managing our rigid attitudes/beliefs

McLoughlin, Arnold and Moore[6] and Butler, Grey and Hope[5].

We all have internal stressors and put pressure on ourselves sometimes. However, when/if they combine with particular external stressors, it can result in high unwanted stress[5].

It can be hard to know or explain to others why you are feeling stressed and that is OK - it is not always clear. We can also experience stress during positive big life events.

There are many different types of stress such as acute or environmental[9].

See Glossary for further definitions on types of stress.

Practical tool: what is the problem?

Stress can show up in our work or volunteer roles. This activity helps you to pause, identify the cause of stress, and put together a plan.

			Notes
1.	**Stop, think, assess the situation**	Stress can make it difficult to think clearly. Take time to identify the problem	…… …… ……
2.	**What is the goal?**	Working backwards from the outcome you want can help you prioritise the next steps.	…… …… ……
3.	**Reduce external stressors**	What external challenges are you facing? Are there any that you can reduce, deprioritise or delegate?	…… …… ……
4.	**Reduce internal stressors**	What pressure are you putting on yourself? How can you challenge this?	…… …… ……
5.	**Prioritise your basic needs**	Don't forget you! Water, food, sleep, relationships, movement, interests/hobbies.	…… …… ……

Headings adapted from McLoughlin, Arnold and Moore[6]

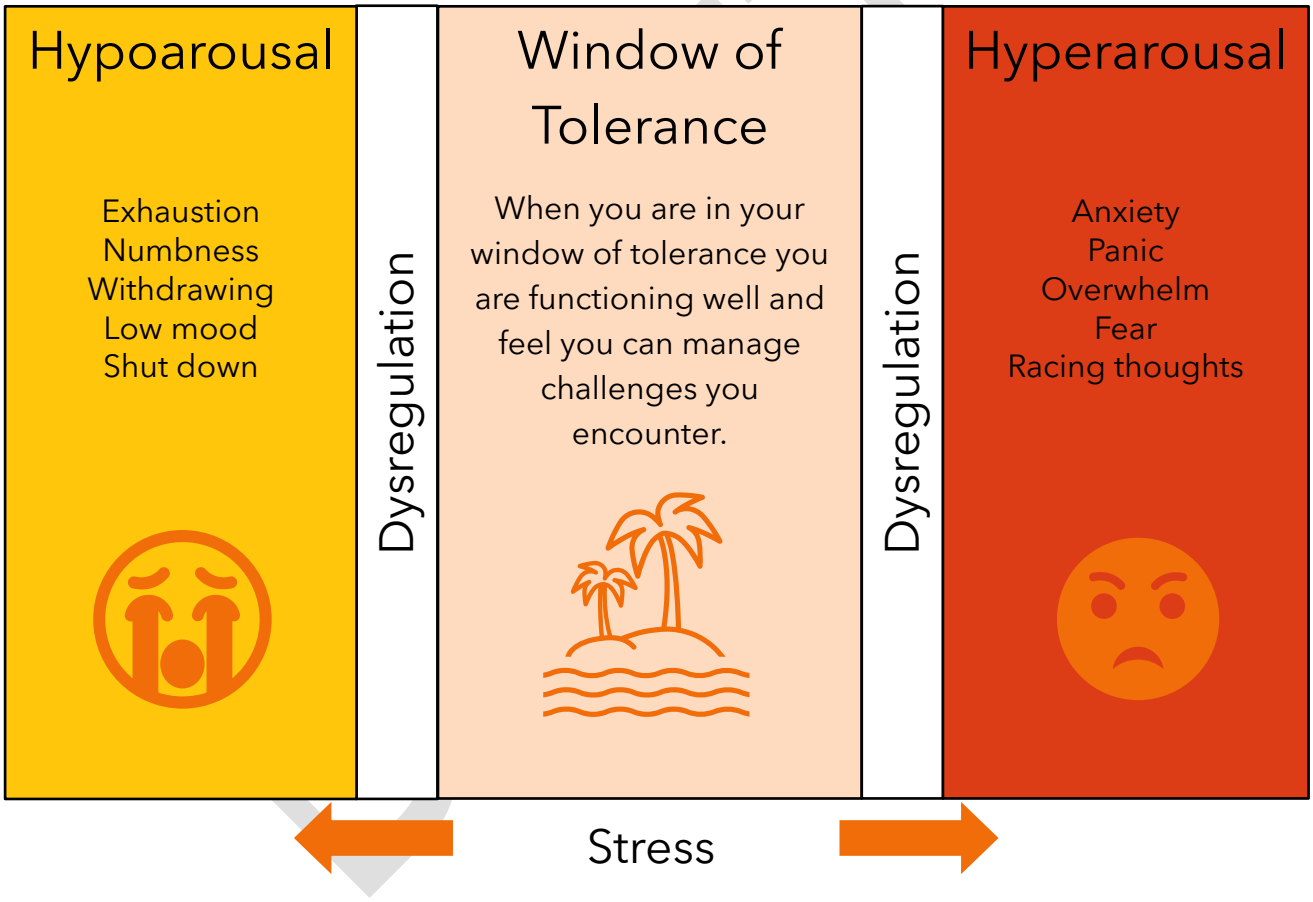
Regulate: the Window of Tolerance model

Now we have identified the cause of stress, what do we do next?

Before we look at some different strategies, it can be helpful to consider how we respond physically and emotionally to things that cause us stress and what calm looks like for us.

One way of illustrating this process is called the 'Window of Tolerance' model:

Adapted from Daniel J. Siegel[10] and National Institute for the Clinical Application of Behavioral Medicine[11]



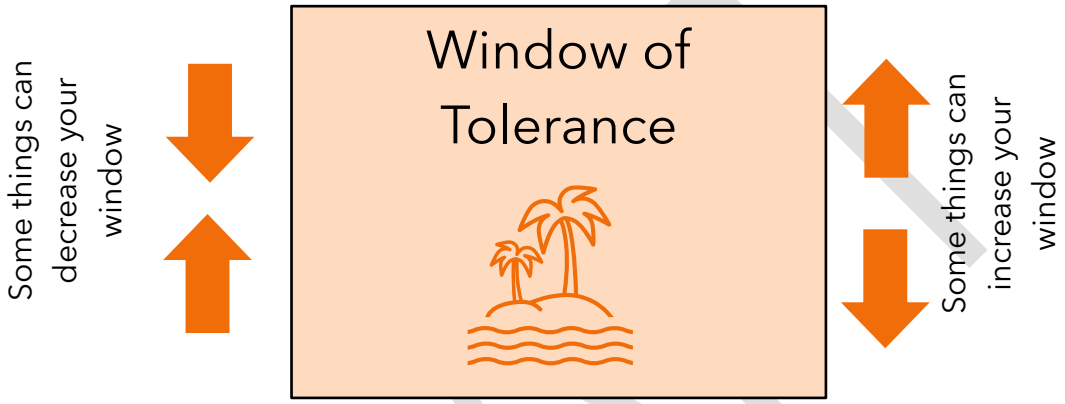
When we are in the 'Window of Tolerance' we feel present and alert. However, when we face situations that cause us stress, we can be pushed into dysregulation.

This is when we start to find it hard to process the world around us and our emotions become consuming. If we cannot re-regulate, we can become completely overwhelmed and experience hyperarousal and hypoarousal.

Regulate: how big is my window?

The bigger the 'window of tolerance', the better we are able to cope and the less likely we are to be pushed into hyper- or hypo- arousal.

However, our 'window of tolerance' may be bigger or smaller depending on the situation we are in or the type of stress we are experiencing.



For example, if we are hungry and tired we may have less capacity to cope with a challenging email at work.

Equally, personal experiences and trauma can also reduce the size of someone's window of tolerance[12].

Important note!

Our wellbeing is not only an individual responsibility. Many things contribute to our ability to cope with stressors.

Our workplace, workload, staffing, supervision, leadership, culture, fairness, psychological safety and access to support influences the stress we may be experiencing.

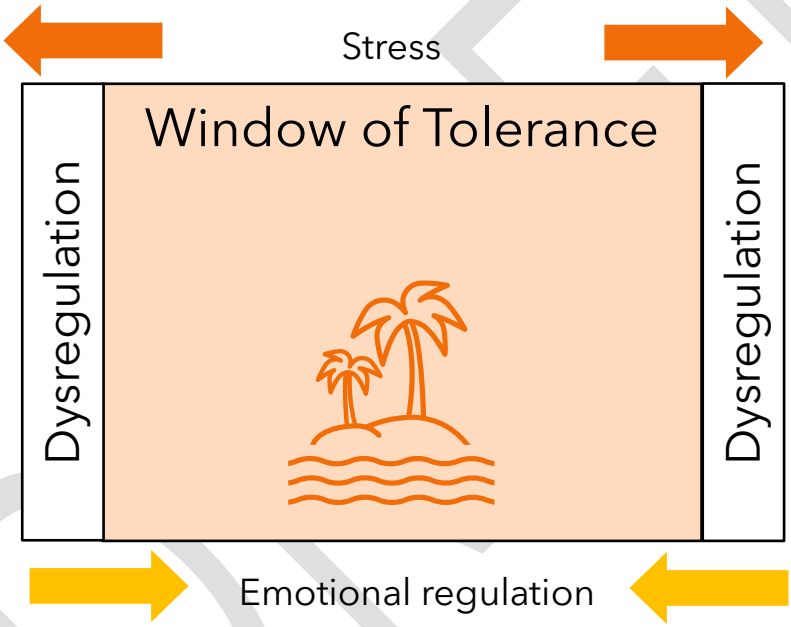
If this content brings up distress, speak to someone you trust and access your organisation's support routes, such as your manager, supervision, occupational health, Employee Assistance Programme, HR, GP or urgent support if needed.

Regulate: emotional regulation

Stress can cause us to feel completely overwhelmed. However emotional regulation can help to feel calm and bring us back to the present moment.

Key term

Emotional regulation refers to the conscious and unconscious strategies someone uses in responding to, experiencing and expressing an emotional experience[13].



When we feel present and calm we are better able to face stressors we experience are facing[4], e.g. respond well to the challenging email at work.

These emotional regulation strategies are sometimes known as *grounding techniques.

See Glossary for definition of *grounding technique

Practical tool: 5,4,3,2,1 method

Grounding techniques are tools we can use alongside other organisational and individual strategies.

There are many different types of grounding techniques. Below are two examples you can try.

Be kind to yourself, everyone is different, they may not work or they make take some practice.

Tool: Have a go at these two techniques and see if they work for you. For more examples please see page 91 on grounding techniques.

5,4,3,2,1 method

Find a comfortable position. Focus on the details of your surroundings. Now think about each sense and name:

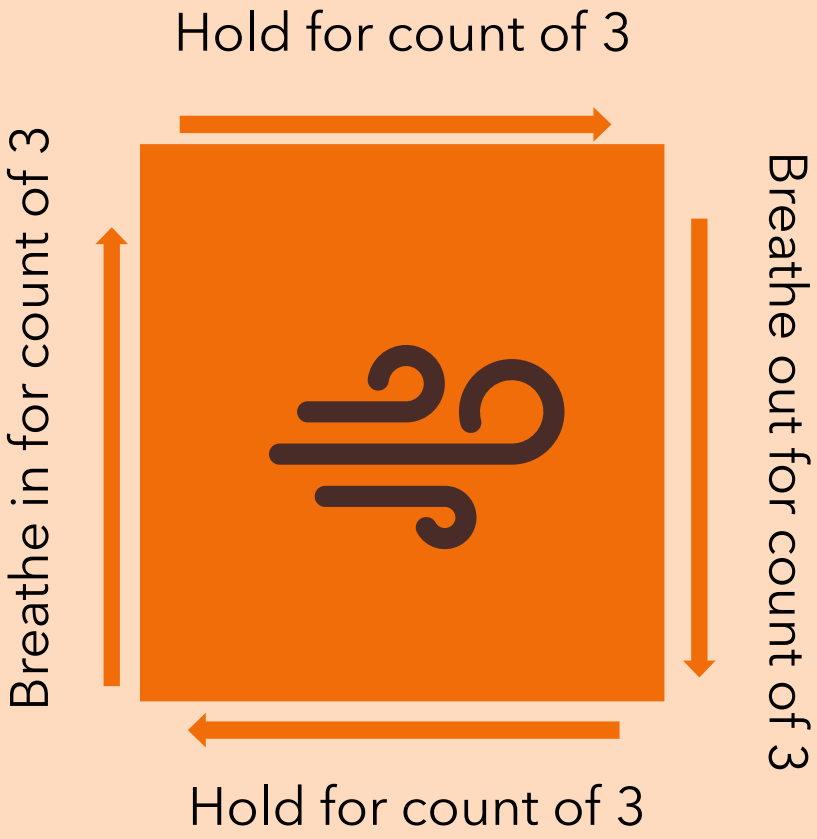
- 5 things you can see
- 4 things you can feel
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste

Technique adapted from Lincolnshire Partnership NHS Foundation Trust [14]

Practical tool: square/box breathing

Square/box breathing

Controlling your breathing by slowing your breath.



Technique adapted from NHS inform[15]

Important note! Grounding techniques are not always enough.

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.

Restore: our wellbeing

So far in this workbook we have looked at how we can cope with stress in the moment. However, we also need to look at wellbeing as a whole.

Key term

Wellbeing 'is a positive state experienced by individuals and societies.

Similar to health, it is a resource for daily life and is **determined by social, economic and environmental conditions**'[16].

How we are able to cope with challenges (*resilience) is dependent on many factors and is 'shaped by the availability of supportive enviroments'[16].

This includes our workplace which is fundamental in supporting our wellbeing[17]. Our workload, staffing, supervision, leadership, culture, fairness, psychological safety and access to support all influence the stress we may be experiencing and how we cope.

What has been shown to be particularly vital in supporting our resilience is:

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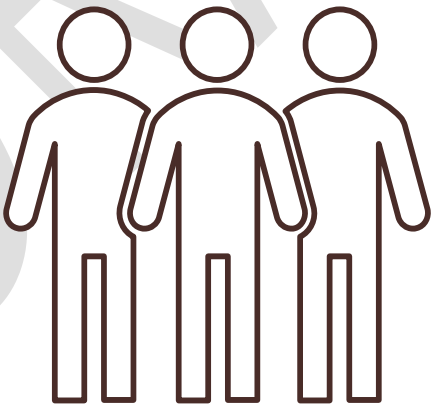
Social support



Emotional support

Demonstrated in Rao et.al [18]

Our wellbeing is not only an individual responsibility, it involves us and our communities including our hospice teams.

See Glossary for full definitions of resilience.

Pause and reflect

We are not resilient alone. We need people and resources around us to lean on when things are challenging.

Often when we are struggling it can be really hard to reach out. This activity can remind us who we can turn to for support in those moments.

Individual reflection:

- Who can support me in my role?

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- Who can support me outside of work/volunteering?

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- What other support is available to me right now?

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- What can I do today to support future me?

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.....

- What small thing can I do that makes me feel good?

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.....

Practical tool: 'The Five Ways to Wellbeing'

Support is key to our wellbeing and there are other things we can do to support ourselves in our day to day.

The New Economics Foundation[19] identified five keyways we can support our mental health and wellbeing.

Adapted from the New Economics Foundation [19] and NHS.UK[20]

Tool: If it feels safe for you to do so, try and introduce one new activity in one of the above categories today.

Supporting our teams

Resilience as a team and community does not mean we will never face challenges or experience stress and worry.

Instead, resilience means we have the 'processes and skills'[16], organisaional structures and support in place that enable us all to continue the great work we do.

Our organisation plays a key role in our support. If you are not sure what support is available please contact someone in your organisation for more information - such as your manager or HR team.

Individual reflection: What support structures or process are available to you in your hospice?

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

- .....
- .....
- .....
- .....

Important note! Personal strategies are helpful but are not always enough.

If you are experiencing high levels of stress, 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

HALT framework

When working in busy hospice settings, we are often really great at supporting others. So much so it can be hard to find time to think about our own needs or even know what we need ourselves.

HALT is a simple way to check in our basic needs. Originating in substance abuse recovery programmes[21], HALT helps us to stop before we act, ask ourselves what it is we need right now and prioritise listening to that need.

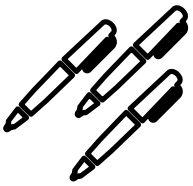
Consider if this is a model that could be used across your teams.

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: Take a moment to pause and think…

H	**Hungry** Am I hungry? When did I last eat? How can I prevent myself becoming too hungry next time?
A	**Angry** How am I feeling? What am I finding frustrating? Where is this feeling coming from? How can I healthily express and respond to this feeling?
L	**Lonely** Am I feeling disconnected? When did I last speak to someone I care about? Who can I speak to who feels safe?
T	**Tired** Am I too tired? How well did I sleep? When did I last sleep? How can I prioritise rest?

Adapted from TIP #65: Counselling Approaches to Promote Recovery from Problematic Substance Use and Related Issues[24]

Notes:

……
……
……

Worksheet: individual reflection

Applying the Five Ways to Wellbeing

The New Economics Foundation[19] identified ways of improving mental health and wellbeing in the UK.

They identified five key actions that we can incorporate into our day-to-day lives. It can be difficult to find the time to prioritise our own needs, however, trying these things could help you feel more positive.

This activity is designed to to help us think holistically about the five ways to wellbeing.

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 for you to reflect on, not a strict 'to-do' list.

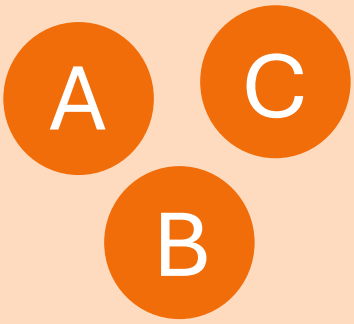
Individual reflection: Consider some examples of how we can support our wellbeing at work or elsewhere. The examples can be really small!

Area	What am I doing now?	What else could I try?
Connect Connect with people: those around you, people you care about, new people		
Be active Moving our bodies in any way: dance, walk, stretch, jump, cycle		
Keep learning Learn something new: read a book, listen to a podcast, try a hobby, cook a new recipe, be curious		
Take notice Notice the world around you: changing season, bird song, a good cup of coffee, a soft blanket		
Give Do something generously: smile at your neighbour, volunteer, make tea for a colleague		

Adapted from the New Economics Foundation: 5 Ways to Wellbeing[19]

Grounding techniques

• Breath in for 3 seconds • Hold for 3 seconds • Breathe out for 3 seconds • Hold for 3 seconds 	Create a change in temperature - eat an ice cube, put cold water on hands, sip hot drink 	Hold an item in your hand. Notice the texture. 
Hug yourself! 	Smell a strong smell e.g. perfume, coffee, candle 	Say one thing that has been 'OK' today 
Taste a strong flavour e.g. mint, coffee, juice 	Full body shake /stretch 	Count backwards from 20. 

Listen to your favourite song – concentrate on the lyrics 	Count the number of colours/shapes/objects in the room 	Sway or move body side to side 
Clap hands or rub hands together 	Recite a mantra 'I can get through this' 'I am OK' 'I don't have to do everything' 	Recite the alphabet backwards 
Imagine a relaxing image 	Pause and notice how you feel in your body 	Stamp or press feet into the floor 

Lincolnshire Partnership NHS Foundation Trust [14] , NHS inform[15] , PTSD UK[22]

Glossary

We weren't able to include all the different types of stress someone might experience in this chapter.

Below are some further clarifications which may be of help.

- **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'[2].

- **Environmental stress** is defined as resulting from the negative psychological response of an individual to their surroundings e.g. unstable housing, noise pollution, unhygienic conditions. The nature of what conditions are adverse is subjective. Impact can vary from causing discomfort to compromised physical/emotional safety and can impact mental and physical health[9].

- **Acute stress** is defined as short term intense stress caused by an event/situation. Activates automatic survival reactions (fight, flight, freeze, fawn, flop). Causes release of adrenaline, temporary increase in heart rate, shallow breathing, sweating, reduced digestion[9].

- **Chronic stress** is defined as long term exposure to stressor/s e.g. financial, work, caring responsibilities. Effects are cumulative. Can increase risk of physiological (health challenges e.g. cardiovascular disease) and psychological (mental health challenges - low mood, anxiety) effects[9].

- **Traumatic stress** is defined as resulting from exposure to traumatic events e.g. abuse, violence, natural disasters. It's a normal response to an abnormal event, however, if unsupported the impact can lead to mental health concerns. Psychological impacts can include feeling emotionally numb, hyperarousal, flash backs[9].

- **Physiological stress** is the experience of stress in the body in response to internal or external stressors e.g. lack of sleep, ill-health, injury, extreme temperature, lack of nutrition. Impacts biological function as homeostasis (balance in the body) is disrupted[9].

- **Episodic acute stress** is defined as regular instances of acute stress e.g. deadlines, relationship conflicts, exams. As it occurs frequently, it can mean an individual does not have sufficient time to recover. Can worsen physical health and mental health issues [9].

- **Self-awareness** is our awareness of our internal state (emotions, cognitions, physiological responses), which drive our behaviours (beliefs, values and motivations) and an awareness of how we impact and influence others[8].

- **Individual resilience** is the ability of an individual to maintain 'a stable equilibrium' under adverse conditions[23].

- **Resilience as a community** refers to 'Processes and skills that result in good individual and community health outcomes in the face of negative events, serious threats and hazards. […] Resilience is also shaped by the availability of supportive environments'[16].

- **Vicarious resilience** is a term developed by Hernandez, Gangsei, and Engstrom in 2007. It describes the positive impact on clinicians from exposure to their patients' resilience. It refers to a positive transformation through empathising with their patients and learning about overcoming adversity from their patients[24].

- **Emotional regulation** relates to the conscious and unconscious strategies someone uses in responding to, experiencing and expressing an emotional experience[13].

- **Grounding techniques** are widely used therapeutic tools which support individuals in regulating their emotions and regain calm by focusing on the present moment in different ways[25].

- **Wellbeing** 'is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions'[16].

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