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

HospiceUK

Compassionate Employers

Manager and leader 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 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.'

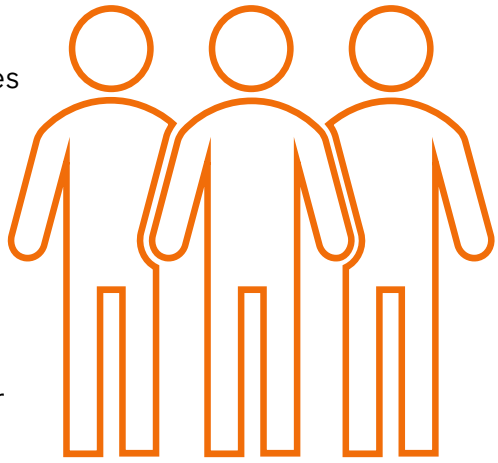
Rachel Naomi Remen[1].

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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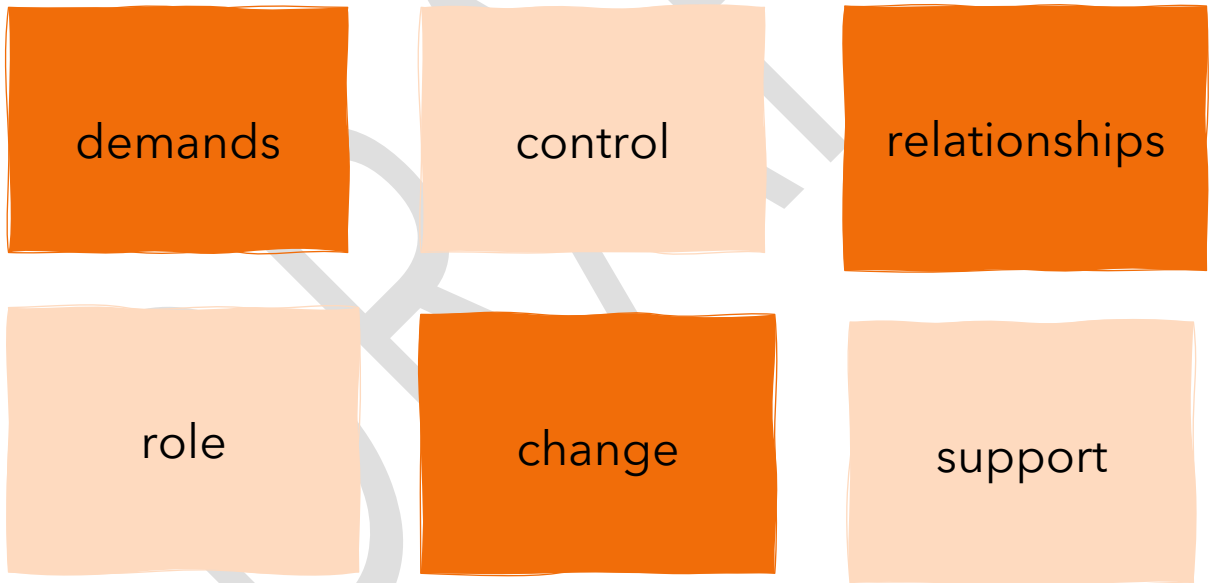
Organisational structures: workplace stress

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].

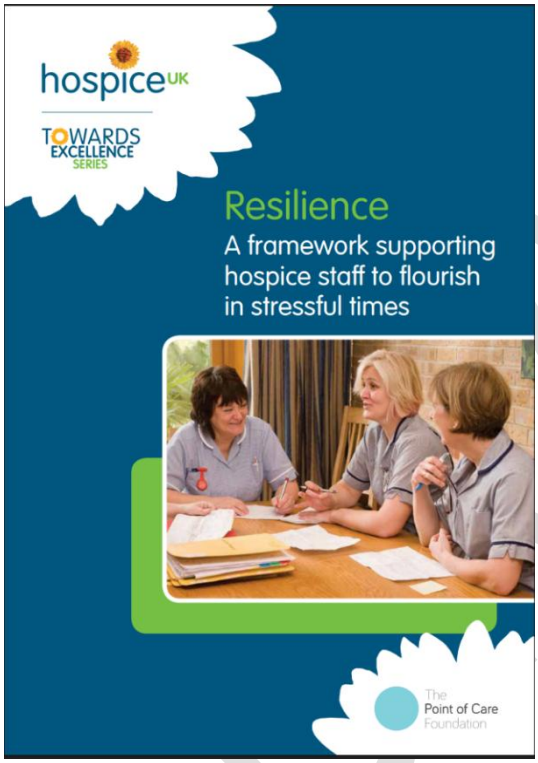
You can access more information and resources about these responsibilities on the *Health and Safety Executive's website*: https://www.hse.gov.uk/stress/overview.htm

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.

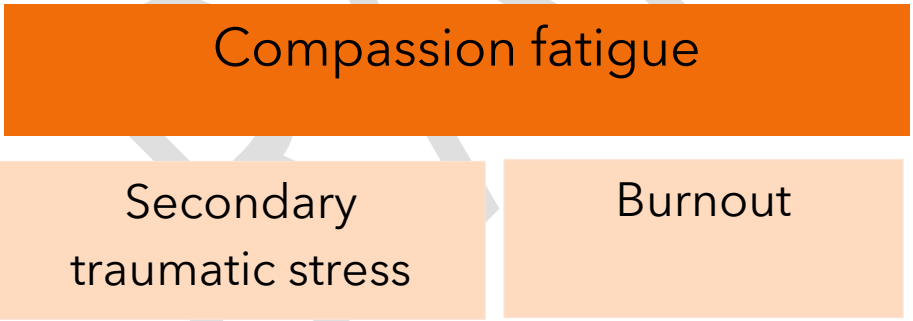
In caring professional roles compassion fatigue, burnout and vicarious traumatisation are occupational hazards that we need to look out for.

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.

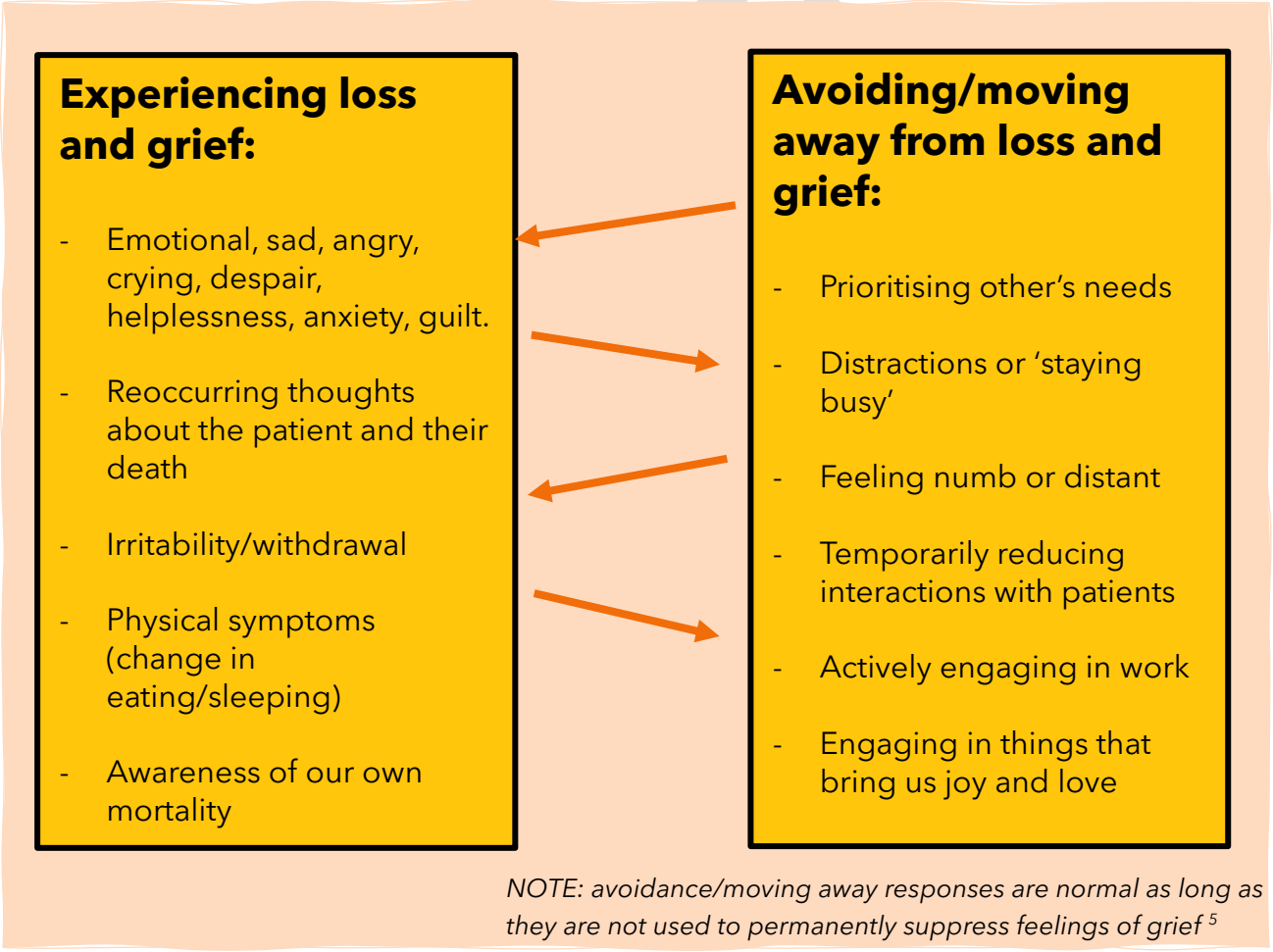
Papadatou's model

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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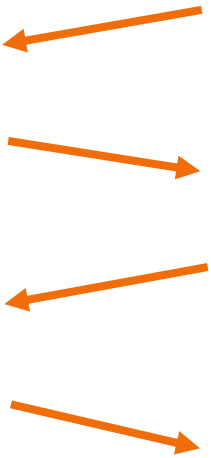

Avoiding/moving away from loss and grief:

- 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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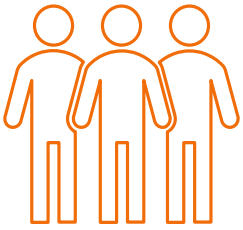
Tool: These questions can be used for team discussion. If facilitated as a group, please ensure you are following the group facilitation guidance detailed in the Introduction.

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 activity 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 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 one- to-one 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].

References

1. Remen RN. Kitchen table wisdom: stories that heal. London: Pan; 1997.
2. Bajorek Z, Bevan S, Cooper CL. How to be the line manager you never had: managing people, performance, & wellbeing in a hybrid world. Basingstoke: Palgrave Macmillan; 2024
3. Bonanno GA. Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? Am Psychol. 2004 Jan;59(1):20-8. doi: 10.1037/0003-066X.59.1.20.
4. World Health Organization. Health promotion glossary of terms 2021. Geneva: WHO; 2021. Available from: https://www.who.int/publications/i/item/9789240038349
5. Papadatou D. In the face of death: professionals who care for the dying and the bereaved. New York : Springer Pub. ; 2009.
6. Papworth A, Ziegler L, Beresford B, Mukherjee S, Fraser L, Fisher V, O'Neill M, et al. Psychological well-being of hospice staff: systematic review. BMJ Support Palliat Care. 2024 Jan 8;13(e3):e597-e611. doi: 10.1136/spcare-2022-004012.
7. GOV.UK. Work-related stress: What you need to know. [online]. Work Right. [n.d.]. Available from: https://workright.campaign.gov.uk/working-minds/work-related-stress-and-the-law/
8. Health and Safety Executive. Work-related stress and how to manage it: overview [online]. [n.d.]. Available from: https://www.hse.gov.uk/stress/overview.htm
9. Goodrich J, Harrison T, Cornwell J, Resilience: a framework supporting hospice staff to flourish in stressful times. London: Hospice UK; 2015
10. Ravalier JM, McVicar A, Boichat C. Work stress in NHS employees: a mixed-methods study. Int J Environ Res Public Health. 2020 Sep 4;17(18):6464. doi: 10.3390/ijerph17186464.
11. Parker L, Bevan S. Good work and our times: Report of the Good Work Commission. London: The Work Foundation; 2011.
12. Halamová J, Kanovský M, Krizova K, Šoková B, Baránková M, Figley C. The development of the Compassion Satisfaction and Compassion Fatigue scale. Front Public Health. 2024 Dec 5;12:1406467. doi: 10.3389/fpubh.2024.1406467.
13. Mathieu F. The compassion fatigue workbook: creative tools for transforming compassion fatigue and vicarious traumatization. New York: Routledge; 2012.

14. Gustafsson T, Hemberg J. Compassion fatigue as bruises in the soul: A qualitative study on nurses. Nurs Ethics. 2022 Feb;29(1):157-170. doi: 10.1177/09697330211003215. Epub 2021 Jul 20.
15. Zhang J, Zou J, Wang X, Luo Y, Zhang J, Xiong Z, et al. Clinical nurses' compassion fatigue psychological experience process: a constructivist grounded theory study. BMC Nurs. 2023 Dec 19;22(1):487. doi: 10.1186/s12912-023-01665-3.
16. van Dernoot Lipsky L, Burk C. Trauma stewardship: an everyday guide to caring for self while caring for others. Oakland, Ca: Berrett-Koehler Publishers; 2009.
17. Gentry JE. Compassion fatigue: a crucible of transformation. J Trauma Pract. 2002; 1(3-4): 37–61. doi: https://doi.org/10.1300/j189v01n03_03
18. Phillips CS, Trainum K, Thomas Hebdon MC. Hidden in plain sight: a scoping review of professional grief in healthcare and charting a path for change. Health Serv Insights. 2025 Jun 16;18:11786329251344772. doi: 10.1177/11786329251344772.
19. Richardson N. "Just a Simple Sausage Sandwich": The significance of sensory care practices and hidden carers in the hospice. Sociology. 2024 Sep 17;59(2):325–40.
20. Papadatou D. The grieving healthcare provider. Bereavement Care. 2001; 20(2): 26–29. doi: https://doi.org/10.1080/02682620108657520
21. Papadatou D. A proposed model of health professionals' grieving process. OMEGA. 2000; 41(1): 59–77. doi: https://doi.org/10.2190/tv6m-8yna-5dyw-3c1e
22. Bailey S, West M. What Is compassionate leadership? [online]. The King's Fund; 2022. Available from: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-is-compassionate-leadership
23. Stamm BH. The concise ProQOL manual. 2nd ed. Pocatello; 2010. Available from: https://proqol. org/uploads/ProQOLManual.pdf
24. Duhigg C. Supercommunicators: how to unlock the secret language of connection. New York: Random House; 2024.
25. Mehler M, Balint E, Gralla M, Pößnecker T, Gast M, Hölzer M, Kösters M, Gündel H. Training emotional competencies at the workplace: a systematic review and metaanalysis. BMC Psychol. 2024 Dec 4;12(1):718. doi: 10.1186/s40359-024-02198-3.

Further reading

Kessler RC, Sonnega A, Bromet E, Hughes M, Nelson CB. Posttraumatic stress disorder in the National Comorbidity Survey. Arch Gen Psychiatry. 1995; 52(12):1048-60. doi: 10.1001/archpsyc.1995.03950240066012.

Pearlman LA, Saakvitne KW. Trauma and the therapist : countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: Norton; 1995.

Supporting teams with compassion

'Love and compassion are necessities, not luxuries. Without them, humanity cannot survive.'

Dalai Lama XIV, The Art of Happiness[1]

In our team's day to day we play a vital role. When life happens, and it will, your team will turn to you. Not just as a manager, but as a support system.

In hospice settings we know what compassion means to people in difficult circumstances. Managing life-limiting or terminal illness, death and bereavement is incredibly challenging in and outside of work. These are experiences our teams may also face while they are working with us.

How we can support our teams in these moments and conversations is essential and the more comfortable they are to share, the easier it is to handle these sensitive matters well.

What we will cover

We will explore how we can best support our teams when they need us most so you can be present and compassionate in those crucial moments.

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 compassion?

In hospice settings, compassion is key to all of our roles. We are often working closely with people through important and challenging moments in their lives and this includes our teams.

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].

Compassion differs from *empathy. It goes one step beyond understanding another's perspective and includes action.

In leadership, this looks like actively embedding compassion into our behaviours, and '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'[3].

Key term

Compassionate leadership is about taking the time to build strong, trusting relationships with your people.

It means actively 'listening, understanding, and empathising'[3] with them.

Particularly in moments when our team are vulnerable, experiencing challenges or going through difficult life moments, compassion helps people feel 'valued, respected, and cared for'[3].

There are many challenges our team may face and each individual, each circumstance may require different support from us as their manager.

See Glossary for further definitions including *empathy.

Difficult life events

When we talk about significant life moments, that can mean a lot of different things to different people.

In our roles as leaders, we may support people through all sorts of transitions, such as job changes, redundancies, divorce, becoming a parent, navigating fertility issues, illness, and more.

Individual reflection: What other examples can you think of?

Diagnosed with an illness

Caring for a loved one

Death of a loved one

Baby loss and miscarriage

Relationship breakdown/divorce

Job changes, redundancies

Death of a pet

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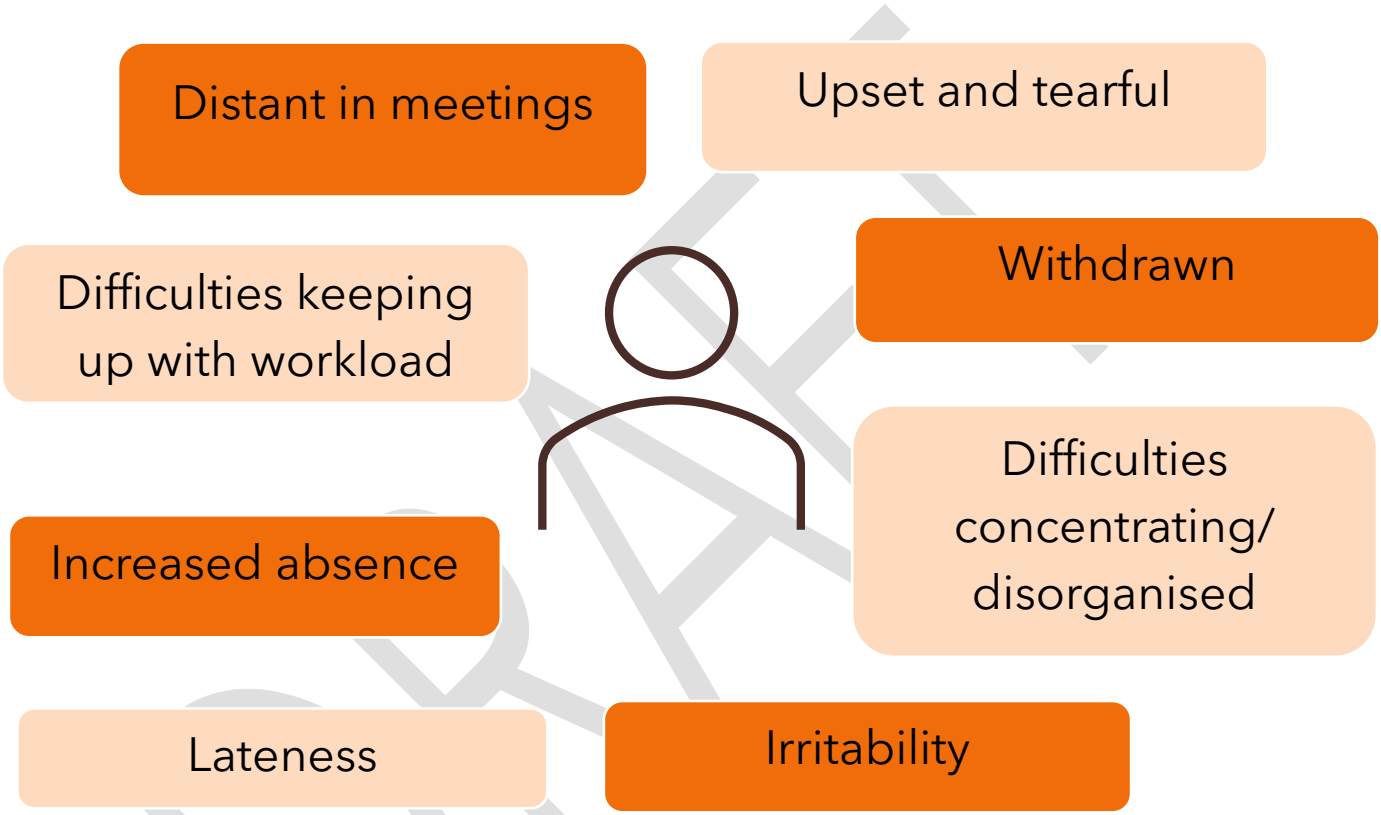
Lightbulb moment: 600 carers a day have to give up paid work to provide unpaid care [4]. 24% of the working population experience a bereavement in a 12-month period[5].

While statistics are not the whole picture, they can demonstrate how many people in employment are affected - they may be within our teams.

Impact on our teams

Everyone is individual and these life events may impact our teams in different ways. When we know our teams well, we are better able to notice changes in behaviours that may indicate someone may need support.

Some common signs to look out for are:



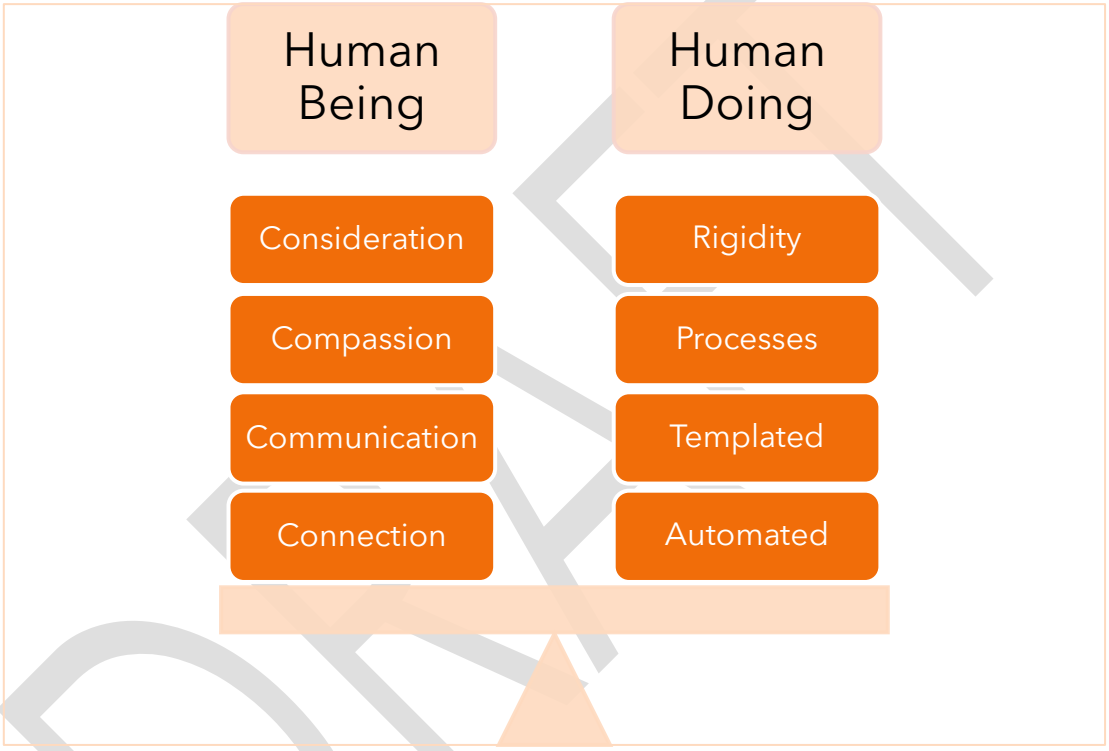
As managers, we need to be mindful that people may not react in the ways we expect. For some people, life events will have a significant impact on them and their work lives while for others they may not. Each person and each situation should be considered individually.

As a manager we have a further responsibility to manage any impact on the rest of the team and the function of the organisation. This requires us to compassionately balance **individual needs** (human being) and **organisational processes** (human doing).

Human being vs human doing

In work we often have to have 'human doing' processes in place. These include policies and procedures and play a role in keeping service delivery consistent and equal across an organisation.

However, it's really important to recognise that in focusing only on these processes, we often lose the 'human being' element of employee support.



Example: A member of our team is on bereavement leave and according to our policy we must check in every few days by phone call. The employee, however, finds the volume of calls overwhelming and ask for email communication. Instead of adjusting to this request or discussing it further (**human being**), we deny it because it isn't in line with policy (**human doing**).

'Human doing' if done without compassion can be hurtful to our employees at a time when they are most vulnerable. We need to find a balance between 'human doing' and 'human being' elements to best support our team and organisational needs.

So how do we get better at this?

Compassionate leadership

When we are supporting colleagues in these vulnerable moments and conversations we can look to embed compassionate leadership in three ways:

1. Preparing ahead of time

How well do we know the 'human doing' processes?

- Organisation guidance
- Relevant legislation

2. Compassion in the moment

How do we show up in the moment involving the 'human being' element of employee support?

- Compassionate leadership principles
- Compassionate conversations

3. Ongoing support

How do we build a supportive environment where our teams feel able to turn to us for support?

- Psychological safety

Be kind to yourself. As managers we often have a lot on our plates and it can be hard finding the time to check in with our teams. If this is something you are struggling with you are not alone.

Bajorek[6] argues that people management and supportive relationship building with our team can be 'squeezed' out of our busy schedule.

Organisational guidance

One way we can better balance 'human being' and 'human doing' processes is by fully understanding the policies in place. Often, the first time we are seeing policies and pocedures is when we are having to use them which can feel overwhelming.

If we are aware of processes ahead of time we can feel more prepared, provide accurate information and are able to be present in supporting our colleague. We can focus on 'human being elements', compassionately supporting staff, instead of trying to find the right information.

Things to consider familiarising yourself with:

Lightbulb moment: Organisational policies and how they are implemented can have a very real impact on our teams.

ComRes 2014 research for the National Council for Palliative Care found 56% would consider leaving their employer if treated poorly during their grieving process[7].

Relevant legislation

Depending on what your colleague is experiencing, they may be entitled to additional legal support and protection. As a manager, it is helpful to be aware of the legislation in place for UK employees however please discuss with your HR colleagues for further advice when supporting your teams.

Legislation differs in Northern Ireland, please seek HR advice.

Carers

The Employment Relations (Flexible Working) Act[8] and the Carer's Leave Act[9] apply in England, Wales and Scotland (rules differ in Northern Ireland).

The Employment Relations (Flexible Working) Act[8] means that from their first day on the job, all employees, including carers, have the statutory right to request flexible working. Employers must deal with requests in a reasonable manner but are not required to agree every request.

Employees have a statutory entitlement to up to one working week of unpaid Carer's Leave in each rolling 12-month period to provide or arrange care for a dependant with a long-term care need. This entitlement applies to all employees, regardless of their length of service.

Carers providing unpaid care are entitled to a carer's assessment to access support.

For further information see Gov.UK website on 'Caring for someone': https://www.gov.uk/browse/disabilities/carers

Emergencies

The Employment Rights Act 1996[10] stipulates that employers must give someone 'reasonable' time off to deal with an emergency involving a dependent. For example, a breakdown in care arrangements.

This time off is likely to be short-term, around one or two days, but there is no legal definition of how long a reasonable amount of time off should be. The right is to deal with the immediate emergency rather than to provide ongoing care.

Employers do not have to pay their employees for emergency time off.

For further information see the Gov.UK website on 'Time off for family and dependants': https://www.gov.uk/time-off-for-dependants

Disability

Under the Equality Act 2010[11] employees with a disability are protected from discrimination. Employers have a duty to consider reasonable adjustments where a disabled employee is placed at a substantial disadvantage because of their disability. Some health and mental health conditions may amount to a disability under the Equality Act 2010. Some conditions are automatically treated as a disability, including:

- cancer
- a registered visual impairment
- multiple sclerosis
- HIV infection – even if the person doesn't have any symptoms

Disabled employees may also be eligible for support through the Government's Access to Work scheme: https://www.gov.uk/access-to-work

Bereavement leave

Currently there is no statutory bereavement leave following a death (outside of Parental Bereavement Leave).

However, the Employment Rights Act 2025 [12] relating to bereavement leave is changing. Managers should consult HR for the current position where an employee experiences a bereavement. Organisations may also provide compassionate leave following pregnancy loss or miscarriage, and managers should seek HR advice where this arises

Legislation differs in Northern Ireland. Where someone experiences a miscarriage before 24 weeks, two weeks of paid leave is already in effect[14], recognising the emotional impact this can have[13]

Parental bereavement leave

There is a separate entitlement known as Parental Bereavement Leave[15]. This provides two weeks of leave for parents in England, Scotland and Wales who experience the loss of a child under the age of 18, or when a pregnancy ends after 24 weeks (rules differ in Northern Ireland).

Employees may be entitled to parental (maternity and paternity) leave after a stillbirth or when a baby dies after being born.

For further information see Gov.UK website on 'Statutory Parental Bereavement Leave and Pay': https://www.gov.uk/parental-bereavement-pay-leave

Pause and reflect

Often, we haven't located or read through all the people policies in our organisation. Take a moment to identify what organisational or team specific information you would need to share with colleagues in each example.

For example, relevant policies for an employee following a bereavement may include: compassionate leave policies, flexible working policies, or reasonable adjustments. If you are unsure where to find these, speak to your HR team.

Individual reflection: What organisational or team specific information would you need to share with a colleague who lets you know that they are:

- A carer:

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- Grieving:

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- Living with a life-limiting or terminal illness:

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Compassionate leadership principles: the King's Fund

When sharing 'human doing' processes with our colleagues, we need to prioritise the 'human being'. Really hearing their individual experience and responding compassionately, centres that person's needs in any support actions.

The King's Fund[3] identified four key components which make up compassionate leadership:

Identified in Bailey and West[3]

Attending

This means being fully present with someone, giving them your full attention when they are sharing something negative or positive[3]. Finding a quiet space for private conversations, or protecting one-to-one time for staff can be crucial to having this dedicated time to listen to their needs.

Understanding

This is about 'taking time to explore'[3] what someone is going through, without jumping in to fix it. Get to know who makes up your team and recognise that each person's stress and worries look different. When we understand someone's experience and challenges we can offer support that fits what they need.

Empathising

This means being emotionally present, acknowledging someone's pain or sadness without trying to solve it or make it about us. It's about saying, "I hear you, and it's OK to feel this way." Empathy helps people feel safe, supported, and less alone.

Helping

This is where we take action. That might mean adjusting shifts, checking in, or making sure someone has time to rest and take breaks. It's more than signposting. It's about removing barriers and showing we care through what we do, not just what we say.

Compassionate conversations

Conversations about support and next steps, whatever your colleague is experiencing, can feel scary and vulnerable for both you and your team member. The following six principles remind us how to be present and respond compassionately in sensitive conversations:

1. **Listen attentively** – pay undivided attention, be present in the conversation not just listening for an opportunity to respond. If you are in a work setting think about how you can minimise distractions so you can be fully present. Turn on 'do not disturb' notifications, find a private room and avoid busy settings.

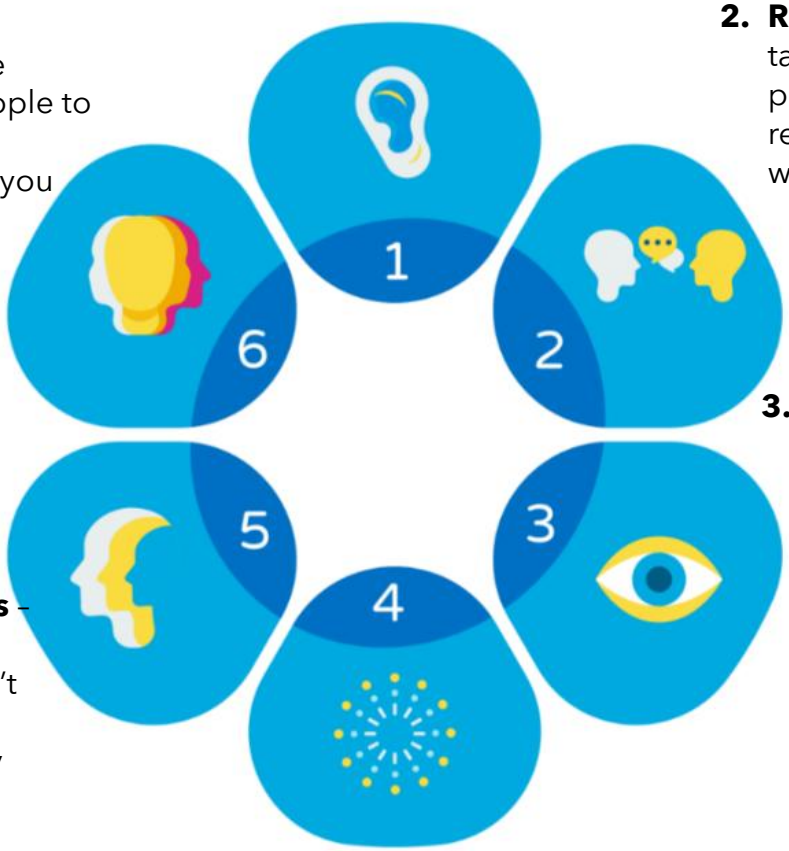
2. **Respond mindfully** – take a moment to process before you respond and consider what you have heard.

3. **Be observant** – notice details, body language, mood and attitude – try to maintain an open posture, be patient whilst they talk and try not to seem restless. This can make people feel like you have somewhere else you need to be, or that the conversation is making you uncomfortable.

4. **Manage silence** – learn to sit comfortably in the silence. Silence is healthy and sometimes it is all the comfort someone needs. Practice sitting in the 'discomfort' of silence.

5. **Respect emotions** – acknowledge all emotions and don't deny those you don't relate to – try to remain neutral. Remember we all have different responses to the same situation.

6. **Consider other perspectives** – welcome other experiences, withhold any judgements and don't project your own experiences back on the person. Be mindful of sharing personal experiences without permission; it can be helpful for some people to share experiences, however, make sure you are prioritising the employee's needs`.

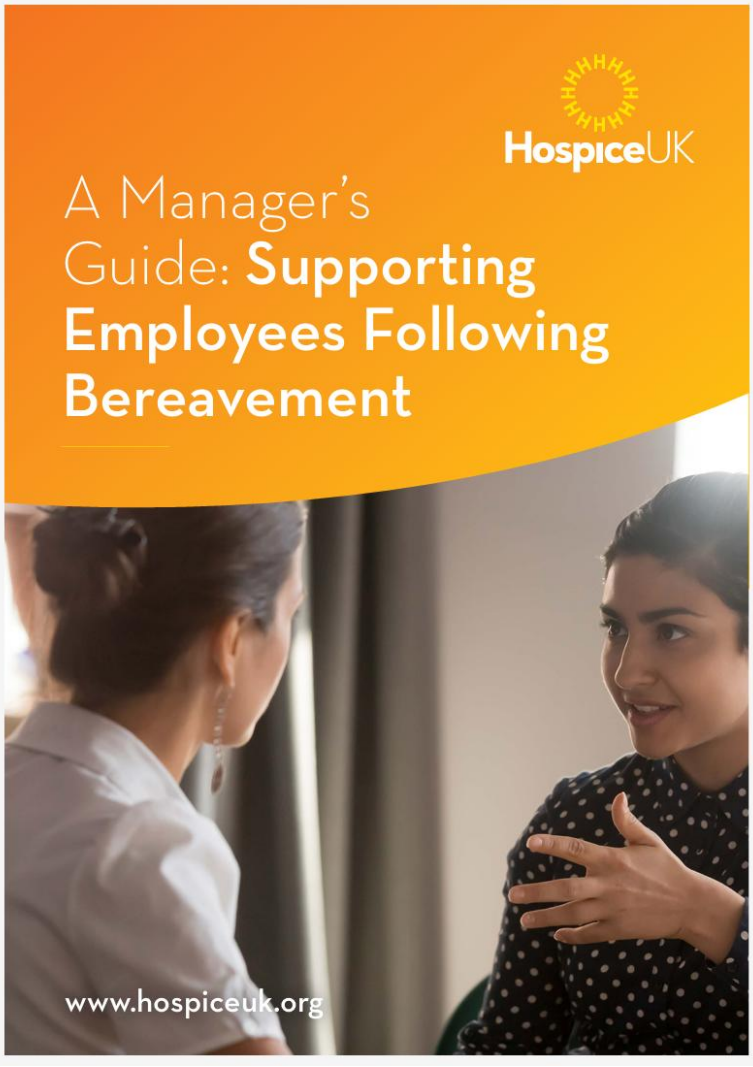


Practical tool: managers guide

As managers we often worry a lot about getting these important conversations wrong because we really care. We can put a lot of pressure on ourselves.

Each individual is different and getting to know our team well will support us in supporting them better. This process is important and requires intentional time and our 'Get to Know Me'[16] document is a helpful tool you can try.

However, for further support around how to begin these conversations about support/ next steps for a colleague following a bereavement, see our 'Managers Guide'[17].



These conversation guides have been created to support you in having compassionate and supportive conversations immediately following a death, before a member of staff officially returns to work, or on their first day back.

Before discussing next steps with your colleague, send any questions in advance to allow the employee to think about what information they would like to share and empower them to have some control over the support they need in returning.

Lightbulb moment: For more comprehensive information on all of these life moments, please see our 'Support for Line Managers' section of the Compassionate Employers hub.

Supporting our teams

Compassionate leadership doesn't end when we have implemented 'human doing' processes in a 'human being' way. When employees are going through something big in their personal lives, it can really impact on how they show up at work beyond the initial conversations or 'human doing' processes.

People may be worried that they'll never be the same, they may be afraid of making mistakes, of being seen as unreliable, of not being able to focus.

So, what does compassionate leadership look like in those moments?

Key term

Psychological safety is a shared belief that members of a team can take appropriate risks at work without fear of negative repercussions on their social status or career[18].

Psychological safety is:	Psychological safety is not:
open, candid communication	shying away from conflict or disagreement
actively learning from mistakes	everyone feeling comfortable all the time
considering all ideas	necessarily implementing all ideas

Psychological safety looks like creating a team culture where people feel safe to say, "I'm not OK today" - where there is space to take part, even after life has changed for them.

Lightbulb moment psychological safety emerged in the business sector in the 1990s. The concept was furthered by Edmondson's 1999 study which applied psychological safety within healthcare settings and illustrated its potential in enhancing teamwork and communication[18] .

Ito et al discuss recent studies which demonstrate psychological safety influences patient safety, collaboration, 'learning from failures and reporting adverse events'[19].

Psychological safety

In a psychologically safe environment, people feel able to ask questions, share ideas, discuss errors and jointly consider solutions[20].This does not mean that there is no accountability - rather the culture means that learning is prioritised over judgment and punishment.

According to Amy Edmondson's research[21], there are four domains of psychological safety[22]:

1. Inclusion and diversity

- Do team members feel they can be themselves?
- Do they feel like they belong at work?
- Do they feel their experiences and expertise are valued?

2. Willingness to help

- Do team members feel they can ask for help without judgment?
- Do they feel colleagues are willing to support them?
- Is there a culture of helping each other?

3. Attitude to risk and failure

- Do team members feel it will be OK if they make an error or take a risk that doesn't pay off?
- Is there a culture of learning over judgment in the face of mistakes ?

4. Open conversation

- Do team members feel safe to contribute ideas?
- Is there a culture of open candid conversation including around sensitive or challenging topics?

Headings adapted from Cote[22]

Practical tool: building psychological safety

Psychological safety is an ongoing process. Interpersonal dynamics are delicate and ever changing and organisational culture can take time, team buy-in and consistency to shift. Managers are key to leading this process.

If we are 'supportive, coaching-oriented, […] non-defensive […]members are likely to conclude that the team constitutes a safe environment"[21].

Individual reflection: What is one thing you can do in each domain to support psychological safety for your team?

1. Inclusion and diversity

e.g. challenge unkind language or behaviour

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2. Willingness to help

e.g. weekly practical support check-in across team-distribute tasks/support accordingly

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3. Attitude to risk and failure

e.g. open about mistakes you have made and what you learnt from them

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4. Open conversation

e.g. in idea gathering sessions, ensure time for everyone to contribute before moving on

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Headings adapted from Cote[22]

Pause and reflect

Psychological safety is about open and candid communication and actively learning from our experiences.

However, be kind to yourself in these reflections - we are all trying our best in often challenging situations. You don't need to answer any questions that feel unsafe or distressing.

Individual reflection: Think about a time that you supported someone through a difficult life moment.

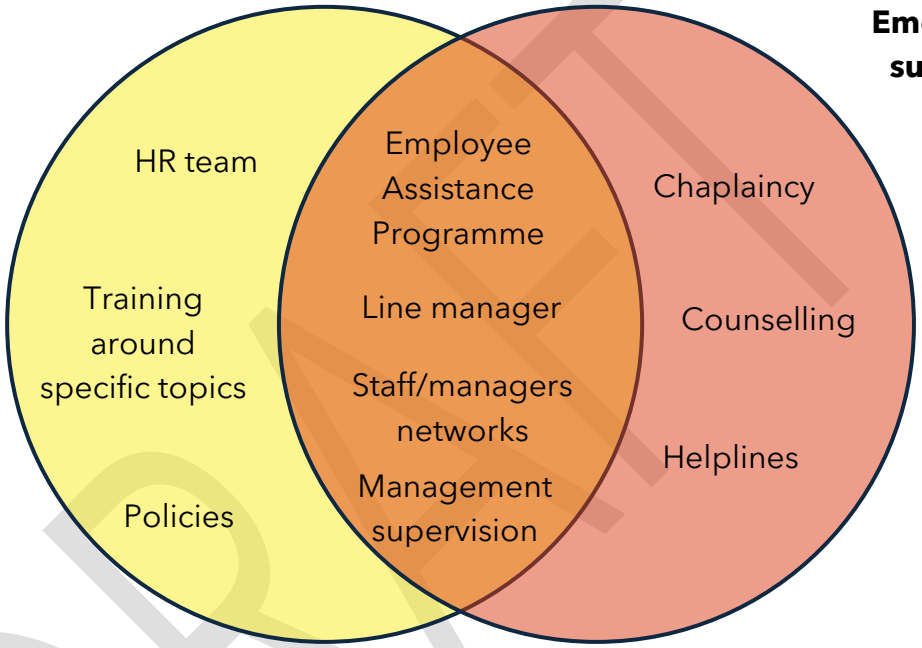
- *What was most helpful about the support you offered them?*
- *Looking back, is there anything you would have done differently?*
- *What did you learn from the experience?*
- ……
- ……
- ……

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 ourselves

Be kind to yourself. When we are busy supporting our colleagues, we can forget about the impact on us. We may have our own emotional response, and this can be particularly intense if you know your colleague well or if their situation brings back memories of our own experiences.

We don't have to do it all alone and there is support available. Our workplace also plays a large role in supporting our wellbeing.



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

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Important note! If you are experiencing distress, speak to someone you trust and access your organisation's support routes or urgent support if needed.

Worksheet: individual activity

Case scenario reflections

Compassion and psychological safety become especially important when people are going through something big in their personal lives. When employees are dealing with things like grief, illness, or caregiving, it can impact on how they show up at work. They may be afraid of making mistakes, of being seen as unreliable, of not being able to focus.

In hospice settings where our work means being close to people's lives and their losses, it can be very challenging for our teams when facing their own struggles.

Reflect on the following case examples, and how your hospice would support a staff or volunteer member in each case.

Important note!

Individual activity 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 sensitive scenarios and may bring up personal experience. Take a break at any point.

It is OK if you don't know all the answers. Take your time with these scenarios and if you need further guidance, ask your HR team.

Individual reflection: Consider how you/your hospice would approach each scenario.

Scenario:

A colleague shares with you they have been diagnosed with a life limiting illness. They say they do not want to share more but will need to attend hospital appointments.

Think about:

- *how you would open the space for an honest conversation*
- *what support and adjustments you can offer*
- *what are the signs that might suggest more support is needed?*

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Scenario:

You are a close team and know that your colleague and their partner have been going through IVF treatment. Your colleague was excited to share the news that they were expecting a baby. A few months later they were very upset and said their partner had had experienced a miscarriage. They ask if they can go home to look after their partner.

Think about:

- *how you would open the space for an honest conversation*
- *what support and adjustments you can offer*
- *what are the signs that might suggest more support is needed?*

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Scenario:

An employee gets in touch to say her brother has recently been diagnosed with terminal cancer. She doesn't know what the prognosis is but wants to know what flexibility can be offered so that she can take her brother to appointments and spend time with him in the coming weeks and months.

Think about:

- *how you would open the space for an honest conversation*
- *what support and adjustments you can offer*
- *what are the signs that might suggest more support is needed?*

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Scenario:

A member of your team has been bereaved recently and her mother died at the hospice where you both work. She returns to work, but she is struggling emotionally when delivering care to patients who remind her of her mother. She seems distant but she wants to stay at work.

Think about:

- *how you would open the space for an honest conversation*
- *what support and adjustments you can offer*
- *what are the signs that might suggest more support is needed?*

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Worksheet: individual reflection

Compassionate return to work conversations

Coming back to work can be daunting for the person who has been through what can be life-changing experiences. You can play a critical role in supporting a team member in returning to work after any difficult life event.

Barjork argues 'You don't need to be occupational health or clinical psychologists … managers can play a large part in helping employees return to work'[6].

This conversation guide draws on The Flourish model[6] which identifies managerial actions which can support employees in the workplace. While Edwards' work[23] applies to the support of mental health in the workplace, arguably this structure can be applied to supporting employees returning to work.

This conversation guide draws on the model's[23] steps and includes conversation starters specific to returning to work after absence:

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.

Conversation (formal and informal)

It is important to arrange a time and place that feels comfortable for colleagues. Particularly in the initial return to work discussion, you may need to follow your organisation's formal HR processes. Once your colleague has returned to work it can be helpful to take them aside for a quick informal chat/check in.

- "Lets find some time to discuss what would be helpful for you upon your return to work."
- "It can feel overwhelming to think about the next steps. Is there a time/day/space that feels comfortable for you?

Individual reflection: further notes

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Identification

We want to create space for colleagues to share how they are truly feeling. This helps you identify any additional support they may need in the coming weeks and months.

- "How are you feeling about returning to work?"
- "Is there anything that would make this transition easier for you?"

Individual reflection: further notes

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Workplace adjustment

Some people worry about returning to work because they fear they won't be able to keep up with their workload or perform as they would usually. Asking about possible adjustments can help them recognise what support might be helpful. We also recommend explaining any workload that has been reallocated during their absence and opening a conversation about how they would like this to be managed on their return.

- "I recognise that work can feel overwhelming. Do you feel ready to resume your usual responsibilities, or would a phased return or reduced workload be more manageable?"
- "Would temporary adjustments to your duties or hours be helpful?"

Individual reflection: further notes

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For many people, flexibility is essential, especially if they are experiencing changing needs, medical appointments or administrative tasks. This may include adapting working hours, location, or responsibilities, or simply offering trust and space to take personal calls or attend appointments during the working day. Understanding what flexible arrangements are available can help employees feel more comfortable about returning to work.

- "Are there any upcoming appointments or personal tasks you'll need time for?"

- "Would flexible working arrangements support you during this time? For example, home working, fewer meetings, or a phased return?"

Individual reflection: further notes

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Collaboration

It's important that employees have ownership and autonomy over their experience. Transparency over what can or cannot be done is vital in giving an individual as much agency over their support as possible. For example, it may be necessary that the team is informed about the colleague's return to work. Clear communication about what the team knows and agreeing a plan for how colleagues can offer support can help prevent awkward or uncomfortable interactions for everyone involved.

- "Would you like me to share any information with the team about your return to work?"
- "How would you prefer colleagues to approach and support you?"

Individual reflection: further notes

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Review

Challenges do not end when someone returns to work. One of the most meaningful forms of support is ongoing recognition and regular check-ins. It's important to follow the employee's lead, some may prefer to seek support outside of work, while others may value the care and understanding offered by their manager and colleagues.

- "How would you like me to check in with you, for example, regular meetings, emails, or something else?"
- "Are there any important dates you'd like to share so we can be mindful of them throughout the year? For example, anniversaries or birthdays."
- "If you feel comfortable, we could complete a 'get to know me'[16] form together to help me better understand how to support you."

Individual reflection: further notes

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Glossary

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

- **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. 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'[3].

- **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[24].

- **Vulnerability** refers to 'the emotions we experience during times of uncertainty, risk and emotional exposure'[25].

- **Life-limiting illness** is one which cannot be cured, though it can be treated, and which will likely shorten a person's life.

- **Terminal illness** is one that is incurable; however, the effects of the illness can be managed so that a person can live with it for days, weeks, months or even years.

- **Carers** are employees with significant caring responsibilities that have a substantial impact on their working lives.

  These employees are responsible for the care and support of a child with a life-limiting condition, or a relative or friend who is older, disabled or seriously ill and unable to care for themselves.

- **Bereavement** is experienced because of the death of someone important to us. Societally there are processes, expectations and ritual which culturally signify bereavement [26].

- **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, and it is described by O'Connor[27] 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[28]. This could include the death of a patient or someone with whom you have built strong professional relationships.

- **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[29].

- **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[30] further includes in anticipatory mourning not only the grief at the realities that they or a loved one will die but further the lost experiences and expected future.

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

  Brabant[31] suggests that mourning encompasses social expectations of what grief should look like and cultural definitions of how we should grieve that loss.

References

1. Bstan-'dzin-Rgya-Mtsho, Dalai Lama Xiv, Cutler HC. The art of happiness : a handbook for living. New York: Riverhead Books; 1998.
2. Steele W. Reducing compassion fatigue, secondary traumatic stress, and burnout: a trauma-sensitive workbook. New York: Routledge; 2020
3. Bailey S, West M. What is compassionate leadership? [online]. The King's Fund; 2022. Available from: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-is-compassionate-leadership
4. Carers UK. Juggling work and unpaid care: a growing issue. London: Carers UK; 2019.
5. Sue Ryder. Grief in the workplace: how employers can provide better bereavement support. London: Sue Ryder; 2020. Available from: https://www.sueryder.org/our-campaigns/better-support-for-grieving-people/grief-in-the-workplace/
6. Bajorek Z, Bevan S, Cooper CL. How to be the line manager you never had: managing people, performance, & wellbeing in a hybrid world. Springer Nature Basingstoke: Palgrave Macmillan; 2024.
7. Penny A, Chapman S, Levenson J. Life after death: six steps to improve support in bereavement. London: National Council for Palliative Care; 2014. Available from https://www.hospiceuk.org/publications-and-resources/life-after-death-six-steps-improve-support-bereavement
8. Employment Relations (Flexible Working) Act 2023. [online]. Available from: https://www.legislation.gov.uk/ukpga/2023/33/enacted
9. The Carer's Leave Regulations 2024. [online]. Available from: https://www.legislation.gov.uk/uksi/2024/251/contents/made
10. Employment Rights Act 1996. [online] Available from: https://www.legislation.gov.uk/ukpga/1996/18/section/57
11. Equality Act 2010. [online] Available from: https://www.legislation.gov.uk/ukpga/2010/15/contents
12. Employment Rights Act 2025. [online] Available from: https://www.legislation.gov.uk/ukpga/2025/36
13. Department for Business and Trade, Ministry of Housing, Communities and Local Government. Employment Rights Bill to increase bereavement leave for families who face pregnancy loss [press release]. GOV.UK. 2025 July 07. Available from: https://www.gov.uk/government/news/employment-rights-bill-to-increase-bereavement-leave-for-families-who-face-pregnancy-loss
14. Ni Direct Government Services. Parental bereavement leave and pay - Bereavements on or after 6 April 2026 [online]. nidirect. 2026. Available

from: https://www.nidirect.gov.uk/articles/parental-bereavement-leave-and-pay-bereavements-or-after-6-april-2026
15. The Parental Bereavement Leave Regulations 2020. [online]. Available from: https://www.legislation.gov.uk/uksi/2020/249/contents/made
16. Compassionate Employers. Download your "Get To Know Me" document [online]. Hospice UK. 2026 Available from: https://www.hospiceuk.org/download-your-get-know-me-document
17. Compassionate Employers. Request your Line Managers guide [online]. Hospice UK. 2026 Available from: https://www.hospiceuk.org/compassionate-employers/line-managers-guide
18. LaPlante RD, Ponte PR, Magny-Normilus C. Essential elements and outcomes of psychological safety in the healthcare practice setting: A systematic review. Appl Nurs Res. 2025; 83:151946. doi: 10.1016/j.apnr.2025.151946. Epub 2025 Mar 22.
19. Ito A, Sato K, Yumoto Y, Sasaki M, Ogata Y. A concept analysis of psychological safety: Further understanding for application to health care. Nurs Open. 2022 Jan;9(1):467-489. doi: 10.1002/nop2.1086. Epub 2021 Oct 15.
20. Adair KC, Heath A, Frye MA, Frankel A, Proulx J, Rehder KJ, et al. The Psychological Safety Scale of the Safety, Communication, Operational, Reliability, and Engagement (SCORE) survey: A brief, diagnostic, and actionable metric for the ability to speak up in healthcare settings. J Patient Saf. 2022;18(6):513-520. doi: 10.1097/PTS.0000000000001048.
21. Edmondson A. Psychological safety and learning behavior in work teams. Administrative Science Quarterly. 1999; 44(2):350–83.
22. Cote C. How to build a psychologically safe workplace . 2024. Business Insights: Harvard Business School. [blog]. Available from: https://online.hbs.edu/blog/post/psychological-safety-in-the-workplace
23. Edwards M, Parel R. How to support positive mental health at work: a guide for line managers. [Brighton]: Institute for Employment Studies; 2020.
24. Rothschild B, Rand M. Help for the helper: the psychophysiology of compassion fatigue and vicarious trauma. New York: Norton; 2006.
25. Brown B. Dare to lead: brave work, tough conversations, whole hearts. New York: Random House; 2018.
26. Corless IB, Limbo R, Bousso RS, Wrenn RL, Head D, Lickiss N, et al. Languages of Grief: a model for understanding the expressions of the bereaved. Health Psychol Behav Med. 2014 Jan 1;2(1):132-143. doi: 10.1080/21642850.2013.879041. Epub 2014 Jan 22.

27. O'Connor M-F. The grieving brain: the surprising science of how we learn from love and loss. New York: HarperCollins Publishers; 2022.
28. Phillips CS, Trainum K, Thomas Hebdon MC. Hidden in plain sight: a scoping review of professional grief in healthcare and charting a path for change. Health Serv Insights. 2025 Jun 16;18:11786329251344772. doi: 10.1177/11786329251344772.
29. Doka KJ. Introduction. *In*: Doka KJ. (ed). Disenfranchised grief: new directions, challenges, and strategies for practice. Champaign, Illinois: Research Press; 2002. p. 5–23.
30. Rando TA. (ed). Clinical dimensions of anticipatory mourning: theory and practice in working with the dying, their loved ones, and their caregivers. Champaign, Ill.: Research Press; 2000.
31. Brabant S. A closer look at Doka's grieving rules. *In*: Doka KJ. (ed). Disenfranchised grief: new directions, challenges, and strategies for practice. Champaign, Ill.: Research Press; 2002. p. 22–39.

Leading with vulnerability

'Vulnerability is not weakness, and the uncertainty, risk, and emotional exposure we face every day are not optional. Our only choice is a question of engagement.

Our willingness to own and engage with our vulnerability determines the depth of our courage and the clarity of our purpose.'

Brené Brown[1]

Leadership can feel like a daunting topic. There are lots of schools of thought about what 'great leadership' looks like and while often helpful, it can also feel like a lot of pressure.

In truth there is no step-by-step at being a 'perfect manager'. Even if there was, what works well for one person and one team, won't fit what others need.

Instead, what we will look at in this chapter is how we can build trusting, supportive relationships with our teams.

Vulnerability is 'the courage to show up when you can't control the outcome'[2] which as a leader is something we face day in and day out. We will not get it right every time but if we can be vulnerable, lean into mistakes, connect compassionately with the people we work with, we support our teams the best we can.

What we will cover

This chapter is a space to reflect, make notes, and think about how we can include vulnerability in our leadership.

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.

Definitions

Management can be a hugely rewarding role. We get to see our team change and develop and we can make a fundamental difference to both the performance and wellbeing of our staff.

However, management is often something we have learnt on the job, without much prior knowledge or training. There can feel like a lot pressure to 'get it right' even though we may have had no training or support as to what 'right' looks like in the context of a hospice setting.

But what do we even mean by a 'good manager'?

Individual reflection: What makes a good manager?

Suggestions taken from Goens and Giannotti[3] and Robinson and Hayday[4]

Good effective communicators. Understanding in sensitive conversations.

Remain calm in a crisis.

Ability to motivate and inspire the team, encouraging and open to their ideas.

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Can balance wider organisational aims and team needs in decision making.

Understand how to manage resources, allocate them appropriately.

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Management and leadership

Some of us may feel really confident in our leadership, however, for those of us less sure, we are not alone. Yet we know that effective leadership is vital in a successful team. Particularly in hospice and healthcare settings, effective leadership plays a role in patient satisfaction, quality of care, staff wellbeing and absenteeism[4].

One way of looking at leadership is through leadership styles. They can be useful for us to get ideas of what types of leadership skills may work for us.

Two styles that are highlighted by West et al.[5] are authentic leadership and transformational leadership.

Key term

Authentic leadership models an expectation of upholding ethical and moral conduct. It supports transparency and openness, a balanced input of perspectives and being trustworthy and fair in decision-making.

It aims to create hope, optimism and resilience and prioritises building a trusting, open work environment[6].

Key term

Transformational leadership has been argued to be the most effective style for healthcare settings and has been linked to improved patient safety and care satisfaction[6].

It aims to improve team morale and prioritises building trust across the team, encouraging a sense of purpose in the work with opportunities for professional growth and a focus on the personal needs of each individual[3].

See glossary definition for more detailed definitions

Pause and reflect

Both authentic and transformational leadership prioritise empowering staff to participate in decision-making processes, responding to staff needs, supporting team hope and purpose in the work.

Be kind to yourself in these reflections. Often, we don't have capacity to think about own leadership style. You do not need to answer any questions that feel too personal, unsafe or difficult.

Individual reflection: What three words would you use to describe your leadership?

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Individual reflection: Whose leadership do you admire and why?

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Individual reflection: What have you learnt about yourself since becoming a manager?

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Trust and vulnerability

Trust is a term that often comes up in leadership styles and is fundamental to both transformation and authentic leadership styles[5,8].

Key term

Trust is defined by Rousseau et al. as a 'willingness to be vulnerable'[7] whilst there is risk and whilst there is a level of interdependence[7].

In this definition, trust and vulnerability are interconnected and foundational to building meaningful relationships in our teams.

Key term

Vulnerability is according to Brown[2]: 'the emotions we experience during times of uncertainty, risk and emotional exposure'[2].

There can be many misconceptions about vulnerability. While it can feel uncomfortable, vulnerability does not mean:

- weakness
- un-boundaried oversharing
- leaving you open to 'betrayal'[2].

Vulnerability is 'the courage to show up when you can't control the outcome'[2].

It involves us showing up acknowledging that we may not always have all the answers but being present and committed to our work and our team anyway.

It is something as managers we do every day.

Including vulnerability in leadership

But what does vulnerability in leadership look like?

Courage to be imperfect

People who lead with courage aren't afraid of the errors that they may make along the way. They are open to learning about what they can do better and about adapting to meet the needs of their teams.

Self-compassion and compassion for others

We can often find it hardest to be compassionate to ourselves. However, if we are kind to ourselves, we can lead by example. To do this we may need additional support ourselves so that we can show up for our teams and for the people around us and give them compassion throughout their employment.

Authentic connection

We need to be able to let go of the idea of who we THINK we have to be. By letting go of the pressure to respond in a certain way because we are a manager or leader, we can better connect with our teams as people. We remove barriers and can better understand and advocate for their needs, making them seem feel seen and heard.

See Glossary for detailed definition of self -compassion.

Shame and vulnerability – Brené Brown

One of the biggest barriers to vulnerability is shame.

Key term

Shame is a universal human emotion. It is intensely painful and causes us to believe we are worthless, unable to access love or belonging [2].

We may experience feelings of shame in the workplace when facing situations or conversations that challenge us; that bring about feelings of fear, discomfort or anxiety. Some examples that can bring up shame may be:

- Providing tough feedback to team members
- Discussing challenges that team members may be facing - including mental health, bereavement, or other health concerns.
- Conversations around redundancies.

Because of this discomfort, we often try to avoid the feeling of shame. In '*Dare to lead: brave work, tough conversations, whole hearts*'[2], Brené Brown describes how this occurs through 'shame shields'[2].

Brown suggests there are there 'shame shields' that we use:

Concept adapted from Brown[2]

Moving away

Retreating into silence, avoiding addressing the topic.

Moving towards

Overcompensating or oversharing personal experience in an effort to relate to the person.

Moving against

Feeling defensive, or pushing people away before their experiences trigger our own.

Pause and reflect

Shame is a normal human emotion, and we all feel shame from time to time including at work. We are not perfect and don't always respond in the best way- that is OK. Part of leading with vulnerability is acknowledging when we get things wrong and this is important in building trusting relationships in our team.

Be kind to yourself in these reflections. This activity might feel vulnerable and you do not need to answer any questions that feel too personal, unsafe or difficult.

Individual reflection: Consider a situation/conversation as a manager when you experienced shame and reflect on the following prompts:

- *How did you feel in the moment?*
- *Did you use a 'shame shield'[2]?*
- *What did you learn from it?*
- *What would you do differently next time?*

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Important note! If this content brings up distress, speak to someone you trust and access your organisation's support routes, GP or urgent support if needed.

Self-awareness

Often when we experience shame, we automatically try to avoid it without even realising. We can use 'shame shields' [2] to ease our discomfort which is understandable. However, if we do this we can erode the relationship between a manager and an employee, or further the organisation. It damages trust.

Therefore, it is important we notice if this is happening. Self-awareness plays a part in noticing when we may be responding from a place of shame.

Key term

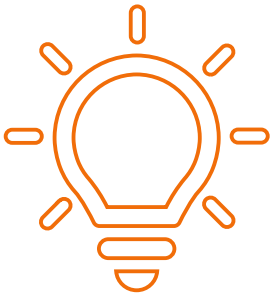
Self-awareness is our awareness of:

- our **internal state** (emotions, cognitions, physiological responses) which drive our **behaviours** (beliefs, values and motivations)
- how these behaviours then **impact and influence others**[9].

Self-awareness is multi-layered. It requires an understanding of our internal experiences as well understanding the external impact on others[10].

As a manager, self-awareness means taking the time to reflect on our own management skills and ways in which we can better contribute to a positive work environment.

By understanding ourselves better, we can better notice when we feel shame, understand what causes it and support ourselves without 'shame shields'[2].



Lightbulb moment: Self-awareness is not the same as rumination. It should not be used to be overly self-critical.

Focusing only on negative aspects of yourself or experiences is not beneficial, instead it becomes self-defeatist and reduces your ability to problem solve[11].

Practical tool: shame awareness

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

Shame can feel deeply painful but if we manage these feelings, we can learn from our experiences.

Individual reflection: Before going into experiences or conversations with others where we may feel shame, consider:

When do I feel shame as a manager? What causes it?

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How does shame show up for me? What does it feel like?

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How can I show up with authenticity and with empathy even if I feel uncomfortable and challenged?

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Important note! If this content brings up distress, speak to someone you trust and access your organisation's support routes, GP or urgent support if needed.

Increasing self-awareness

Self-awareness is not always easy. When we are going about our busy day, we can often react to situations without giving it much thought.

We may go into discussions with judgment or respond to an employee's questions without really listening. We can find our actions may not be aligned with the manager we want to be.

Carden [9] argues that the ways to improve self-awareness are through three areas. These are listed below with some example activities you could try:

1. Introspective activities and reflection:

- Journalling
- Drawing your feelings
- Mindfulness
- Identifying personal goals and values

2. Observations and perspectives of others:

- Management supervision/peer discussion groups
- Ask colleagues for feedback
- Practice active listening- notice how your team responds to you

3. Self-observation

- Look back on journal entries
- Observe yourself from others' perspectives
- Identify your strengths and weaknesses
- Write a letter to your future/past self

Be kind to yourself. We are all trying our best in often challenging situations. These are some ideas of things for you to reflect on, not a strict 'to do' list.

Practical tool: mindfulness

Sometimes we may struggle to know how we feel in the first place. Mindfulness is one key way we can become aware of how we feel, understand ourselves and respond more intentionally.

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.

Adapted from Rothschild[12]

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

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

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

See Glossary for definition of mindfulness.

Support

When we are thinking about supporting our management skills, we don't have to do it alone.

It can be helpful for us to identify who or what can support us when we are finding challenging things as managers or are not sure what to do.

This could include working with a mentor (whose management style you admire), attending management training or managerial supervision.

Individual reflection: Who/what can support you to be the manager you want to be?

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 really struggling at work, 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: individual activity

‘Being the manager I want to be’ activity

Often, we don’t have capacity to think about own leadership style. However, it can be helpful to take some time reflect on our values as a manager and who we want to be.

This can help inform our actions and how we want to show up for our team whilst acknowledging the barriers we may face.

Important note!

Individual activity 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! Take your time when reflecting on these questions. It is ok if you don’t know.

What do I want to be known for as a leader?	How can I move towards these aims?
e.g. compassion, reliability, drive	*e.g. reflection, selfcare, mindfulness* ....
What can interfere with these aims?	**How might this show up in my leadership?**
e.g. lack of focus, burnout, distractions, conflicting priorities	*e.g. too busy, lack of strategy, avoidant, unapproachable* ....

Worksheet: individual reflection

Preparing for vulnerable conversations: CALMER

When facing vulnerability (managing conflict or sharing difficult news), we can experience a lot of emotions.

Being conscious of these experiences and responding to them is a useful skill in management where we may need to make considered decisions without being ruled by frustration or fear.

Many situations at work can make us feel vulnerable. From performance chats, difficult updates, or supporting distressed team members. These conversations matter, and the best managers genuinely care about how they show up in them.

We often care so much about getting these moments right that the pressure becomes intense. We created CALMER can help remind us to take a moment for ourselves before stepping into situations that make us feel vulnerable.

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. It is OK if it doesn't work for you or takes some practice. These are some ideas to reflect on.

"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom"

ascribed to Viktor Frankl[13]

C **Collect your thoughts** – Take a moment to pause and plan. What do I want to say, how do I want to show up, what does this person need from me right now? How many of us are guilty of running from one meeting to the next without any time to think?

A **Actionable tasks** - Sometimes these conversations feel overwhelming because everything else in our life feels busy too. Completing a few small things on your list can create mental space, and it helps if you're not worried about the workload that might follow a difficult conversation.

L **Listen** - Notice what your body is telling you: hunger, tiredness, tension. What do you need so that you can be as present as possible?

M **Movement** - Shake it out, step away from the desk, or take a short walk to bring yourself back into your body.

E **Exhale** – Take some deep slow breaths. When we feel anxious we can feel our shoulders rise and our chest tighten. We can forget to really breathe.

R **Rituals** - Do something that brings you comfort. Whatever soothes you: make a cuppa, listen to your favourite music, get outside in the fresh air.

Glossary

- **Authentic Leadership** models an expectation of upholding of ethical and moral conduct. It supports transparency and openness, a balanced input of perspectives and being trustworthy and fair in decision making[6].

- **Transformational Leadership** has been argued to be the most effective style for healthcare settings and has been linked to improved patient safety and care satisfaction[6].

- **Trust** is defined by Rousseau et al. as a 'willingness to be vulnerable'[7] whilst there is risk and where there is a level of interdependence[7].

- **Vulnerability** refers to 'the emotions we experience during times of uncertainty, risk and emotional exposure'[2].

- **Shame** is a universal human emotion. It is intensely painful and causes us to believe we are worthless, unable to access love or belonging[2].

- **Shame resilience** is the ability to 'practice authenticity when we experience shame […] to come out of the shame experience with more courage, compassion and connection'[2].

- **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 these behaviours then impact and influence others'[9].

- **Mindfulness** is about paying attention to the present moment. It helps us in noticing the automatic patterns and habits which may be unhelpful and allows us to be more present and behave in a more informed way[13].

- **Emotional regulation** refers to the conscious and unconscious strategies someone uses in responding to, experiencing and expressing an emotional experience[14].

References

1. Brown B. Daring greatly: how the courage to be vulnerable transforms the way we live, love, parent, and lead. New York: Penguin Random House; 2012.
2. Brown B. Dare to lead: brave work, tough conversations, whole hearts. New York: Random House; 2018.
3. Goens B, Giannotti N. Transformational leadership and nursing retention: an integrative review. Nurs Res Pract. 2024 Jul 20;2024:3179141. doi: 10.1155/2024/3179141.
4. Robinson D, Hayday S. The engaging manager. Brighton: Institute for Employment Studies; 2009
5. West M, Armit K, Loewenthal L, Eckert R, West T, Lee A. Leadership in health care: a summary of the evidence base. [online]. 2015. Available from: https://assets.kingsfund.org.uk/f/256914/x/9ccade5367/leadership_in_health_care_summary_february_2015.pdf
6. Wong CA, Laschinger HK. Authentic leadership, performance, and job satisfaction: the mediating role of empowerment. J Adv Nurs. 2013; 69(4):947-59. doi: 10.1111/j.1365-2648.2012.06089.x. Epub 2012 Jul 5.
7. Rousseau D, Sitkin S, Burt R, Camerer C. Not so different after all: a cross-discipline view of trust. Academy Management Rev. 1998; 23(4):393–404.
8. Bass BM, Riggio RE. Transformational leadership. 2nd ed. New York: Psychology Press; 2006.
9. Carden J. Defining self-awareness in the context of adult development: a systematic literature review. J Management Education. 2021;46(1):140–77.
10. Harley J. Developing self-awareness for effective nurse leadership. Nurs Manag (Harrow). 2024 May 22. doi: 10.7748/nm.2024.e2124.
11. Wilson TD, Dunn EW. Self-knowledge: its limits, value, and potential for improvement. Annu Rev Psychol. 2004;55:493-518. doi: 10.1146/annurev.psych.55.090902.141954.
12. Rothschild B, Rand M. Help for the helper: the psychophysiology of compassion fatigue and vicarious trauma. New York: Norton; 2006.
13. Lu C-q, Siu O-I, Cooper CL. Managers' occupational stress in China: the role of self-efficacy. Personality Individual Differences. 2005; 38(3):569–578.
14. Mehler M, Balint E, Gralla M, Pößnecker T, Gast M, Hölzer M, et al. Training emotional competencies at the workplace: a systematic review and metaanalysis. BMC Psychol. 2024 Dec 4;12(1):718. doi: 10.1186/s40359-024-02198-3.

Further reading

Bajorek Z, Bevan S, Cooper CL. How to be the line manager you never had: managing people, performance, & wellbeing in a hybrid world. Springer Nature Basingstoke: Palgrave Macmillan; 2024.

Gentry JE. Compassion fatigue: a crucible of transformation. J Trauma Practice. 2002;1(3-4):37–61.

Li X, Malli MA, Cosco TD, Zhou G. The relationship between self-compassion and resilience in the general population: protocol for a systematic review and meta-analysis. JMIR Res Protoc. 2024 Dec 5;13:e60154. doi: 10.2196/60154.

Nursing and Midwifery Council . Good leadership means better care. [online]. 2024. Available from: https://www.nmc.org.uk/standards/guidance/good-leadership-means-better-care

Wason S, Sims C. The experience of self-compassion training among NHS healthcare professionals. J Health Psychol. 2025;30(6):1227-1241. doi: 10.1177/13591053241267041. Epub 2024 Jul 30.

Managerial 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]

In the current world we live in, burnout can feel 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 as managers in the hospice sector, we can face unique demands and challenges.

Funding pressures, limited resources and balancing both the needs of senior managers, HR requirements and our team's wellbeing, it can feel really hard to put our needs first. We are in this sector because we care and are often passionate about supporting and inspiring our teams, even if we are really struggling ourselves.

However, over time if we are unsupported we can experience burnout and put pressure on ourselves, our wellbeing and the manager we want to be.

What we will cover

This chapter is a space to reflect, make notes, and think about ways in which we can look after ourselves as managers and be kind to ourselves when we feel squeezed in the middle.

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 a lot of 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 World Health Organization's definition[2].

Key term

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

It is often caused by **chronic workplace stress** that has not been adequately supported [2] leading to low work satisfaction[3].

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

Spotting the signs

How do we know it is burnout that we are experiencing?

Symptoms of burnout can vary person to person, however, there are often three areas where we experience burnout symptoms:

1. Exhaustion

Complete physical, psychological and emotional exhaustion:

- 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:

- 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 towards our work

3. Feeling unsuccessful at work

We cannot recognise our professional accomplishments:

- 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

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

What causes burnout in managers?

Burnout is something that anyone in any organisation can face, yet there are a few components which can make the experience of burnout for managers distinct.

According to Müller and Kubátová[7] while the symptoms of burnout may be the same, the underlying causes differ due to responsibilities associated with their leadership role.

In this chapter we will look at some contributing factors which include:

1. Role ambiguity	Have you ever felt like you are 'wearing all the hats'? Hiring lead, disciplinary enforcer, budget manager and emotional supporter - all while managing our team's performance and doing our day job!
2. High job demands	Often with the complexity and ambiguity of our managerial roles, the scope of our role can continue to increase. Without additional support/ resources, we can find the demands of our role overwhelming.
3. Work life balance	We are often in these roles because we really care and want to do a great job. However, if we continuously give too much of ourselves to our work without the right support in place, it can start to impact our wellbeing.

Headings adapted from Müller and Kubátová [7]

Lightbulb moment: For further reading on manager burnout compared to other job roles (including entrepreneurs) see Müller and Kubátová's[7] systematic review.

Pause and reflect

Do some of those challenges sound familiar? Consider if any of these areas are impacting your workplace.

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 pressures are your workplace currently experiencing?

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Individual reflection: What solutions can you identify? Who can support you?

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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.

Role ambiguity

One area that we may face is 'role ambiguity'[8]. As managers we can be asked to take on many different roles. Over time our work changes without it formally changing our job description.

This experience can make us feel squeezed:

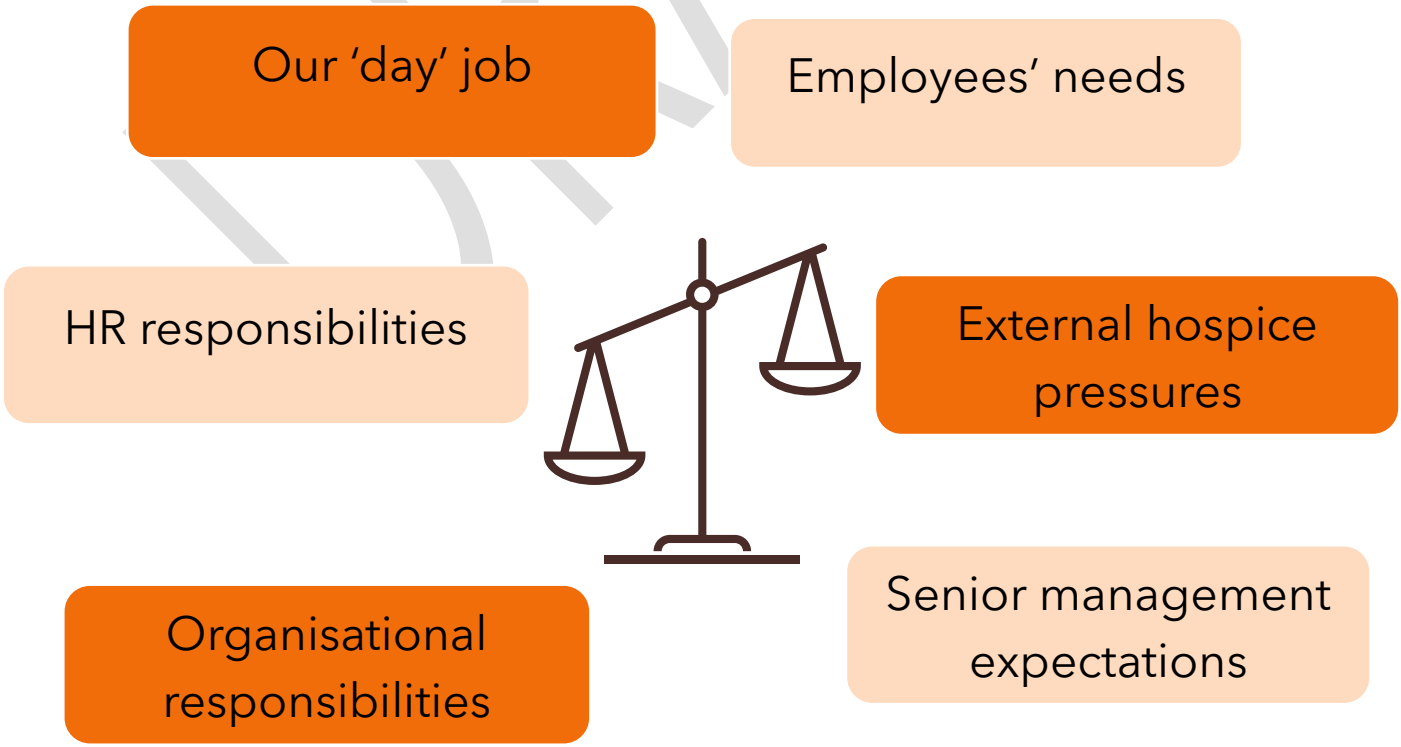
Key term

'Squeezed middle' describes experiences managers have of feeling the work pressure and expectation from multiple different areas of an organisation[8].

This is more likely to happen when:

- there are unclear boundaries around a manager's responsibilities
- there's a mismatch between 'what HR want managers to do, what managers think they should be doing and what employees expect of managers'[8].

It can feel like being weighed down by so many expectations that you don't know where to start or what is a priority. Some are detailed below:



Examples adapted from Bajorek[8]

Practical tool: clarify role expectations

Managers often have diverse responsibilities, yet we rarely have time to think about all we are doing. Without clarity on responsibilities, roles become blurry[8] and we can be stretched too thin.

However, when we fully understand expectations, what is in our job description and what HR require, we can better plan our time and delegate duties.

Individual reflection: Some common manager responsibility types are noted in the previous illustration. Consider some of your responsibilities at your hospice and what challenges you face or what you would like clarity on.

Responsibility	What is involved?	Current challenges/ questions
e.g. HR responsibilities- interviewing staff	• *shortlisting applications* • *conducting interviews*	• *how regularly am I required on interview panels?*
e.g. Senior management expectations- managing team budgets		

Tool: This tool can be used to identify questions we may have about our role. We ask HR to support us in clarifying our responsibilities.

High job demands

With our busy roles, our to-do list can feel never-ending. We may be great at stretching ourselves to get the job done, yet if this continues to occur over time without support it can impact our wellbeing.

Sometimes there are times when we cannot do it all. There are just too many tasks and not enough resources – we can become overwhelmed.

Key term

'Work overload' occurs 'where there is an incompatibility between the volume of work… and the time available to complete the work'[8].

We can find it particularly overwhelming when we are experiencing:

Role conflict

Lack of time and capacity

This may not be any one person's fault. Our senior leadership may also be overstretched, and our colleagues are balancing busy workloads. Also we may worry about pushing further challenges onto our teams.

It can be really challenging so please be kind to yourself in these moments. We are only one person.

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

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.

High job demands: role conflict

Key term

'Role conflict' is when tasks or roles we are required to resolve contradict each other making in them difficult/impossible to achieve with the resources we have[8].

Role conflict can quickly affect our wellbeing[8]. We can feel stuck and powerless.

However, if we are able to recognise and identify instances of role conflict early, share it calmly and factually with key stakeholders, we can mitigate the impact.

Example:

Your hospice's senior leadership team are asking for you to reduce staff clinical supervision due to limited staff and financial constraints. They ask that staff should spend more time in patient-facing work.

At the same time HR is concerned about your team's wellbeing and suggesting that supervision is increased. They ask for you to identify training need and ensure it is implemented.

Individual reflection: Often we don't have time to consider how the specifics of how our tasks conflict or the quantity of conflicts we are dealing with.

Note a specific scenario you have experienced and objectively list the conflicting elements:

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High job demands: lack of time and capacity

Sometimes what we are being asked to achieve is not possible with the time and resources we have. When this occurs, it can feel frustrating and overwhelming - we are at 'work overload'[8] .

In these moments, communication is really important. If we can compassionately, calmly and clearly share our challenges with key stakeholders and be open to problem-solving, we can protect ourselves and our teams. This may involve '**compassionately pushing back'**.

Pushing back is not easy or always possible, however, some suggestions are below.

Individual reflection: Below are sentence starters that may help in considerately and specifically advocating for you and your team. What other examples can you think of?

This is an important task and I don't currently have the capacity to do it properly

It would be great to review priorities with you so I can best support both you and my team

I can do *x* not *y* because…

I understand this is a priority- what would you recommend I deprioritise?

I am concerned about the impact this may have on my team's other responsibilities- can we talk it through?

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Work-life balance

As managers we are often in these roles because we really care and we may go above and beyond in supporting our teams. Care and compassion are great qualities, however, we may find ourselves always prioritising others' needs above our own.

Without support, it can impact our work/life balance and wellbeing.

Key term

Work-life balance describes an overall state of equilibrium between someone's work and personal life where the demands of each area are equally valued[9].

Effective work-life balance' is indicated as a key element in 'reducing burnout in managers'[7] and a systematic review by Papworth et al.[10] found improved work-life balance was associated with hospice staff's psychological well-being.

For many of us we know work-life balance is important but it can feel like an elusive, even impossible aspiration. Yet balance isn't a perfect static end point or only an individual responsibility.

Instead, we can think of **work-life as a pendulum** that acknowledges the natural ebb and flow of stressors and priorities while making space for rest and enjoyment in both.

Our workplace also plays a large role in supporting this. Workload, staffing, culture, fairness can play a role in establishing our working 'norm' which may or may not prioritise wellbeing.

Important note! Sometimes we may experience difficult life events which make balance impossible. We may need further 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.

Pause and reflect

It can feel really hard to prioritise our needs in and outside of work. We may not know what a good work-life balance looks like for us or what support we may need.

We don't have to do it all alone. We need people and resources around us to lean on when things are challenging. This activity can remind us who we can turn to for support.

Individual reflection:

- What does an effective work-life balance look like to me?

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- Who can support me at work?

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- Who can support me outside of work?

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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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See Glossary for definition of wellbeing.

Practical tool: The 'Five Ways to Wellbeing'

When thinking about supporting our work-life balance, it can be hard to know where to start. Support from our communities at work and at home is key to preventing burnout. There are also other things we can do to support ourselves in our day to day.

The New Economics Foundation[11] identified five key ways in which we can support our mental health and wellbeing.

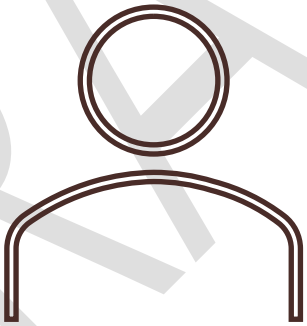
Adapted from the New Economics Foundation 5 Ways to Wellbeing[11] and NHS.UK [12]

Connect

Connect with people: those around you, people you care about, new people

Give

Do something generously: smile at your neighbour, volunteer, make tea for a colleague



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

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

Self-compassion

Key term

Self-compassion is giving ourselves the warmth, care and understanding despite our failings or challenges[13].

It includes self-kindness, a feeling of common humanity and mindfulness[14].

Managerial burnout can be a really challenging topic. When things feel difficult, when our resources are stretched and our capacity is low, we can often be really hard on ourselves.

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

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

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See Glossary for definition of compassion

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 team.

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: individual activity

Applying the Five Ways to Wellbeing

The New Economics Foundation[11] 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 help us think holistically about the five ways to wellbeing.

Important note!

Individual activity 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[11] and NHS[12]

Worksheet: individual reflection

Discussing managerial burnout with our manager or HR team: discussion guide

These conversations can feel daunting and remember you do not need to share more than you are comfortable with[16].

However, when everyone is working together and are 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 or HR team 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. This questions can feel challenging so take your time and take breaks as needed.

Topic areas for this worksheet have been adapted from Maslach[15], Mental Health UK[16] and Müller and Kubátová[7]

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? E.g. medical advice, financial advice, mental health support.

While you may not feel comfortable to share 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. Role ambiguity

- **Job description**: Review your job description. Often our work changes over time without it changing our role formally.
- **Clarity**: are you clear what management specific tasks are expected? Do these need to be clarified with HR?
- **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?

Speaking about your specific workload with your manager or HR 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. Job demands

- **Role conflict**: Are you regularly experiencing tasks that contradict each other? Are there challenges in effective communication between key stakeholders? How could they be resolved?
- **Time and capacity**: Are demands exceeding your and your team's time and resources? What examples are there?
- **Wider picture**: Do you have a full understanding of your workplace's wider picture? Can you ask your manager/senior leadership for clarity on this and where your work fits?
- **Fairness, rights and policies**: Are you being treated fairly in the work you are expected to carry out? Are you familiar with your organisational policies e.g. Inclusion and Diversity, Complaints Procedures, Sickness Absence? Do you know where these are located?

If we feel like our workload is out of control it can feel frustrating and overwhelming - we are at 'work overload'[8].

Further, 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.

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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4. Work-life balance and support

- **Balance**: What is making balancing work life and home life challenging? Are there organisational factors? How can your organisation support you?

- **Rights and policies**: Are you currently experiencing external factors which are impacting your work life balance? Are you aware of your organisational policies e.g. Carers policy, Bereavement policy, Miscarriage and fertility policy, Sickness Absence? Are there any adjustments that you would find helpful?

- **One-to-one support**: Do you have regular check-ins with your manager/managerial peers? Can you ask for this? Can what you discuss in this meeting be reviewed at a later date? What/ if any wellbeing support might you find helpful e.g. Employee Assistance Programme?

- **Peer support Team support**: Do you have access to management supervision/group reflection? Do you have access to management training? How can you be supported in prioritising accessing that support?

By having these conversations, there may be further wellbeing support such as an Employee Assistance Programme could access.

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

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Glossary

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

  It is often caused by *chronic workplace stress* that has not been adequately supported [2] leading to low work satisfaction[3].

- **Compassion fatigue** is a state of significant emotional, mental or physical exhaustion. It results from prolonged *exposure to the emotional stress involved in caretaking*[17].
  It results in cognitive, emotional and behavioural changes and leads to a reduced capacity for someone to be empathetic.

- **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[18].

- **Squeezed middle** describes experiences managers have of feeling the work pressure and expectation from multiple different areas of an organisation. Overwhelm occurs when there is an incompatibility between 'time available […] and volume of work'[8].

  This is more likely to happen when there are unclear boundaries around a manager's responsibilities, contributing to a mismatch between what HR require from managers, what managers think their roles are and what employees expect from their managers[8].

- **'Role conflict'** is when tasks or roles we are required to resolve contradict each other making in them difficult/impossible to achieve with the resources we have[8].

- **Self-compassion** is giving ourselves the warmth, care and understanding despite our failings or challenges[13]. Neff included in the definition three elements: self-kindness, a feeling of common humanity and mindfulness[19].

- **Work-life balance** describes an overall state of equilibrium between someone's work and personal life where the demands of each area are equally valued[9].
  While demands in work and personal life fluctuate, a good work-life balance indicates that someone can experience satisfaction in multiple areas of their life and that each area is valued.

- **Well-being** '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'[20].

References

1. Ravalier JM, McVicar A, Boichat C. Work stress in NHS employees: a mixed-methods study. Int J Environ Res Public Health. 2020 Sep 4;17(18):6464. doi: 10.3390/ijerph17186464.
2. World Health Organization. Burn-out an "occupational phenomenon": International classification of diseases. [news item] 2019 May 28. Available from: https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases
3. Stamm BH. The concise ProQOL manual. 2nd ed. Pocatello; 2010. Available from: https://proqol. org/uploads/ProQOLManual.pdf
4. Taranu SM, Ilie AC, Turcu AM, Stefaniu R, Sandu IA, Pislaru AI, et al. Factors associated with burnout in healthcare professionals. Int J Environ Res Public Health. 2022 Nov 9;19(22):14701. doi: 10.3390/ijerph192214701.
5. Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012 Oct 8;172(18):1377-85. doi: 10.1001/archinternmed.2012.3199.
6. Newcastle Hospitals NHS Foundation Trust. Occupational burnout. [online]. 2025 Available from: https://www.newcastle-hospitals.nhs.uk/services/newcastle-occupational-health-service/information-for-staff/covid-support-materials/managing-occupational-burnout
7. Müller M, Jaroslava Kubátová. A systematic review of managerial burnout and personal crisis: Navigating the interplay of individual, organizational, and environmental factors. German J Human Resource Management. Zeitschrift für Personalforschung. 2025; 40(1):15-55.
8. Bajorek Z, Bevan S, Cooper CL. How to be the line manager you never had: managing people, performance, & wellbeing in a hybrid world. Springer Nature Basingstoke: Palgrave Macmillan; 2024.
9. Hujová A, Zemanová M, Stupková D, Vostrý M. Exploring the determinants impacting work-life balance for general nurses in diverse healthcare settings: a cross-sectional study. J Nurs Manag. 2025 Jul 8;2025:8856776. doi: 10.1155/jonm/8856776.
10. Papworth A, Ziegler L, Beresford B, Mukherjee S, Fraser L, Fisher V, et al. Psychological well-being of hospice staff: systematic review. BMJ Support Palliat Care. 2024 Jan 8;13(e3):e597-e611. doi: 10.1136/spcare-2022-004012.

11. Aked J, Thompson S. Five Ways to Well-being: new applications, new ways of thinking. New Economics Foundation; 2011
12. NHS. 5 steps to mental wellbeing [online]. 2021. Available from: https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing
13. Li X, Malli MA, Cosco TD, Zhou G. The relationship between self-compassion and resilience in the general population: protocol for a systematic review and meta-analysis. JMIR Res Protoc. 2024 Dec 5;13:e60154. doi: 10.2196/60154.
14. Wason S, Sims C. The experience of self-compassion training among NHS healthcare professionals. J Health Psychol. 2025;30(6):1227-1241. doi: 10.1177/13591053241267041. Epub 2024 Jul 30.
15. Maslach C. A multidimensional theory of burnout. *In*: Cooper CL. Theories of organizational stress. Oxford: Oxford University Press; 1998.
16. Mental Health UK. *Downloadable resources: Conversation guide- talking to your manager about burnout*. [online] Mental Health UK. Available at: https://mentalhealth-uk.org/help-and-information/downloadable-resources/
17. Halamová J, Kanovský M, Krizova K, Šoková B, Baránková M, Figley C. The development of the Compassion Satisfaction and Compassion Fatigue scale. Front Public Health. 2024 Dec 5;12:1406467. doi: 10.3389/fpubh.2024.1406467
18. Mathieu F. The compassion fatigue workbook: creative tools for transforming compassion fatigue and vicarious traumatization. New York: Routledge; 2012
19. Neff KD. Neff KD. The Self-Compassion Scale is a valid and theoretically coherent measure of self-compassion. Mindfulness. 2016; 7(1): 264–274. https://doi.org/10.1007/s12671-015-0479-3
20. World Health Organization. Health promotion glossary of terms 2021. Geneva: WHO; 2021. Available from: https://www.who.int/publications/i/item/9789240038349