

Compassion in the workplace - summary of evidence

Summary of compassion in the workplace

For this summary topic we are defining compassion as “an empathetic emotional response to another person’s pain or suffering that moves people to act in a way that will either ease the person’s condition or make it more bearable” (Lilius et al., 2003, p. 4). Self-compassion is defined as compassion which is reflected inward, relating to oneself with care and support when experiencing difficulty or suffering (Neff, 2017).

To date, much of the academic literature conducted on compassion and self-compassion is based within healthcare and clinical care settings. However, compassion in the workplace is relevant to all workplace settings as being compassionate often means having the skills and awareness of others’ suffering and the need to alleviate that suffering.

What is compassion and self-compassion?

Compassion

The conceptualisation of compassion dates back thousands of years and is shared amongst a range of different disciplines, such as religion, sociology and philosophy. Compassion is often seen as a core part of what it means to be human, recognising suffering in others and towards the self. Although there are different definitions of compassion, Lilius et al. (2003, p. 4) define compassion as “an empathetic emotional response to another person’s pain or suffering that moves people to act in a way that will either ease the person’s condition or make it more bearable”. The action component of compassion makes it distinguishable from empathy, which is more of a passive feeling state. The founder of the Stanford Compassion Cultivation Training Program, Geshe Thupten Jinpa, highlights the multidimensional aspects of compassion as: “(a) an awareness of suffering (cognitive component), (b) sympathetic concern related to being emotionally moved by suffering (affective component), (c) a wish to see the relief of that suffering (intentional component), and (d) a responsiveness or readiness to help relieve that suffering (motivational component)” (Jazaieri et al., 2013, p. 1117-1118).

Compassion has also been considered in the context of the workplace and is said to be processual and relational (Kanov, et al., 2004; Lilius et al., 2003). In a review of compassion at work, compassion is said to have six components relating to the process and outcomes within an organisation: shared values, shared beliefs, norms, practices, structure and quality of relationships, and leaders’ behaviours (Dutton,

Workman & Hardin, 2014). Frost (2003) also states that compassionate acts can be observed at various levels within an organisation- from leaders who manage the pain of their colleagues, to individual employees who show empathy and support to their colleagues' stresses (as cited in Kanov et al. 2004). At an organisational level, organisational compassion encompasses the same processes as compassion but operates at the collective level. Kanov et al. (2004, p. 810) notes that "*organisational compassion exists when members of a system collectively notice, feel, and respond to pain experienced by members of that system.*" Therefore, compassion can be a way of individuals collectively supporting one another and others (such as patients, clients etc.) throughout the organisation as a response to suffering and stress.

Self-compassion

As mentioned above, we have defined compassion within the context of an organisation and more specifically, in relation to supporting and responding to others. However, self-compassion is the idea of one being compassionate and kind to one's self. From the work of Kristin Neff, self-compassion is discussed as compassion which is reflected inward, relating to oneself with care and support when experiencing difficulty or suffering (Neff, 2017). Neff (2003) defines self-compassion as having three main components: 1) self-kindness versus self-judgement, 2) common humanity versus isolation, and 3) mindfulness versus overidentification. There is an empirical body of work which suggests that self-compassion is associated with positive psychological functioning, for example increased social connectedness and happiness and decreased self-criticism, depression, anxiety (Neff, Kirkpatrick & Rude, 2007; Neff, Rude & Kirkpatrick 2007), burnout (Bernard & Curry, 2011) and fear of failure (Neff, Hsieh & Dejitterat, 2005).

Within this topic, we consider literature and interventions which relate to both compassion and self-compassion within the workplace.

Why is compassion at work important?

Development of compassion

To develop compassion, Sinclair et al's (2016) literature review, noted the antecedents of compassion which act as a baseline for an individual's level of compassion. These included; inherent qualities of respect, dignity, care and kindness. Clinicians also referred to compassion as being motivated by virtues of care, honesty and fairness. Some studies within this review also highlighted the difficulty of teaching individuals to be compassionate at work and instead focused on developing skills that led to compassionate care, for example, improving communication skills.

Conversely, Wear and Zarconi's study (2008) noted some inhibitors to developing compassion, these were; negative role modelling, fatigue and an overemphasis of efficiency within healthcare.

Interpersonal factors related to compassion

Research has identified some relational qualities and other more specific skills associated with compassion at work. These relational skills emphasise the need for soft skills and having an individualised approach. An example within a healthcare setting would be: getting to know the patient, feeling the patient's suffering, identifying with and liking patients, and demonstrating respect. Throughout most studies, communication was highlighted as an area which was key to conveying compassion at work. For example, attentiveness, listening, understanding, confronting, and providing prognostic information sensitively and clearly (Sinclair et al., 2016). Other attributes associated with compassion included, mindful listening, noticing, showing understanding and tone of voice. Other non-verbal communication skills associated with compassion included eye contact, smiling and non-verbal cues which showed acknowledgment and understanding.

Outcomes of compassion

By considering the impact of compassion in the workplace, researchers can consider how positive interpersonal behaviours (as a result of compassion) can influence outcomes at an individual and organisational level. Positive interpersonal behaviours may also be able to counteract some of the negative interactions and negative outcomes in the workplace (i.e. toxic work environments such as workplace bullying and organisational injustice (see Frost, 2003)). The Grief Recovery Institute estimated that organisations lose more than \$75 billion annually from employees' grief-related incidents (Zaslow, 2002 as cited by Lilius, 2003). A staggering figure like this suggests that pain and grief at work can have negative consequences for organisations and highlights the need for a sense of compassion amongst the workforce.

More specifically, compassion and self-compassion have been associated with several positive outcomes. The following section details the impact of both compassion and self-compassion.

A study by (Lilius et al., 2003) systematically considered compassion in the workplace on employees' feelings around work and organisational behaviours. There was support for compassion directly and indirectly relating to positive emotion and compassion reducing job-related stress and increasing affective commitment which shapes other work-related behaviours (i.e. turnover intentions and prosocial organisational behaviour). In a second part of the study, those who made positive interpersonal interactions were considered to be compassionate and these interactions could encourage positive feelings at an individual, team and organisational level.

Self-compassion has been found to be associated with wellbeing. A meta-analysis study found that there was a medium correlation (0.47) between self-compassion and wellbeing and the strength of the relationships between the different forms of wellbeing varied significantly. Specifically, the strongest correlation was between self-compassion and psychological wellbeing ($r=0.62$), followed by negative affect ($r=-0.47$), cognitive wellbeing ($r=0.47$) and lastly, positive affective wellbeing ($r=0.39$) (Zessin,

Dickhauser & Garbade, 2015). In addition, self-compassion has also been found to be significantly correlated with both sleep and resilience amongst health professionals (Kemper, Mo & Khayat, 2015).

Finally, a meta-analysis on compassion-based interventions found significant pre-post intervention moderate effects for compassion, self-compassion, mindfulness and wellbeing. In addition, there were significant moderate effects found in the reduction of depression, anxiety and psychological distress (Kirby, Tellegen & Steindl, 2017). Although these studies were not conducted in workplace settings, the results highlight both the positive impact of compassion and reduction of negative outcomes following compassion-based interventions.

Ways to improve compassion and self-compassion

According to researchers, compassion is a skill which is dynamic in nature, found in both individuals and communities, and can be trained and developed (Gilbert, 2009; Kanov et al., 2004). Currently, there are six empirical based interventions which aim to improve levels of compassion: 1) Compassion focused therapy (CFT), 2) Mindful self-compassion, 3) Compassion cultivation training, 4) Cognitively based compassion training, 5) Cultivating emotional balance and 6) Compassion and loving-kindness meditations (see Kirby, 2017 for a review of each intervention and the evidence base).

In addition, compassion has also been associated with mindfulness and this has been reflected in some of the interventions studies which aim to increase compassion and self-compassion. In particular, research has explored the use of mindfulness-based interventions (MBIs) as a way of improving levels of compassion. For example, using mindfulness-based stress reduction (MBSR; Kabat-Zinn 1990) and mindfulness-based cognitive therapy (MBCT; Segal et al. 2002, as cited in Boellinghaus, Jones & Hutton, 2014).

For more details on mindfulness and mindfulness-based interventions, please review the relevant section within the hub topic page.

A meta-analysis of compassion based interventions showed that of the 21 studies; five interventions were based on Mindful self-compassion, 6 were based on Loving-kindness and compassion meditations, 3 based on Compassion focused therapy, 2 programs informed by Mindfulness-based cognitive therapy (referred to as Compassion-Mindfulness Therapy), 2 interventions were based on Compassion cultivation training, 2 interventions were self-directed, self-compassion interventions (informed by Neff's work on self-compassion), and 1 intervention was based on Cognitively-based compassion training (for more details, see Kirby et al., 2017).

To date, the majority of the literature has focused upon Compassion focused therapy, (CFT) and no comparative studies exist to compare the effectiveness of the different intervention approaches. CFT

was originally developed by Paul Gilbert and is based on a variety of psychological approaches and theories, specifically; cognitive behavioural therapy, developmental psychology, evolutionary psychology, social psychology, neuroscience and Buddhist philosophy. Essentially, CFT is a psychotherapeutic approach which applies compassion model theory in a psychotherapeutic context, to promote mental health and wellbeing by encouraging individuals to be compassionate towards the self and to others. (Kirby, 2017).

Barriers to developing compassion and self-compassion

Sinclair et al's (2016) review of compassion literature, detailed the barriers to developing compassion. Educational barriers included; poor training environments, fewer mentoring and self-reflective opportunities, educators who were unable to evaluate students' lack of compassion and the overemphasis of knowledge competencies over developing and providing compassionate care, specifically a theory-practice gap was identified in several nursing studies (Sinclair et al., 2016). Other barriers to compassion included practice setting barriers, for example; lack of time, support, staffing and resources, paperwork and processing (with a focus on efficiency and litigation), and having a negative workplace culture, all of which inhibited compassionate care. Fernando and Consedine (2014) also detailed four main barriers to compassion amongst physicians: physician burnout/overload, external distraction (i.e. environmental characteristics such as having too much paperwork), difficult patients or families, and complex clinical situations (e.g. treatment uncertainty/treatment failure).

When considering compassion in the workplace, it is clear that compassion and self-compassion is important for individuals and the wider team/organisation. However, a continual demand to be compassionate can lead to compassion fatigue- a form of secondary traumatic stress and a form of burnout. Compassion fatigue is defined by Figley (1995) as "the formal caregiver's reduced capacity or interest in being empathic or 'bearing the suffering of clients' and is 'the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced or suffered by a person.'" (Figley, 1995, p. 7). Although compassion fatigue can be linked to compassion, this is outside of the scope of this topic. However, compassion fatigue will be considered in a future hub topic.

Reviews of compassion at work

Compassion

Sinclair et al. (2016), included 44 empirical studies within their systematic review on healthcare literature and detailed findings of intervention studies which improved levels of compassion and compassionate care. These intervention studies included eight educational programs and two clinical interventions (both of which were randomised controlled trials). Two of the educational interventions used validated scales (i.e. the Jefferson Scale of Physician's Empathy and the Santa Clara Brief Compassion Scale), both of which did not directly improve these outcomes, but did increase other

measures (such as improved depression, anxiety and stress scores, job satisfaction and self-rated of interpersonal and communication skills). Educational interventions which did improve levels of compassion included; a compassionate communication workshop, clinical skills training, a care training course, a compassionate care curriculum and communities of practice and action learning sets with workplace-based activities.

In terms of practitioner literature, a paper by Roffey Park (Poorkavoos, 2017) reviewed compassion literature to identify compassion attributes which contributed to their Compassion in the Workplace Model (developed from previous studies). Following analysis and validation, the model provides a framework for leaders to develop compassion within the context of the workplace. The model have also been used to develop a self-assessment tool, the Compassion at Work Index, which can be used by employees to improve their compassion based in the five attributes from the Compassion in the Workplace Model: non-judgemental, tolerating personal distress, empathic, appropriate action and alive to the suffering of others.

Self-compassion

A literature review on mindfulness-based intervention (MBI) and loving-kindness meditation (LKM) considered their effectiveness in improving self-compassion amongst healthcare professionals (Boellinghuas, Jones & Hutton, 2014). They found evidence to support that MBIs and LKM can increase self-compassion in healthcare professionals. All studies which used MBIs used the Self-Compassion Scale (Neff, 2003) to measure the outcome of compassion.

Individual interventions

We have included several individual tools which aims to cultivate compassion in users. Founded by Paul Gilbert (the founder of Compassion Focused Therapy, CFT), the Compassionate Mind Foundation us a charity that uses research to understand and develop practical applications of compassion. Based on compassion theory and CFT research, the charity includes exercises, guidance and resources around compassion and CFT. <https://compassionatemind.co.uk/resources/exercises>

The Samaritans have developed a compassion toolkit alongside representatives from a range of organisations. The toolkit aims to develop compassionate approaches and interventions with colleagues, customers and clients and provides tips and actions with a specific focus on mental ill-health and emotional distress (see, <https://www.samaritans.org/how-we-can-help/workplace/working-with-compassion-a-toolkit-for-wales/> for further details).

Developed using self-compassion research by Kristin Neff (who developed the Self-Compassion Scale), this resources includes guided meditations and exercises to help develop self-compassion in individuals. The website includes eight exercises and seven guide meditations available to users:

<https://self-compassion.org/category/exercises/>.

Based on academic evidence and best practice, the Self-Compassion at Work Programme (see, www.creatingcompassion.com/online-training/) consists of four, 40-50 minutes self-guided webinars which introduces concepts around improving self-compassion at work and developing practice around self-compassion. This programme requires payment to be accessed.

Organisation interventions

The National Forum for Health and Wellbeing at Work and the Compassion at Work sub-group developed the Compassion at Work toolkit. The toolkit includes guidance on the business case for compassion at work, practical examples of how compassion can be implemented in the workplace and evidence for how compassion in organisations can improve employee wellbeing and productivity (see, <https://oscarkilo.org.uk/wp-content/uploads/2017/12/Compassion-at-Work-Toolkit-FINAL-5-December-2017.pdf>).

A second toolkit, the Compassion Resilience toolkit, was first piloted in the educational sector. Designed to be implemented within an organisation over a two year period, the toolkit includes information, activities and resources aimed for leadership and employees within healthcare organisation. The aim of the toolkit is to develop an understanding of how to increase compassion resilience perspectives and skills and reduce the experience of compassion fatigue. <https://compassionresiliencetoolkit.org/>

Lastly, 'cultivating compassionate care' as created by the University of Brighton and Sussex and Brighton and Sussex Medical School. Part of a wider research project, the authors developed activity cards which include compassion indicators and can be used to promote discuss and activates around improving self-compassion and compassion.

<https://cultivatingcompassionatecare.wordpress.com/compassion-value-indicators/>

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