

# PROMOTING ORGANIZATIONAL COMPASSION TO MITIGATE POST-TRAUMATIC STRESS WITHIN HEALTHCARE CONTEXTS:

FINDINGS FROM A ONE-DAY CONSULTATION



Report prepared by Laurel Cotaras, Jennifer Waite, Agnès Alsius and Jacqueline Galica (2023).

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For more information, contact Dr. Jacqueline Galica:

Jacqueline Galica, RN, PhD, CON(C) School of Nursing, Queen's Health Sciences

Cancer Care & Epidemiology, Queen's Cancer Research Institute

T 613-533-2000 ext 75122

jacqueline.galica@queensu.ca | nursing.queensu.ca/galica

# **Background**

Canada has a health human resource crisis. The COVID-19 pandemic placed extraordinary stress on health care systems and, in particular, to health care providers on the frontlines who often had to navigate extreme working conditions and situations of high distress. Shortages in staff and protective equipment, increased services demand, inadequate staff training on use of equipment or procedures, exposure to patient suffering, and fear of infection -among many other stressors-, posed threatening working environments that profoundly impacted the mental wellbeing of many health care professionals. Indeed, previous research showed that 40% of health care workers reported experiencing mental health problems, such as post-traumatic stress, depression, or anxiety during the pandemic (Saragih et al., 2021). This increased prevalence of mental health disorders could be a main factor contributing to the 92.9% increase in health care vacancies in comparison to before the pandemic (Jan 2020 vs Feb 2023; Statistics Canada, 2023). Interventions to support the Canadian workforce are urgently needed.

Organizational compassion – 'the process in which organizational members collectively notice, feel, and respond to pain within their organization' (Kanov et al., 2004, p. 821) – has been shown to facilitate post-traumatic healing, reduce burn-out, and increase employee subjective wellbeing and sense of commitment and motivation towards work (Thienprayoon et al., 2022). Despite the many identified benefits of organizational compassion, however, our previous research on this topic suggests that health care organizations do not often optimally promote organizational compassion (Galica et al., in preparation). Barriers such as lack of time, cutbacks in services, lack of communication between managers and frontline staff or a negative workplace culture -among others-, have been previously described as organizational factors impacting compassion (Sinclair et al., 2016).

On November 30th, 2022, Dr. Jacqueline Galica and team organized a one-day, in-person consultation with stakeholders across southeastern Ontario to collectively explore how organizational compassion can be enhanced across health care workplaces to mitigate post-traumatic stress. The goals of the event were to 1) To examine and reimagine organizational compassion within health care workplaces and 2) To develop a plan to use organizational compassion as a strategy to mitigate post-traumatic stress in health care.

# **Description of the event**

## **Participants**

30 representatives across southeast Ontario participated in the event, including people in different roles (e.g., managers, front-line workers, academics), from different disciplines (e.g., nurses, clinicians, physiotherapists) and from different organizations (e.g., Kingston Health Sciences Center, Providence Care, Lennox and Addington County General Hospital, Quinte Health care Hospital).

#### Activities

In the morning, participants attended presentations on the significance and impact of compassion and reviewed previous findings on strategies for organizational compassion. In the afternoon, groups of 6 or 7 people from different disciplines and organizations were initially instructed to discuss their vision for an ideal workplace ('DREAM' ideas) and to then brainstorm specific actions and strategies to reach their dream workplace ('DESIGN IDEAS'). To facilitate the discussion, groups were presented with a scenario and series of questions (see Table 1 below for the discussion prompts working groups were provided for the 'DREAM' and 'DESIGN' ideas).

After discussing the topics, groups summarized their discussions onto post-it notes that were placed on the walls for attendees to review. At the end of the day, each attendee was provided with two red and two blue stickers to place on selected post-it notes. The red stickers indicated a topic needing an immediate attention or action to be enacted by organizations, and blue dots indicated that the idea reflected a strong long-term solution that organizations should enact.

# **Analysis**

'DREAM' and 'DESIGN' ideas voted by participants were separated into those requiring immediate attention (red dots) and those requiring long-term attention (blue dots) and were themed by the research team. The themes resulting from the most voted ideas are presented below, with additional published literature supplementing the description/rationale for each theme. Note that, for the sake of comprehensiveness and conciseness, "DREAM' and 'DESIGN' ideas were reorganized and presented in a different manner in the flyer describing the study findings.

Table 1. Discussion prompts

Phase	Questions
DREAM	It is 2030. Your workplace is one you want to be a part of, and others want to join.  Consider:
(Envision)	a. How are people working together? Consider questions like the following: What do meetings look like? How do people interact with one another? How do workplace communications flow? Please be as specific as possible.
	b. How should teams be structured to enhance the likelihood of organizational compassion?
	c. What structures or systems support the flow of compassion within departments/units?  Across the organization?
	d. If the above were actualized, what good things would your workplace be known for in the community? In health care broadly? How would the community and health care know?
	e. If the above were actualized, how are you working differently from present day? What small change(s) had the most significant impact?
	f. What ideas (creative, innovative, simple, bizarre, eccentric, from the scoping review etc.) do you have that would help your organization be more compassionate? Some ideas may seem obvious but it's important to state them as they may lead to other ideas not spoken of yet.
	Considering the compassionate organization that you've envisioned:
DESIGN	a. What systems, processes, and strategies will help us achieve the dream? Be as specific as possible.
(Construct)	b. Do any of these systems, processes, and strategies already exist in your organization? If so, what would need to continue or change to promote a more compassionate workplace?
	c. Had any of the systems, processes, and strategies discussed in "a" been implemented and then discontinued at your organization? What was their outcome(s)?  Could/should they be re-implemented to move your workplace to being more compassionate? If so, how?
	d. Considering the systems, processes, and strategies discussed in a to c above:
	a. What specific steps should be taken to move this system, process, or strategy into place?
	b. What measurements or evaluations should be put in place to evaluate success?  Consider both the system/process/strategy and organizational compassion.
	e. How can employee engagement/buy-in/motivation to facilitate organizational compassion be started? How could momentum be maintained?
	f. What else must be considered to move any of the topics discussed into implementation at your organization?

# **Findings**

## Findings: 'DREAM' ideas

There was a total of 23 'DREAM' responses; All participants' ideas, ranked by number of votes, can be reviewed in Appendix A.

## 'DREAM' ideas requiring immediate attention (red dots)

From the dream post-it notes, the idea most voted as requiring immediate attention was 'Partnership between nursing, medicine, allied health: break down silos and open communication' (4 dots). There were two ideas that each had 3 dots, indicating the second most prioritized dream ideas: 'Define nursing work & provide holistic care 24/7', and 'Provide unlimited benefits to mental health care services for staff'. The two dream ideas that were third most popular were 'Scheduling/shift options', and 'Reasonable patient workloads'. Two ideas each had one red dot: 'New employees feel empowered to raise ideas', and 'Engage/empower frontline (i.e., hear frontline, no assumptions, get feedback)'.

Two themes are used to describe the ranked and collective dream ideas with red dots: 'Health care providers work in effective interprofessional teams' and 'The organization has a culture of well-being that empowers greater job satisfaction' (see Table 2).

Table 2: Themes from the 'DREAM' Ideas (≥3 votes)

	Idea	# of votes	Themes	
Ideas requiring immediate attention (red dots)	Partnership between nursing, medicine, allied health. Break down silos and open communication	4	Theme 1: Health care providers work in effective interprofessional	
	Define nursing work & provide holistic care 24/7	3	teams	
	Provide unlimited benefits to mental health care services for staff.	3	Theme 2: The organization has a	
	Scheduling/shift options	2	culture of well-being that empowers greater job satisfaction	
	Reasonable patient loads	2		
Ideas requiring longer term attention (blue dots)	Frontline involvement in renewal/development of policy to make it realistic and achievable	5	Theme 3: There is effective	
	Understanding perspective of different professions "day in the life of"	4	communication and frontline staff is engaged in decision-making	
	Developing our staff with training	3		

## Theme 1: Health care providers work in effective interprofessional teams.

Efficient interprofessional care teams can improve care and delivery of services. Understanding the role of each allied health professional's role and increasing effective communication is essential to move from siloed to team-based care. Having defined professional roles, with a holistic continuous model of care is desired to achieve effective team-based care. Health care systems have been historically hierarchical, with physicians often leading decision-making and professionals from other disciplines experiencing, on occasions, barriers for effective communication (Lancaster et al., 2015). Nurses who work efficiently within interdisciplinary teams are more likely to take on a leadership role to facilitate care coordination for the client and ensure collaboration with all members of the team is occurring (Canadian Health Services Research Foundation and Canadian Nurses Association, 2012; Grinspun, 2007). For interprofessional models of care delivery to be a reality, leaders need to re-design the health professions educational curricula (e.g., including more interprofessional simulation activities) and need to promote interprofessional practices within health care settings.

## Theme 2: The organization has a culture of well-being that empowers greater job satisfaction.

Professionals who can fulfil their roles scope of practice have stronger job satisfaction, with lower turnover intention (Fasbender et al., 2019). Having a flexible schedule allows front line care providers the ability to have a greater sense of work-life balance. While at work, being able to provide high quality care by having a safe provider-to-patient ratio with a defined role would facilitate job satisfaction. In this ideal setting, providers practice to their full scope of practice within an interdisciplinary team with strong communication skills. While systemic issues persist in our health care system, providing nurses with the resources to work in a healthier, more efficient environment, can decrease job stress and increase job satisfaction (McVicar, 2016). Having unlimited access to psychological care would allow providers to process their workplace stress in a healthy way and contribute to building resiliency.

## 'DREAM' ideas requiring a longer-term attention (blue dots)

From the dream post-its notes, the most highly voted blue dot solution was 'Frontline involvement in renewal/development of policy to make it realistic and achievable' (5 dots). Second, with 4 dots: 'Understanding perspective of different professions; day in the life of'. Third was the idea of 'Developing our staff with training' (3 dots). Three ideas each had 2 dots: 'Education/training involves having

influence/creative change', Queen's University Education and Skills Online, and 'New employees feel empowered to raise ideas'. Three ideas each had 1 blue dot: 'To be more flexible', 'Define nursing work & provide holistic care 24/7', and 'Leadership development'.

One theme is used to describe the ranked and collective dream ideas with blue dots: There is effective communication and frontline staff is engaged in decision-making (see Table 2).

## Theme 3: There is effective communication and frontline staff is engaged in decision-making.

Beyond efficient team-based care, a greater understanding of one another's perspectives and open dialogue between frontline workers, management, and administration would support workplace. Having a cohesive, open understanding of the challenges different members of the team face would facilitate greater transparency, increased trust and understanding. With greater transparency, front line providers can provide constructive feedback and input toward policy development as to what is reasonable. A sentiment shared at the conference was that there is a systemic issue when there is low success rate of meeting organization set standards. This is inferred within this theme, and by having greater transparency, steps can be taken to set standards that are realistic with the challenges at play.

## Findings: 'DESIGN' ideas

There was a total of twenty-nine post-it notes responses that summarized groups' discussions (See Appendix B to review the full 'DESIGN' ideas and number of votes rankings).

## 'DESIGN' ideas requiring immediate action.

The most highly selected short-term solution for design was *'Frontline as policy creators to drive meaningful change'* (10 dots), followed by *'Add self-compassion to nursing curriculum'* (6 dots) and *'Transparency in decision making (reportable indicators)'* (4 dots). Six ideas had one dot each.

One theme is used to describe the ranked and collective design ideas with red dots: Prioritizing the Frontline (see Table 3).

Table 3: Themes from the 'DESIGN' Ideas (≥3 votes)

	Idea	# of votes	Themes
Ideas requiring immediate action (red dots)	Frontline as policy creators to drive meaningful change	10	
	Add self-compassion to nursing curriculum	6	Theme 1: Prioritizing the Frontline.
	'Transparency in decision making (reportable indicators)	4	
Ideas requiring Ionger term action (blue dots)	Frontline involvement in funding allocation ex. budget for staffing, understanding demands, backshift support	4	
	Core education about compassion for management & decision makers	4	Theme 2: Facilitating Greater Organizational Support and Compassion
	'Reward/recognition for excellence (e.g., golden bed pan award; create moments of joy; "ICU" board)	3	

#### Theme 1. Prioritizing the Frontline

When employees experience stress, it negatively impacts their well-being. The employer is negatively impacted on a human resources standpoint and economically (Bartlett et al., 2019). Some examples of work-related sources of stress may include low sense of control, lack of recognition, isolation, and irregular work schedule (Hargrove et al., 2011). While some of these stressors are not mitigatable, attention is warranted to alleviate stressors that are mitigable. Increasing transparency and building a culture of having the frontline as a central part of decision making is critical to drive meaningful change. Without transparent frontline engagement, changes are more likely to be ineffective. Ensuring that self-compassion is taught early in nursing training is a meaningful strategy that is linked to positive mental health (Bluth & Neff, 2018). In alignment with keeping frontline well-being a central focus, employers ought to encourage the practice of self-compassion, which can be facilitated by having frequent check-ins with staff, ensuring break time, and providing adequate mental health support.

#### 'DESIGN' ideas requiring longer-term action.

From the design post-it notes, the two most highly voted ideas for longer term enactment by organizations were: 'Frontline involvement in funding allocation ex. budget for staffing, understanding demands, backshift support', and having 'Core education about compassion for management & decision makers' (4 dots each). One idea had 3 dots: 'Reward/recognition for excellence (e.g., golden bed pan award; create moments of joy; "ICU" board)'. Three ideas had 2 dots: 'Teach self-compassion', 'Leadership development training and framework', and 'childcare'.

One theme is used to describe the ranked and collective design ideas with blue dots: Facilitating greater organizational support.

# Theme 2: Facilitating Greater Organizational Support

Being included in budgeting and understanding the demands with the opportunity to provide insight and feedback would contribute to health care providers sense of value and worth. Having recognition programs in place to reward excellence in care or teamwork reinforces a sense of value and would improve moral. By supporting front line providers to learn self-compassion to better their overall well-being and their ability to support their team members ideally will improve morale. Ensuring that all persons can perform at their full ability by offering further education is critical and recognizes the individual potential and skills each person has to offer.

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# Appendix A

# DREAM ideas Rankings

Ideas	Red dots	Blue dots	Overall Rank (all dots)
Frontline involvement in renew/development of policy to make it realistic and achievable	0	5	First
Partnership between nursing, medicine, allied health. Break down silos and open communication	4	0	Second
Define nursing work & provide holistic care 24/7	3	1	Second
Understanding perspective of different professions "day in a life of"	0	4	Second
Unlimited benefits to mental health care services for staff	3	0	Third
New employees feel empowered to raise ideas	1	2	Third
Developing our staff with training	0	3	Third
Scheduling/shifts options	2	0	Fourth
Reasonable patient loads	2	0	Fourth
Education/training involves having influence/ creative change	0	2	Fourth
Queen's University Education and Skills Online	0	2	Fourth
Engage/empower frontline (i.e., hear frontline, no assumptions, get feedback)	1	0	Fifth
More flexible	0	1	Fifth
Leadership development	0	1	Fifth
Interprofessional care model change culture	0	0	
Communication flows upwards (e.g., cell phone access)	0	0	
Physical space in a hospital	0	0	
Direction of relationship	0	0	
Teaching fundamentals of relationship building	0	0	
Sense of community	0	0	
Revamp nursing/allied health education (e.g., self-care, more placement hours, new grad programs	0	0	
Grief for lost "ways of doing" – then generate solutions	0	0	
People can ask for help when they need it. When a break is needed, making it happen	0	0	

## APPENDIX B

## **DESIGN RANKINGS**

ldeas	Red dots	Blue dots	Overall Rank (all dots)
Frontline as policy creators to drive meaningful change	10	0	First
Add self-compassion to nursing curriculum	6	0	Second
Core education about compassion for management & decision makers	1	4	Third
Transparency in decision making + reportable/ indicators	4	0	Fourth
Frontline involvement in funding allocation; increase budget for staffing, understanding demands. Backshift support	0	4	Fourth
Reward/recognition for excellence (e.g., golden bed pan award; create moments of joy; "ICU" board; "3 good things"; gratitude tree)	1	3	Fourth
Role shadowing: allied health, nursing, medicine – to understand one another's role/perspectives/challenges	1	1	Fifth
Teach self-compassion	0	2	Fifth
Leadership development training and framework	0	2	Fifth
Childcare	0	2	Fifth
Autonomy in how self-compassion is practiced	0	1	Sixth
Self-compassion buddy system (ICU example)	1	0	Sixth
Think globally (organization supports compassion as a value); Act locally (focus on unique units to enact specific acts	1	0	Sixth
Use tech to your advantage (cell phone access, text re: coverage, text with ideas at any time)	1	0	Sixth
Build system based on primary care vs acute care	0	1	Sixth
The RAIN process: Recognize, Acknowledge, Investigate, Nurture	0	1	Sixth
Real co-design of processes	0	0	
Permission to not respond to a text re: coverage	0	0	

Leaders "have your back"	0	0	
5, 10 Rule > 5 ft engage, 10 ft smile	0	0	
Protected space – nap space, comfortable break room	0	0	
Encourage peers to practice self-compassion (share positive feedback); sit with joy/gratitude, celebrate wins.	0	0	
Regional approach to organizational compassion	0	0	
Free parking	0	0	
Gyms at work, massage chairs	0	0	
Bring back dedicated nurse break room	0	0	
Rewards are shared (e.g. raffle between staff for gifts received from patients)	0	0	
Restructure system for health equity (e.g. funding for quality improvement initiatives, value based care)	0	0	
Frontline involvement in government level decision making	0	0	