



Compassion in healthcare: barriers and misconceptions

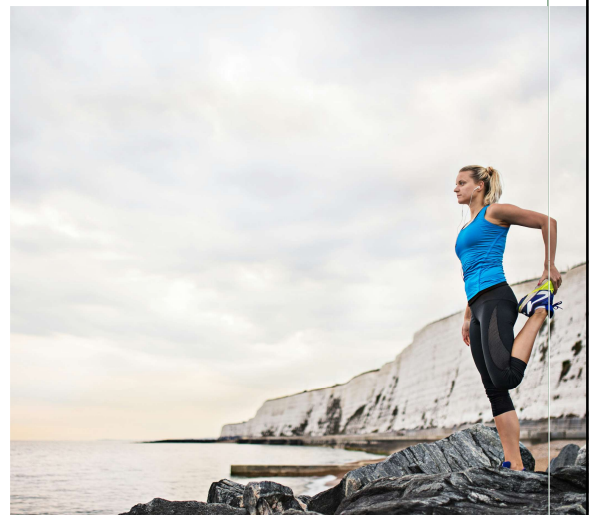
Dr Erin Kelly

1

Brief exercise: “warming up”

Chris Irons (Clinical Psychologist, compassion trainer, author)

- Uses the analogy of Serena Williams preparing for Wimbledon to illustrate the importance of "warming up" before and "warming down" after work.
- Healthcare professionals haven't been taught to prepare psychologically for working with suffering and distress.
- Taking time to slow down and warm up to the qualities and components of me as a healthcare professional that will be most helpful for your work today.



2

2

Key learning objectives

- #1 - Outline what compassion is and why it matters for both healthcare professionals and those in your care
- #2 - Recognise common barriers to compassion and consider how these may show up in your work
- #3 - Reflect on ways you could strengthen compassionate practices in your work and life



3



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What is compassion?

4

Definition of compassion

Sensitivity to the suffering of the self and others with a commitment to try to alleviate and prevent it (Paul Gilbert, 2014)

Engaging - The ability to notice and engage with distress or pain in oneself and others (awareness, moving towards, tolerating distress, staying present with discomfort)

Committing - The willingness to actively work toward preventing or alleviating that suffering (intention, taking wise, dedicated action to alleviate suffering)



5

5

Qualities of compassion

Compassion as a **motive**, not an emotion

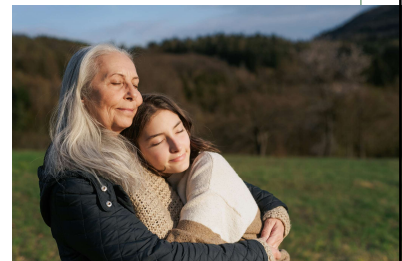
- You don't have to like someone to be compassionate towards them (you don't have to like yourself to be self-compassionate)

Compassion is **contextual** - compassionate responses differ depending on the suffering:

- emotional suffering (e.g. anxiety, anger, sadness)
- physical suffering (e.g. pain, injury)
- resource-based suffering (e.g. lack of food or shelter)

Compassion **requires courage and wisdom**

- Courage to - face difficult emotions, stay present with distress, have hard conversations, set boundaries
- Wisdom to - see the bigger picture, balance short-term vs. long-term, know what will help, choose effective actions



6

6

Common misconceptions of compassion

Misconception	Evidence
Compassion is weak	Compassion is focused on long-term benefit, even if harder in the short-term
Compassion is selfish	You can't help others effectively when you're depleted ('oxygen mask')
Being tough on myself keeps me motivated	Self-criticism activates threat response, withdrawal/avoidance
Compassion will make me lazy	Compassionate people persist more after failure, more likely to take responsibility for mistakes



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7

~~Compassion fatigue~~ Empathic distress fatigue

"Compassion fatigue" - often used to describe the distress and exhaustion of healthcare professionals after prolonged exposure to the suffering of those in their care.

- However, brain imaging shows that "**compassion fatigue**" is a **misnomer**, and this condition should actually be called "empathic distress fatigue".

Empathic distress occurs when a person overidentifies with the other's suffering and experiences distress themselves, triggering the pain network in their own brain.

Empathic distress = self-focused, aversive response vs
Compassion = other-focused, action-oriented, positive response

Empathic distress fatigue is caused by a deficit in compassionate skills

- Compassion can be learnt

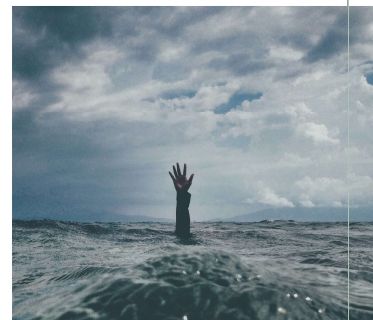


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Three Flows of Compassion

Compassion for others
(e.g. clients, colleagues)

Compassion from others
(e.g. accepting support from colleagues, supervisor)

Compassion for oneself
(self-compassion)



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9

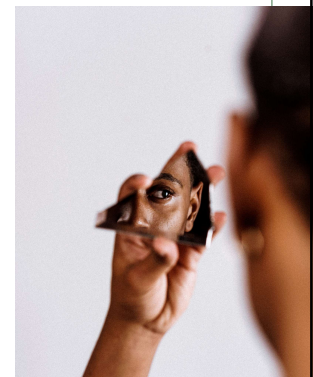
Reflection

How did your definition of compassion differ from the CFT definition?

Which aspects of compassion might be most difficult for you:

- Noticing distress (yours/others)
- Engaging with distress (yours/others)
- Taking action to alleviate distress (yours/others)
- Receiving compassion from others

What might make this easier/more difficult?
(e.g. who is suffering, type of suffering, type of compassionate response)



10

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Why does compassion matter in healthcare?

11

11

Benefits of compassion: Three Flows

- Compassion has a positive impact on those provide it, witness it, and receive it.
- Compassion increases activation of brain regions involved in affiliation, positive affect and reward processing; fostering positive affect even when confronted with the distress of others.
- People with higher self-compassion have lower levels of anxiety, stress, depression, self-criticism and shame.
- Providing compassion to others increases wellbeing, meaning, and sense of contribution for the provider, as well as buffering stress and anxiety.
- The ability to receive compassion from others is associated with lower levels of anxiety, stress, and shame, and higher levels of wellbeing.

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12

Neurophysiological benefits of compassion

Neurological benefits of compassion

- Increases activation of brain regions involved in affiliation, positive affect and reward processing, fostering positive affect even when confronted with the distress of others.
- Evidence of structural changes/increased plasticity – improved emotion regulation.

Physiological benefits of compassion

- ↑ Heart Rate Variability (HRV): better self-soothing and emotion regulation
- ↓ markers of stress (e.g. salivary alpha-amylase): more adaptive stress response

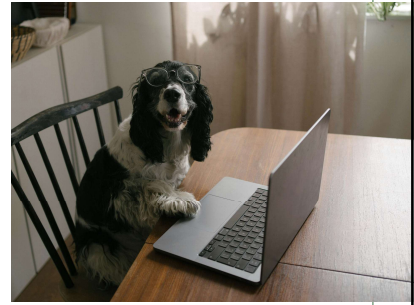


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13

Benefits of compassion for healthcare professionals

Research on compassion training for healthcare professionals has shown:

- Reduced distress, stress, anxiety, depression, fatigue, self-criticism, burnout
- Increased compassion for self and others, reduced fears of compassion
- Increased wellbeing, positive affect, job satisfaction, professional quality of life
- Improved patient relationships, communication skills, more patient-centred care, improved coping with difficult work situations

Common types of compassion training:

- Compassionate Mind Training
- Compassion Cultivation Training
- Mindful Self-Compassion
- Loving Kindness Meditation



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14

Benefits of compassion for organisations

Compassionate leaders promote a culture in health organisations that explicitly values the wellbeing of the employees, who are then better equipped to provide care

Compassionate health systems deliver higher-quality care

- Patients report greater improvement, less stress, less pain, improved wellbeing
- Improved patient experience
- Better compliance and adherence



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15

Reflection

Have you noticed/experienced any benefits from compassion at/in your work?

- Compassion to a client or colleague
- Compassion from a colleague or supervisor
- Compassion to yourself



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16



Barriers to compassion

17

17

Common barriers to compassion: Fears, blocks and resistances

Barriers to compassion – stem from evolutionary conflicts, trauma, attachment, negative early experiences

Fears, blocks, resistances can inhibit compassion motivation across all three flows of compassion: to others, from others, and for self

Often need to acknowledge, understand, and validate these fears, before developing compassion practices



18

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18

Fears of compassion

Common beliefs related to fears of compassion:

- Compassion is weak, self-indulgent, or self-pitying
- Fear that compassionate efforts may be seen as incompetent, unhelpful or be rejected
- Fear that compassion from others is manipulative or for self-interest

Discomfort or pain involved in engaging with suffering

- Fear of being overwhelmed by distress or by the needs of others
- Connecting with compassion may lead to painful feelings, such as sadness, fear, anger, emptiness, shame
- May trigger emotional wounds or unmet needs, such as trauma, attachment wounds, grief and loss
- People need safety and trust before they can access compassion



19

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19

Blocks to compassion

Environment: a person may want to be compassionate, but is unable to do so due to environmental constraints, such as lack of time, resources or availability.

Non-deserving: a person may see compassion as something others deserve to have, but they do not, or a person may believe they should prioritise others over themselves.

Lack of template: people raised in harsh or non-caring environments often lack a template for what compassion looks like.



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20

Resistances to compassion

Resistances occur when a person could be compassionate but chooses not to be because they see no point to compassion.

Compassion competes with evolutionary strategies focused on competition and self-protection:

- Conflict with self-focused strategies: "care and share" (compassion) vs "control and hold" (competitive self-interest).
- Competitive motivation: people with narcissistic traits or who are hyper-competitive are particularly resistant to compassion.
- Callousness and cost: indifference to suffering sometimes arises from the perception that helping would be too costly for them.



21

21

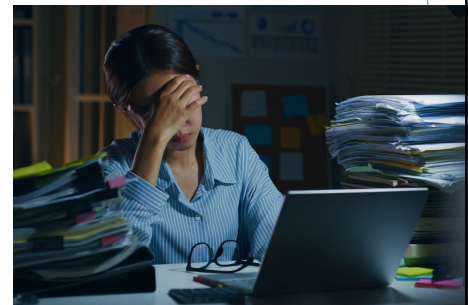
System/organisational barriers to compassion

Systemic and workload pressures, such as multiple demands, time pressures, excessive workloads, and resource constraints.

When systems are under immense pressure, there are limits to what workers can do.

Negative organisational culture (e.g. focus on efficiency and productivity over connection and wellbeing, lack of support) can inhibit compassionate responses

Multi-level approaches and compassionate leadership is needed to address systemic and organisational barriers to compassion ("top-down" approach).



22

22

Common barriers to compassion among healthcare professionals

Perfectionism and self-criticism

- Meeting mistakes with rumination, harsh self-judgment, and avoiding (disclosing) shame.
- Fear of judgement or being seen as incompetent.

Unrealistic expectations of role and minimising importance of self-care

- Prioritising patient needs while denying their own.
- While compassion for others is valued, compassion for self is seen as selfish, less important, indulgent.

Discomfort asking for help or being vulnerable

- “I should be able to cope”
- “Everyone is too busy, I can’t add to their stress”

Empathic distress

- Becoming overwhelmed by patient/client’s pain, leading to distress, withdrawal, burnout



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23

Working with barriers to compassion: for yourself

Notice and name

e.g. “I’m having the thought that taking a break is lazy”

Normalise

e.g. “These barriers developed for protection”

Start small

Compassion requires safety and trust, and it can be best to take it slowly

Practice

Compassion is a skill that takes time to learn

Get support

Access supervision, peer support, therapy, compassion training



24

24

Reflection

Which barriers resonate most with you?

How have the barriers impacted your work?



25

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Compassionate practice



26

26

Compassion training

Compassion training is vital because compassion, although a core value in healthcare, is often assumed rather than explicitly taught.

Specialised interventions are designed to increase the wellbeing of the giver and protect against professional hazards like empathic distress and burnout.

Compassionate mind training (CMT) for healthcare professionals is an evidence-based program designed to combat burnout and empathic distress by teaching skills to cultivate compassion.

- Psychoeducation e.g. compassion, 'tricky' brain, emotion
- Practical exercises e.g. soothing rhythm breathing, body posture work, mindful awareness, compassionate imagery, addressing self-criticism and shame, compassionate assertiveness.



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27

Strengthening compassion

Mindful Awareness

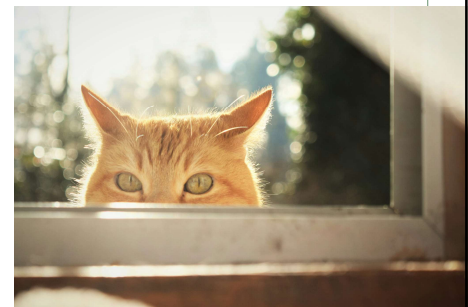
- Notice the suffering - "this is a moment of suffering"
- Label the emotion e.g. "this is fear"
- Noticing how the emotion is expressed in the body e.g. "there is tightness in my chest and jaw"

Physiological Regulation (Soothing System Activation)

Practices aimed at the soothing system help balance overactive threat system. e.g. Soothing Rhythm Breathing - practicing slow, calming, belly breathing, focusing on an inner smile; take three conscious breaths between clients, doing something soothing after work (not numbing).

Compassionate Imagery

e.g. create and practice imagining an ideal supervisor, who embodies compassionate qualities of wisdom and courage.



28

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28

Strengthening compassion

Compassionate Thinking and Reframing:

e.g. speaking to yourself as you would to a close friend or colleague.
 "I did the best I could"

Common Humanity

Recognising that everyone feels pain, makes mistakes, and is imperfect.
 "Just like me, this person wishes to be happy and not to suffer"

Compassionate Action

e.g. setting boundaries, assertive communication, proactive health behaviours, taking your lunch break, accepting help from a colleague, small acts of kindness at work, supporting a colleague.

"What can I do to cope and look after myself now?"



29

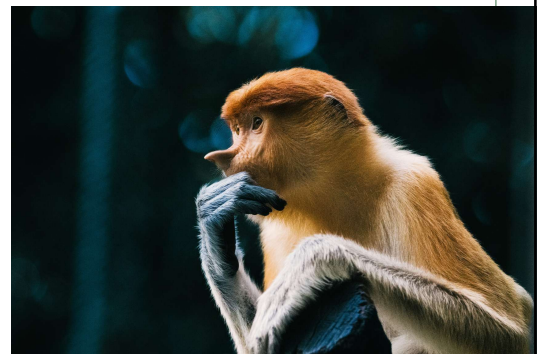
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Reflection

What are some of your key takeaways?

What's one small compassionate practice you could try today/this week?



30

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30



Next steps

31

31

Key references

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Gilbert, P., & Simos, G. (Eds.). (2022). *Compassion focused therapy: Clinical practice and applications*. Routledge.

Irons, C., & Beaumont, E. (2017). *The Compassionate Mind Workbook: A step-by-step guide to developing your compassionate self*. Robinson.

Kolts, R. L., Bell, T., Bennett-Kevy, J., & Irons, C. (2018). *Experiencing compassion-focused therapy from the inside out: A self-practice/self-reflection workbook for therapists*. The Guilford Press.

Petrocchi, N., Kirby, J., & Baldi, B. (2025). *Essentials of compassion focused therapy: A practice manual for clinicians*. Routledge.



32

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32

CFT resources

Websites – CFT training, research & resources

<https://www.compassionatemind.co.uk/>

<https://www.compassionatemind.org.au/>

<https://balancedminds.com/>

<https://psychology.uq.edu.au/research/labs-groups/compassionate-mind>

<https://www.stansteindl.com/>



33

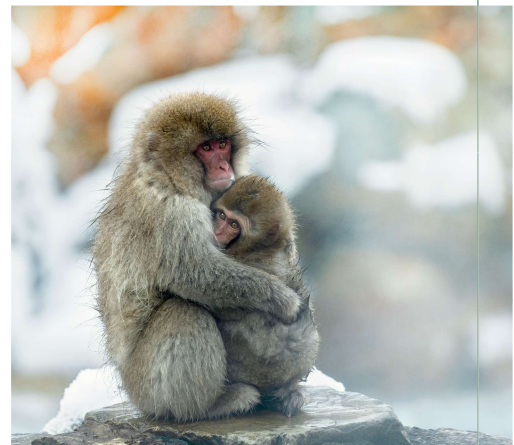
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33

Exercise: “Warming down”

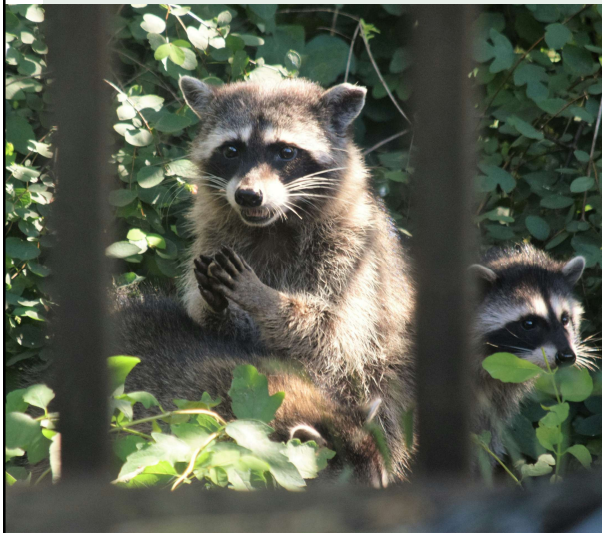
Chris Irons

- Warming down involves explicitly transitioning from professional to personal roles
- Recognising emotions from the workday, and setting intentions for home life to prevent carrying work distress into personal relationships.



34

34



Thank you!

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35

35



36