



EU-CoWork

Developing Compassionate Workplaces

EPICONNECT SCIENSANO 18.11.2024

The development and evaluation of Compassionate Workplace programs

By Prof. Dr. Deborah De Moortel
(coordinator of EU-CoWork)



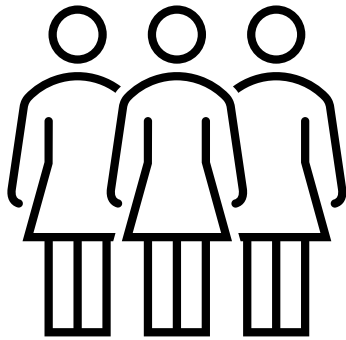
Funded by
the European Union

This project has received funding from the European Union's Horizon Europe research and innovation programme under grant agreement No 101137223.

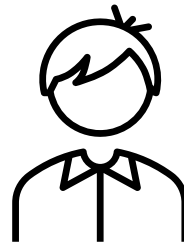
BRISPO

Brussels Institute for Social and Population Studies

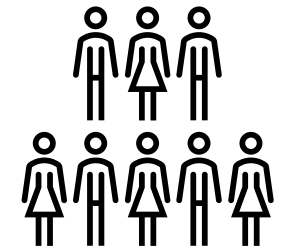
Sustainable Work Unit



3 Senior researchers



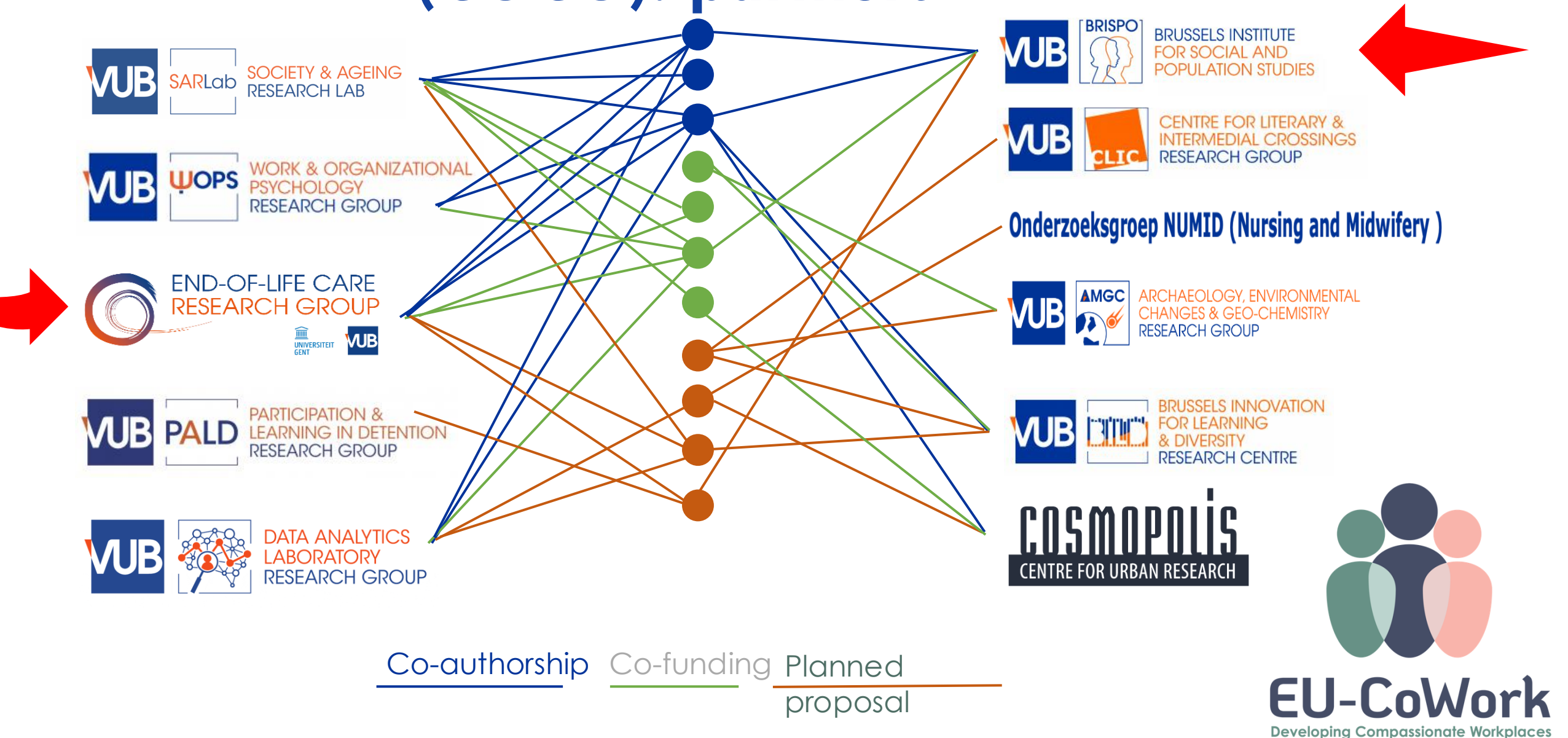
Prof. Dr. Deborah De Moortel (COCO)
Prof. Dr. Christophe Vanroelen



9 Junior researchers
(1 COCO researcher)

Social inequality in Health :
the role of **Precarious Work**

Compassionate Communities Centre of Expertise (COCO): partners



Agenda

1. Introduction: What is compassion?
2. Public health Palliative care
3. Compassionate Communities
4. Compassionate Workplaces & EU-CoWork project

1. Introduction



What is compassion?

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How would you define compassion?

① Start presenting to display the poll results on this slide.

Definition Compassion

- A response to suffering and distress

Physical and mental suffering associated with experiences of severe illness, death, and loss, along with the social challenges these entail

- Can be formulated at the individual, group or societal level
- Often used in palliative care research

Paradigm shifts around death and dying

1. End of life as a new area of care provision with its own care needs and approaches
2. Death, dying and loss as issues of public health

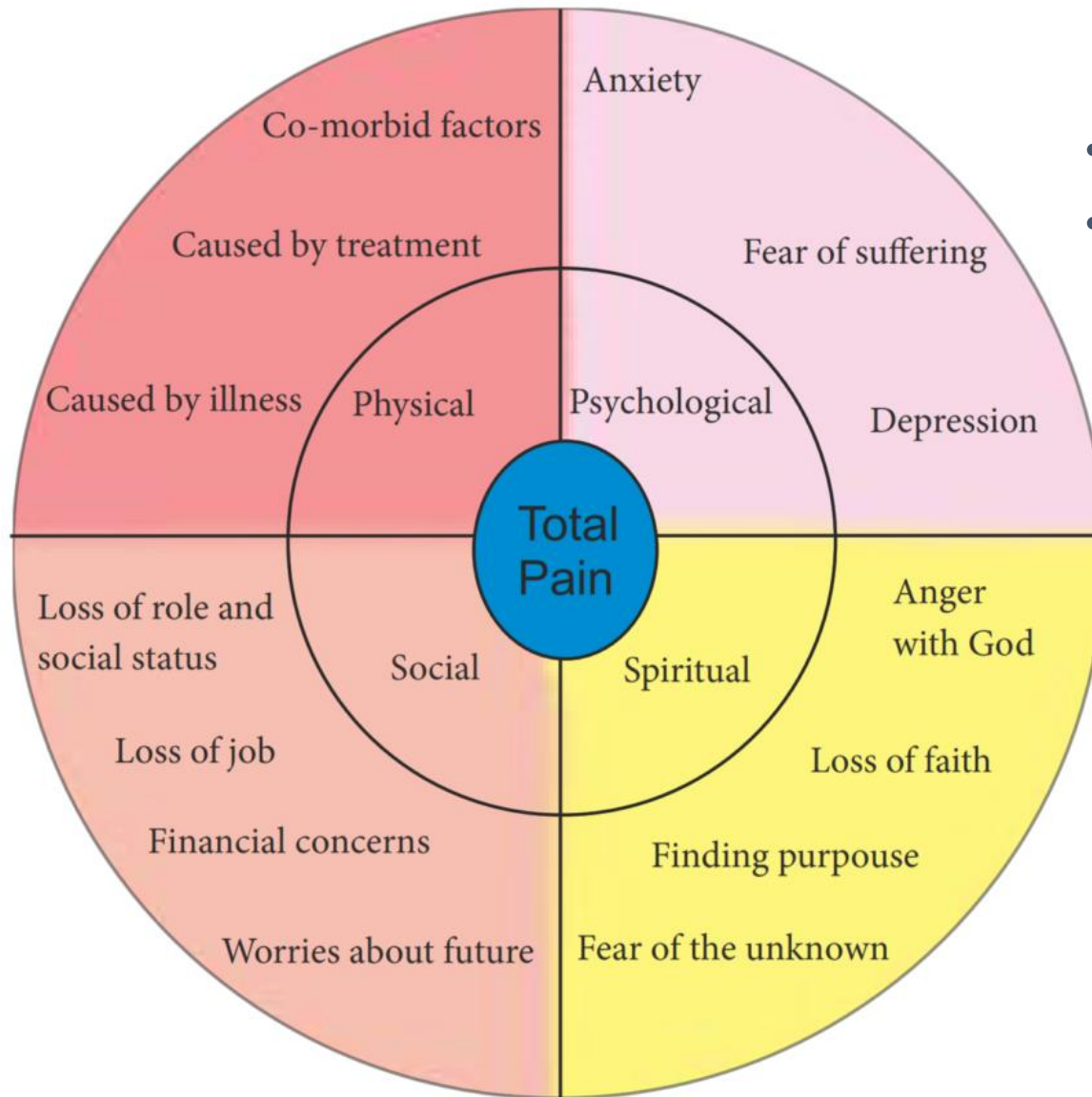
Paradigm shifts around death and dying

1. End of life as a new area of care provision with its own care needs and approaches
2. Death, dying and loss as issues of public health



Origin: Hospice movement (1950s)

- End of life as an area of care with its own approach
- Emphasised the need for a multidisciplinary approach to end-of-life care



- Introduction of concept "total pain"
- Foundation of palliative care

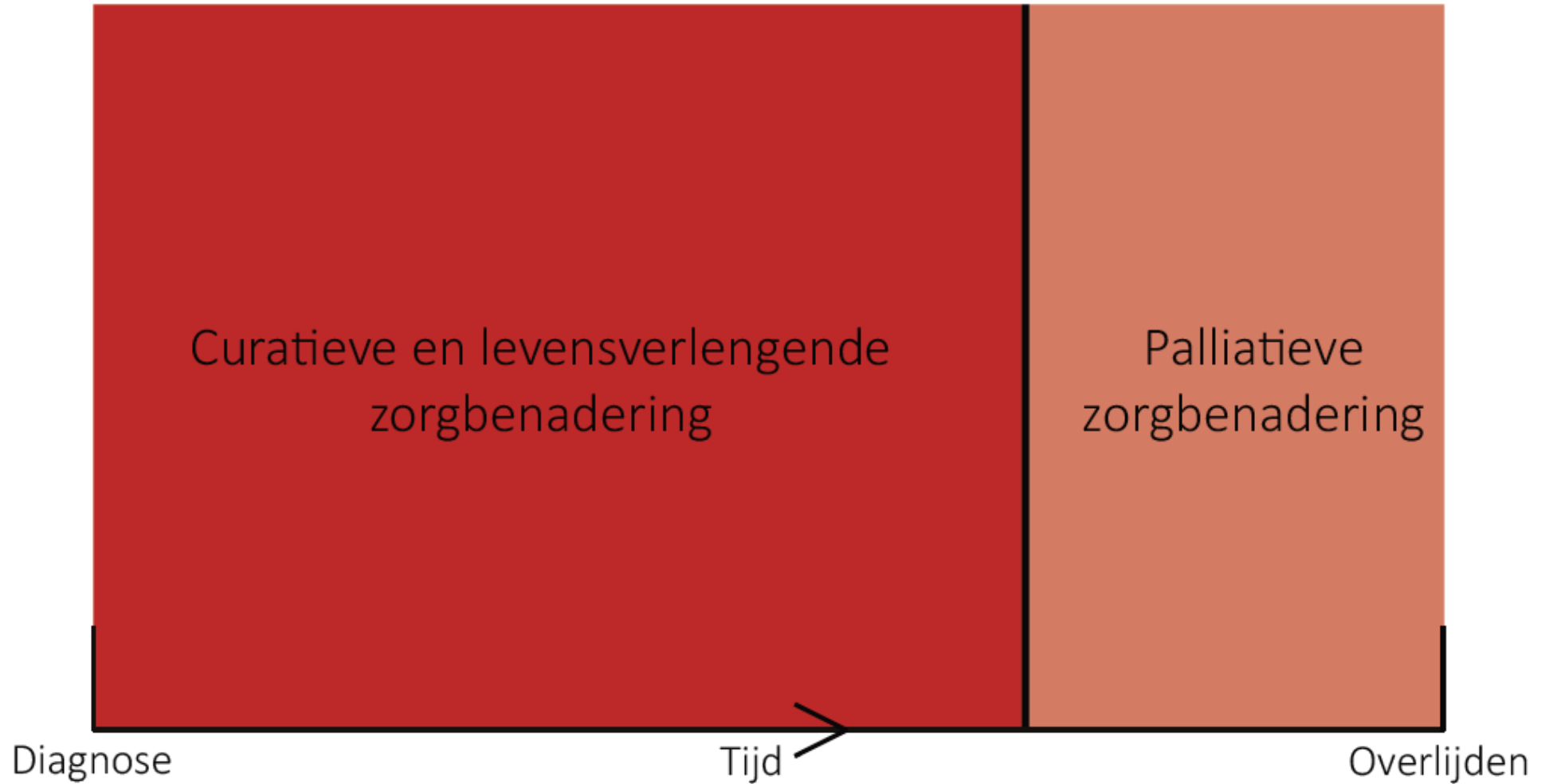
Figure 3: Concepts of total pain
(Cicely Saunders)

<http://todaysclinician.com/understanding-pain-and-the-treatment-of-chronic-pain/>

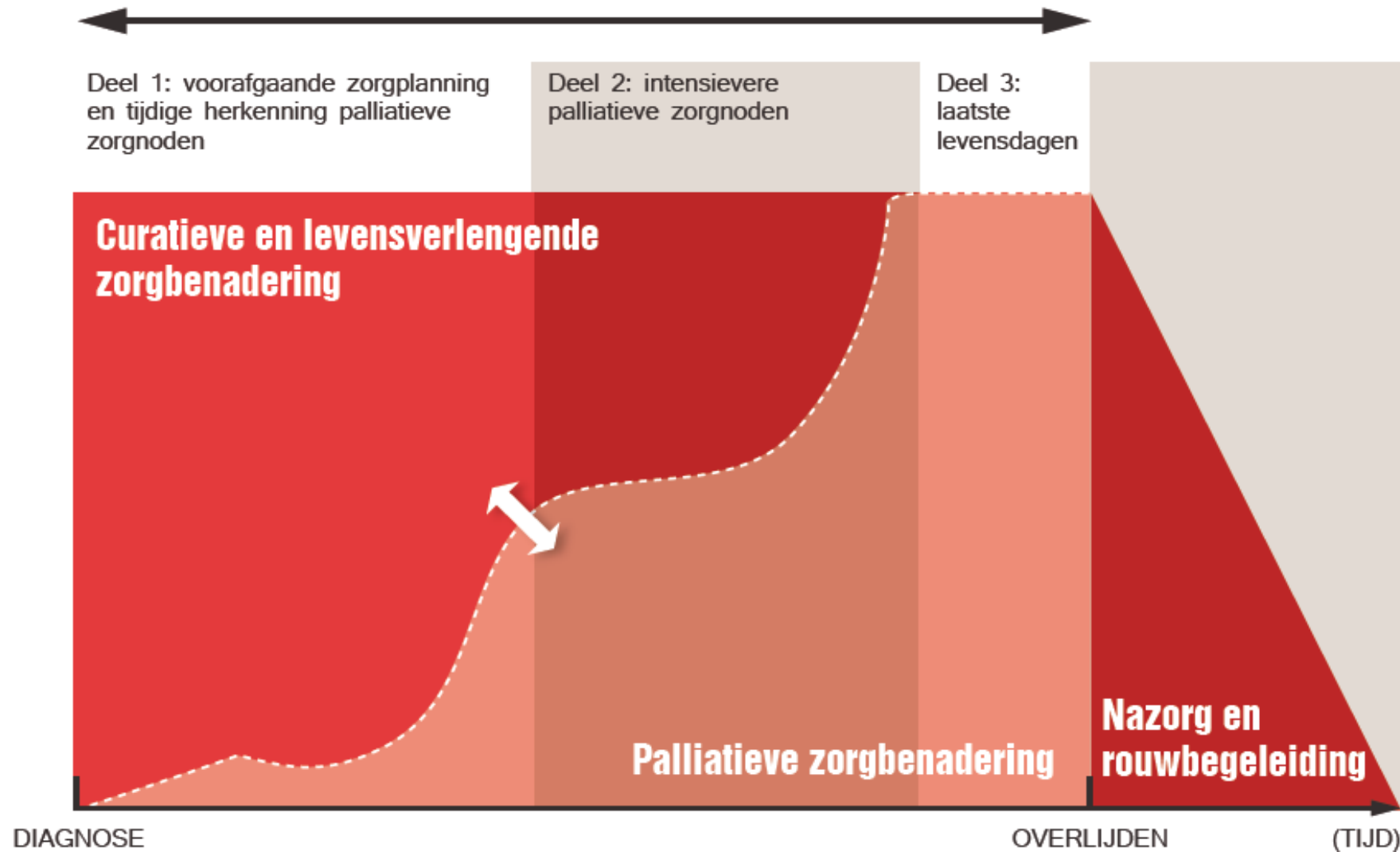
Palliative care

- A **holistic, family-centred model** of care, based on individual needs, that helps people live as full and comfortable a life as possible when living with a life-threatening or terminal illness.
- Identifies and treats care needs of a **physical, psychological, social or spiritual** nature (Cfr. 'total pain')
- **Normalises death** and the dying process.
- Can be initiated at the time of **diagnosis** and offered **alongside curative care**

Limited (old) model

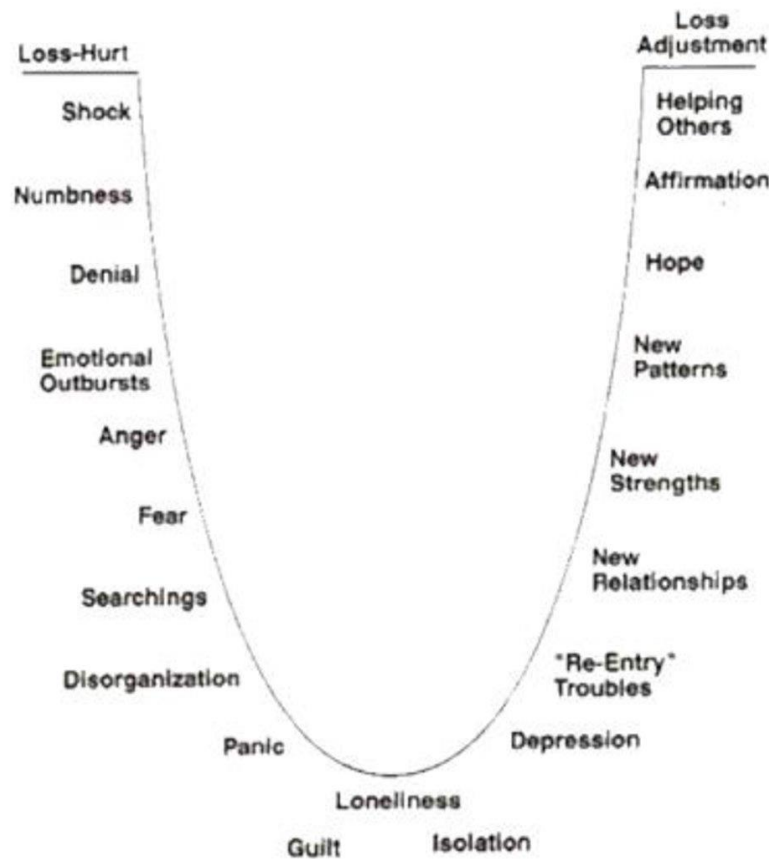


Beter model for palliative care



More recent: including grief

STAGES OF GRIEF



My experience



Paradigm shifts around death and dying

1. End of life as a new area of care provision with its own care needs and approaches
2. Death, dying and loss as issues of public health

2. Public health palliative care

Main principles of health promotion

- Prevention => Preventing unnecessary suffering at the end of life and loss experiences
- Harm reduction => Limiting negative outcomes at the end of life
- Early intervention => Timely intervention by focusing on access, knowledge, attitudes, and tools

**Why is there a need for public health
palliative care?**

Changing relationship with death

1. Rising life expectancy

2. Ageing

3. Increase in chronic, life-threatening conditions

Changing relationship with death

1. Rising life expectancy

2. Ageing

3. Increase in chronic, life-threatening conditions

4. Medicalisation of death

Medicalisation of death

The changing image of death

- Primitive societies until the Middle Ages
 - Death = intervention of a foreign actor
- 15th century:
 - Death as an inevitable, intrinsic part of human life



"Danse macabre"

Medicalisation of death

- Renaissance: Ars Moriendi /personal and natural death
 - More emphasis on dying well and with dignity, preparing for it
 - Task of doctor: promote healing OR help with transition (passing)
- Ancien Régime: bourgeois death
 - Medical care for lingering illness
 - Task of the doctor: prolonging life as the doctor's task (social inequality)

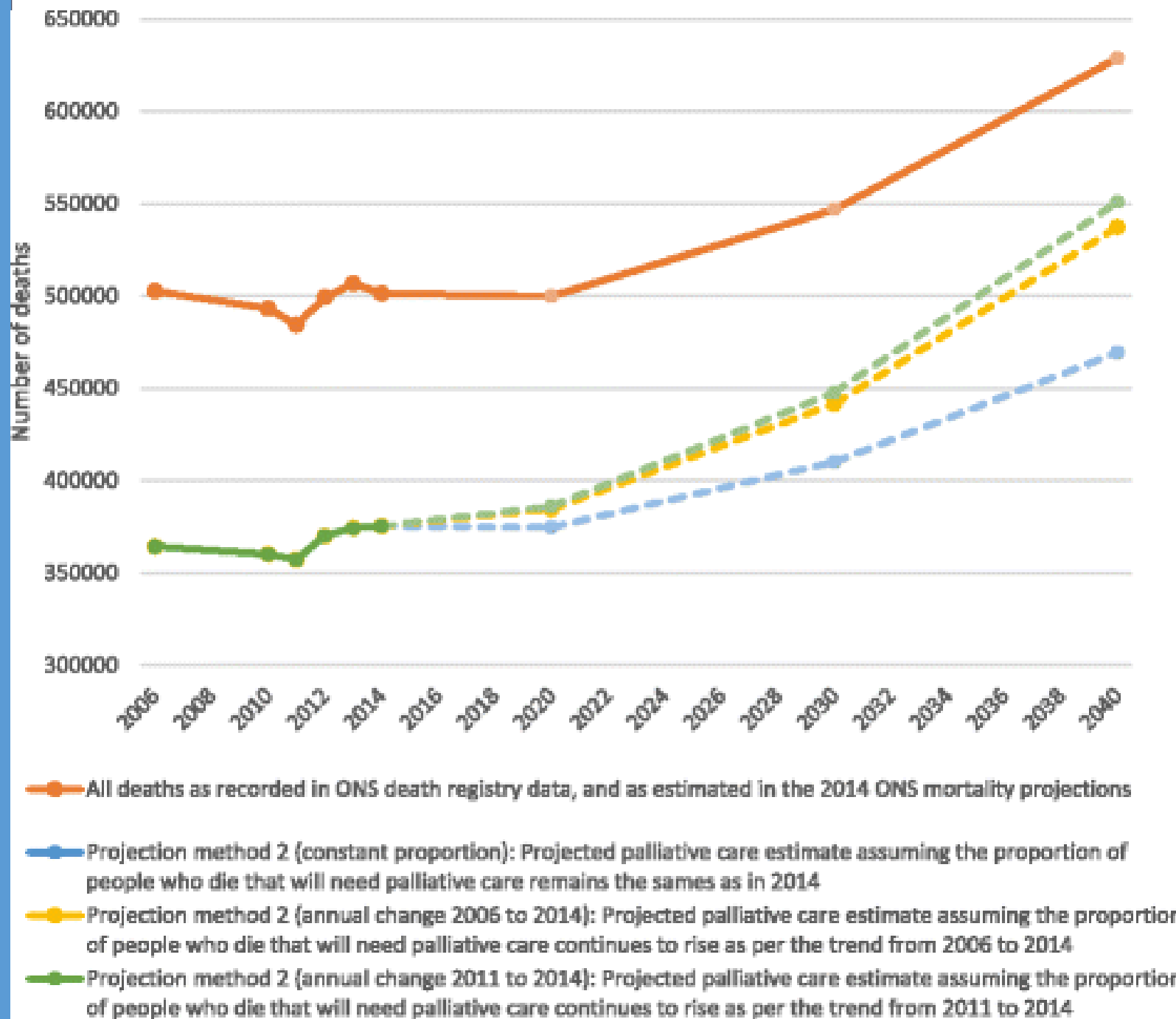


Medicalisation of death

- 19th - mid 20th century: clinical death
 - Death under compulsory medical care, as inevitable as death itself
- 2nd half 20th century: medicalised death
 - Death and dying become a technical problem
 - 'Hospitalisation' of dying
 - Extensive outsourcing of end-of-life care



Increasing need for palliative care



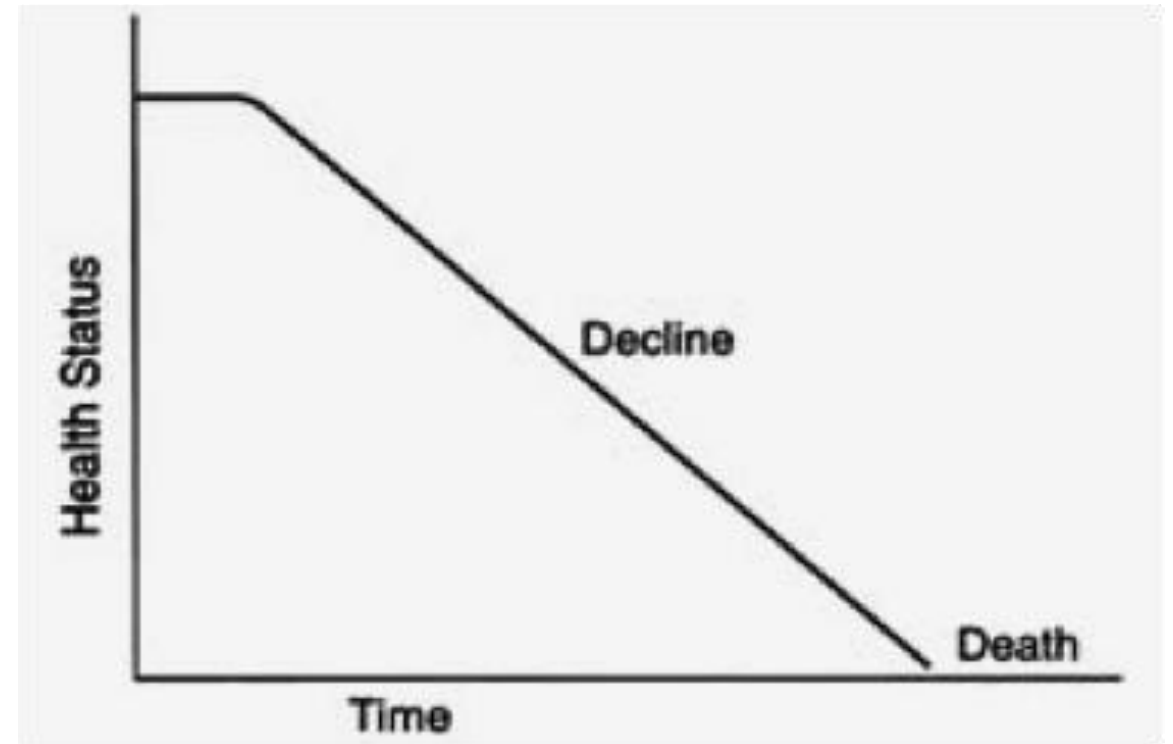
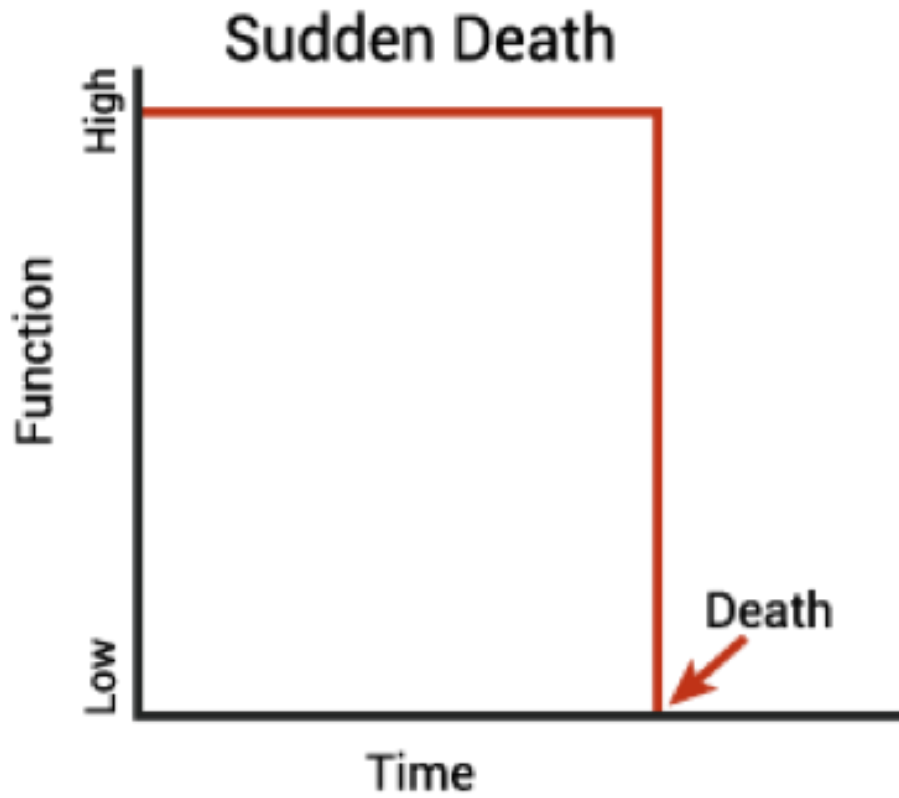
EtKind, S.N., Bone, A.E., Gomes, B. *et al.* How many people will need palliative care in 2040? Past trends, future projections and implications for services. *BMC Med* **15**, 102 (2017). <https://doi.org/10.1186/s12916-017-0860-2>

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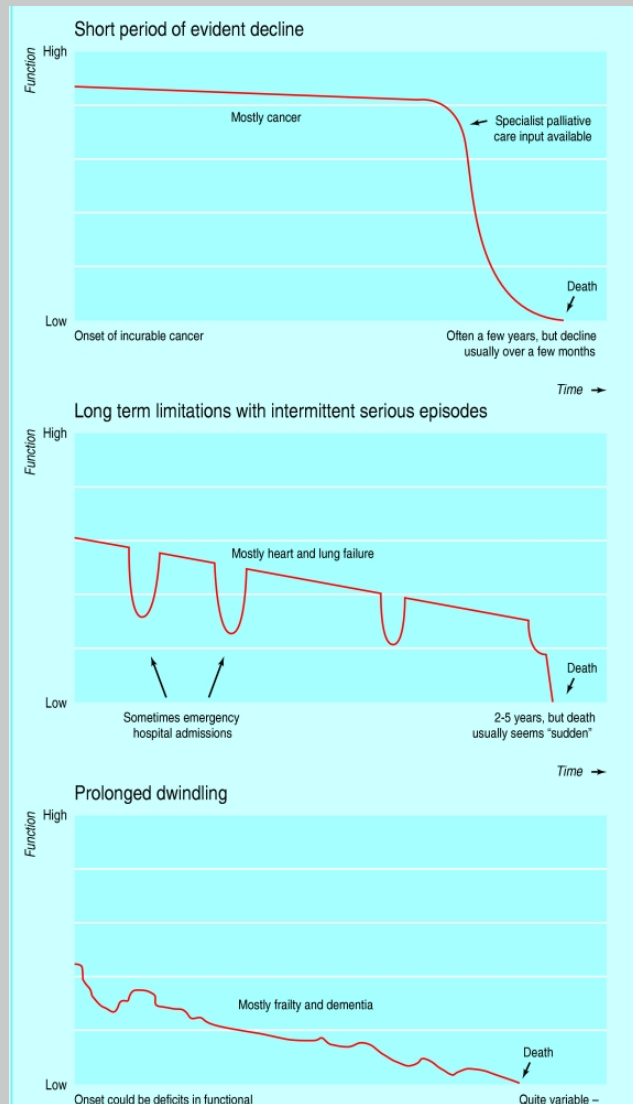
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▶ **How would
you like to
die?**



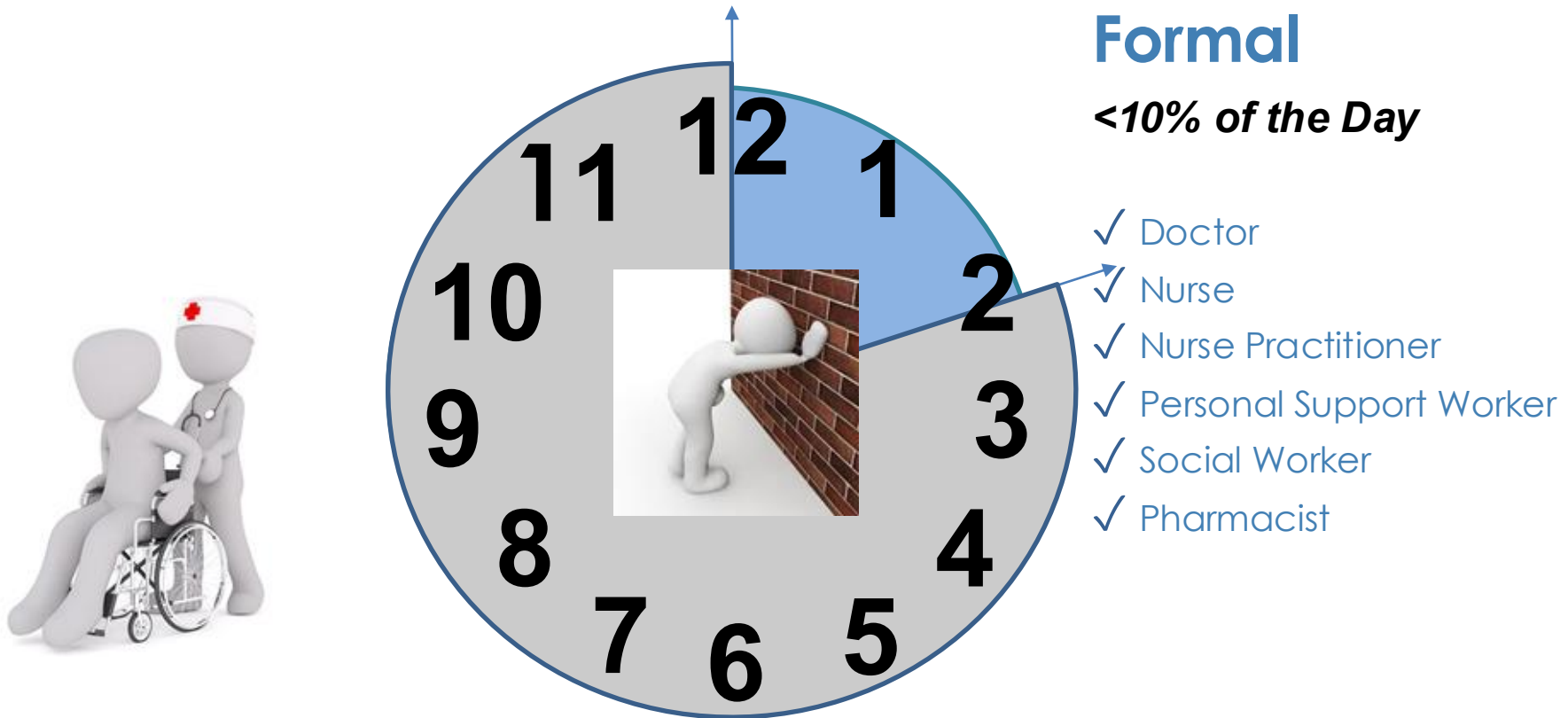
Sudden and/or natural death



Chronic illness trajectories

Murray SA, Kendall M, Boyd K, Sheikh A. Illness trajectories and palliative care. *BMJ*, 2005; 330(7498): 1007-1011.

What does care mean?

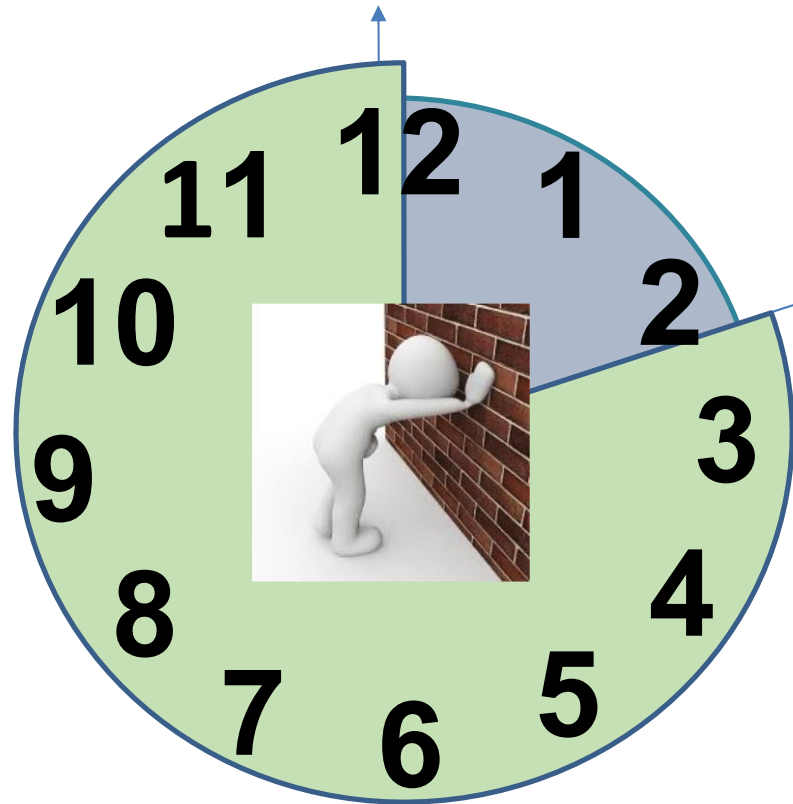


How do we support the rest of the time?

Informal Care

90% of the Day

- ✓ Spouse
- ✓ Caregiver
- ✓ Family & Friends
- ✓ Neighbours
- ✓ Workplaces & Schools
- ✓ Community Agencies
- ✓ Municipalities
- ✓ Faith Communities
- ✓ Hospices & Volunteers



Formal

10% of the Day

- ✓ Doctor
- ✓ Nurse
- ✓ Nurse Practitioner
- ✓ Personal Support Worker
- ✓ Social Worker
- ✓ Pharmacist



Adapted from Carpenter House model developed by Bonnie Tompkins

Limits to professional care

Sallnow, L., & Paul, S. (2018). New Public Health Approaches to End-of-Life Care. In *Textbook of Palliative Care* (pp. 1–10). Cham: Springer International Publishing.
https://doi.org/10.1007/978-3-319-31738-0_97-1
Kamal AH, Bull JH, Swetz KM, et al. Future of the Palliative Care Workforce: Preview to an Impending Crisis. *Am J Med* 2017; 130: 113–114.
<https://dx.doi.org/10.1016/j.amjmed.2016.08.046>
Kellehear A. *Health Promoting Palliative Care*. Melbourne: Oxford University Press, 1999.

- Outsourcing of care increases pressure on healthcare services
- Financial and staff shortages
- Extraction of autonomy and capacity of communities to care for people around them
- Only a fraction of our time with professional caregivers
- Growing realisation that merely expanding professional provision will be insufficient

Serious illness and the end of life as a social event

- Medical reality only part of death story ~ care services and professionals only part of care story
- Sickness, death and loss do not happen in a social vacuum, but impact our entire social network and the environments in which we live and work
 - What is our response to this?

Society's role in caring for serious illness, dying and loss

Community integration of care

What does that mean to you?

How can we do this?

3. Compassionate Communities

Community development and settings-based approaches

- Interest in the environment/circumstances of populations to promote outcomes such as end-of-life health and well-being and avoid negative outcomes
- Two main ways
 - Social ecology (settings-based; Cfr. Healthy Cities WHO)
 - Community development
- Environments that do this by **using community resources** or **reorienting their surroundings** are called **compassionate**.

Compassion

as an individual attribute (micro)

Strauss et al. What is compassion and how can we measure it? A review of definitions and measures. Clinical Psychology Review (2016)
<http://dx.doi.org/10.1016/j.cpr.2016.05.004>

- Cognitive, affective and behavioural process
- Consists of 5 elements
 - **Recognition of suffering**
 - Understand suffering as a universal, human experience
 - **Emotional resonance with the person suffering**
 - Tolerating **uncomfortable feelings** that confrontation with the suffering person evokes (e.g. sadness, anger and fear), so that the individual **remains open to the other without judgement**
 - The **motivation** to act with the intention of **alleviating suffering**

Compassion

as an individual attribute (micro)

Strauss et al. What is compassion and how can we measure it? A review of definitions and measures. Clinical Psychology Review (2016)
<http://dx.doi.org/10.1016/j.cpr.2016.05.004>

=/ empathy

- Does not require a desire to act or alleviate suffering

=/ pity

- Assumption of unequal relationship and condescension

=/ altruism

- Greater focus on behavioural actions that have potentially large personal costs for the person

=/ kindness

- Compassion does not always require kindness in the moment (e.g. 'tough love')
- But remains difficult to translate into Dutch/French?

Compassie? Medeleven? Zorgzaamheid?

Compassion

as a community attribute (meso)

Karapliagou, Kellehear & Wegleitner. The public health end-of-life care movement: history, principles, and styles of practice. 2018. Oxford University Press.

- Active destigmatisation of death and loss through the social and cultural sector
- Presence of supportive social networks
 - In caring for people affected by serious illness, death, dying and loss
 - In increasing health and death literacy
- ...Workplace, schools, neighbourhoods, etc.

Compassion

as an environmental attribute (macro)

- Structural embedding of the themes of care, serious illness, death, dying and loss in all sectors of civil society, through.
 - Policy
 - Public events
 - Information campaigns
 - ...

Two separate but complementary approaches

Social ecology – Top down

- Reorienting settings and institutions
- Involving government, civil society, health insurance, SMEs
- Charter-base
- Policy
- Top-down
- => Compassionate Cities

Community development – bottom up

- Asset-Based Community Development (ABCD)
 - Involving local residents, and experts by experience
 - Strengthening social networks
 - Mobilising local resources to address local needs
 - Bottom-up
- => Compassionate Communities

Ottawa charter

Ottawa Charter for Health Promotion (WHO, 1986)

1. Developing personal skills
2. Creating supportive environments
(settings approach)
3. Strengthening community action
4. Reorienting health services
5. Building healthy public policy

Population impact: work across all 5 areas



Compassionate Brugge

Home > Welzijn & zorg > Compassionate Brugge



Verlies, overlijden, verdriet, rouw, situaties van ernstige ziekte en langdurige (mantel)zorg maken deel uit van het dagelijkse leven in onze stad, buurt en gemeenschap.

Met Compassionate Brugge **verbinden** we Bruggelingen en slaan we de handen in elkaar over beleidsdomeinen en sectoren heen zodat niemand alleen hoeft te staan met zijn verlieservaring.

Door Bruggelingen, sociale partners, bedrijven en organisaties te **versterken** in hoe we met deze ervaringen omgaan wordt Brugge nog meer een solidaire en zorgzame stad.

Volg ook de [facebookpagina van Compassionate Brugge](#).





COMPASSIONATE UNIVERSITY

[Home](#)[Acties](#)[Monument van Troost](#)[COCO](#)[Getuigenissen](#)[Inspiratiegidsen](#)[Contact](#)

De VUB, een Compassionate University

Click here for all information in English

Op 19 november 2019 ondertekende onze universiteit als allereerste op het continent **een intentieverklaring** om een Compassionate University te worden.

Daarmee onderstrepen we officieel ons streven om iedereen binnen onze community bewust te maken van het belang van steun en meeleven in situaties van **ernstige ziekte, overlijden, verlies en verzorging**.

Natuurlijk kon iedereen die met zulke situaties werd geconfronteerd aan de VUB al rekenen op **een uitgebreid aanbod van zorgdiensten en professionele zorgverlening**.

"In een warme en verbonden gemeenschap, hoort medeleven en een plek voor verdriet" - Caroline Pauwels, rector VUB

<https://www.vub.be/compassionate-university#home>

Monument of solace





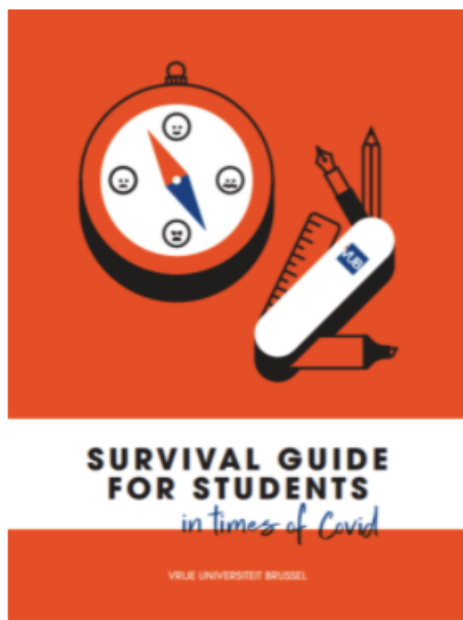
Stappenplan bij het overlijden van een student of een personeelslid

Heel af en toe worden we geconfronteerd met het overlijden van een student of een personeelslid. Op zo'n moment treden heel wat (administratieve) procedures in gang om de juiste opvolging te voorzien. Een overzicht van al die stappen [staat helder uitgelegd op deze steekkaart](#).

Ondersteuningsaanbod welzijn en gezondheid

[Voor studenten](#)

[Voor personeelsleden](#) (toegang beperkt tot personeelsleden van de VUB)



VUB Survival Guide voor studenten

De corona-epidemie treft onze universiteitsstudenten hard. In plaats van op de campussen de tijd van hun leven te beleven, zitten ze thuis voor hun scherm. Het leidt tot stress, gevoelens van eenzaamheid, ontmoediging. Om ze in die moeilijke situatie een hart onder de riem te steken én te wijzen op manieren om met negatieve gevoelens om te gaan, bracht de dienst Studentenbegeleiding van de VUB voor hen een handige survival-gids uit. [Die is hier te downloaden of te in te kijken](#).

4. Compassionate Workplaces



+/- 11.5 mln inhabitants



+/- 4k staff, 22k students

Deaths

110.000

16

Dying from
serious illness

82.000

8

Family
caregiving for
serious illness

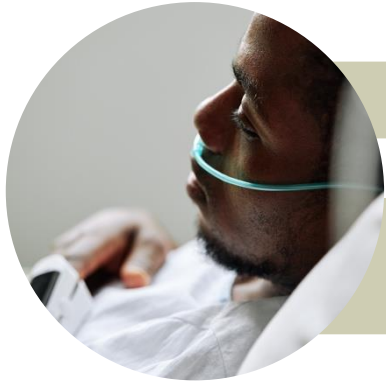
>600.000

1.800

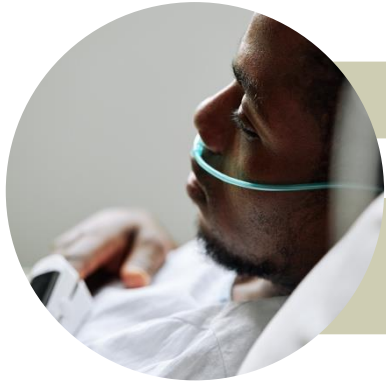
Loss
(of close family
member)

1.000.000

2.400



End-of-life experiences at work an occupational safety and health issue?



Deaths

Dying from
serious illness



Family
caregiving for
serious illness



Loss
(of close family
member)

Depletion of personal resources

- loss of concentration
- loss of (need for) responsibility
- loss of creativity
- risk of social isolation
- ...

Danger for occupational accidents, stress

Workplaces as settings for end-of- life (EoL)

- A significant proportion of employees will experience serious illness, caregiving, death and loss during their professional lives
- Palliative care need is expected to grow, affecting the active population either as patients, caregivers or bereaved^{2,3}
- Impact on health and wellbeing of employees and their colleagues^{4,5}
- Impact on workplace productivity and safety⁶

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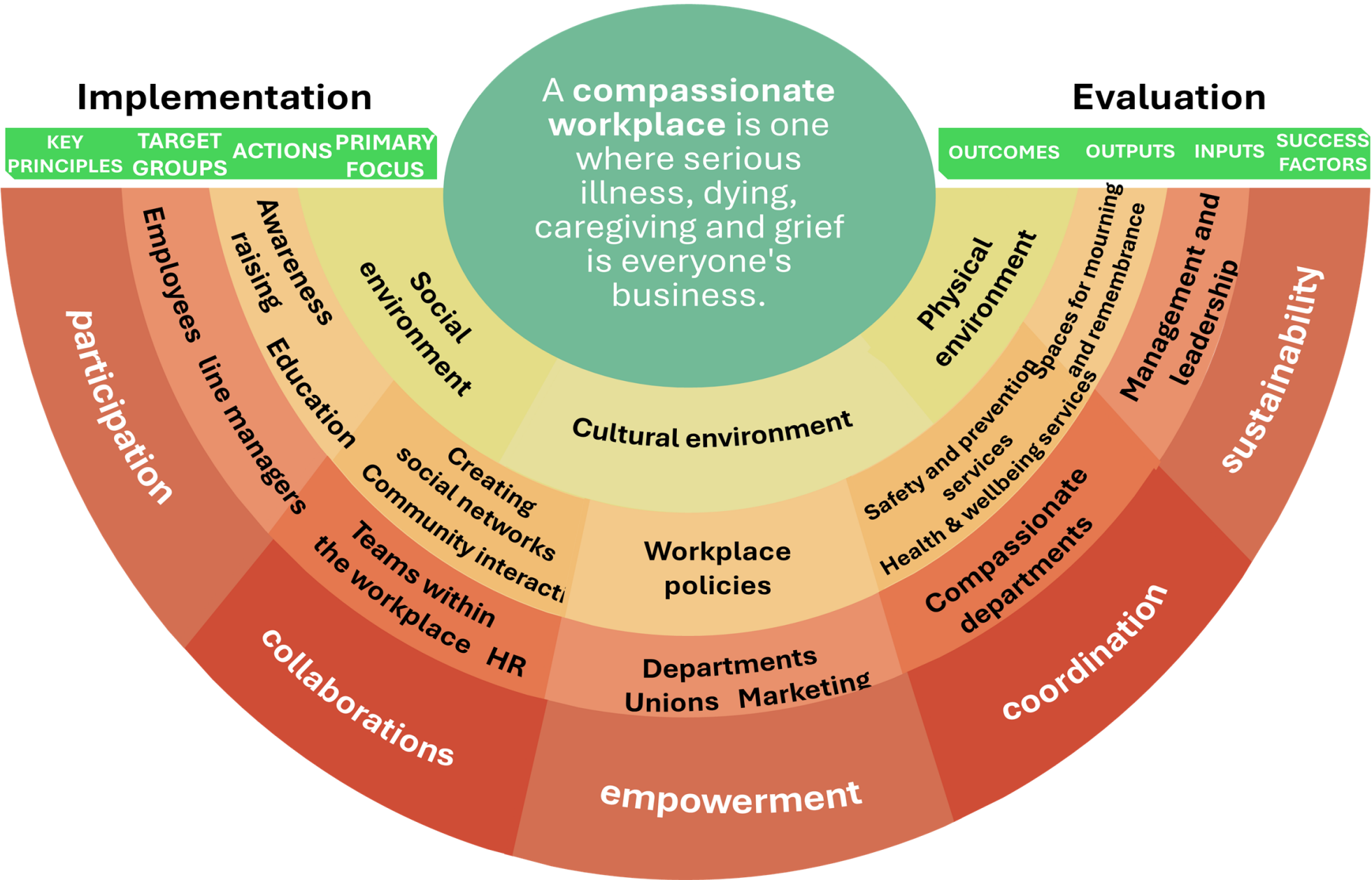
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When is a workplace compassionate?

① Start presenting to display the poll results on this slide.

The
compassionate
workplaces
model





EU-CoWork

Developing Compassionate Workplaces

**Developing
Compassionate
Workplaces to protect
employees' health and
wellbeing**

Deborah De Moortel^{1,4}, Steven Vanderstichelen¹⁻³
Joachim Cohen^{1,2}, and the EU-CoWork Consortium

¹ Vrije Universiteit Brussel (VUB), Compassionate Communities Centre of Expertise (COCO), Brussels, Belgium

² Vrije Universiteit Brussel (VUB), End-of-life Care Research Group, Brussels, Belgium

³ Ghent University, End-of-Life Care Research Group, Ghent, Belgium

⁴ Interface Demography, Vrije Universiteit Brussel (VUB), Brussels, Belgium

Ambition of EU- CoWork

Develop an evidence basis for tailored Compassionate Workplaces Programs in Europe

- Leverage the positive impacts and existing assets of workplaces and ...
- mitigate the negative impacts and challenges of the new ways of working ...
- for the mental and physical health and wellbeing of employees faced with EoL experiences and their colleagues.

Workplaces as settings for end-of-life

- A significant proportion of employees will experience serious illness, caregiving, death and loss during their professional lives
- E.g. Flanders and Brussels¹:
 - **7.6%** of the adult population is a family caregiver (494.000 people)
 - Flanders: **1 million people** bereaved each year

Workplaces as settings for end-of-life

- Palliative care need is expected to grow, affecting the active population either as patients, caregivers or bereaved^{2,3}
- Impact on health and wellbeing of employees and their colleagues^{4,5}
- Impact on workplace productivity and safety⁶

Twin Transitions in the workplace

Digital Transition

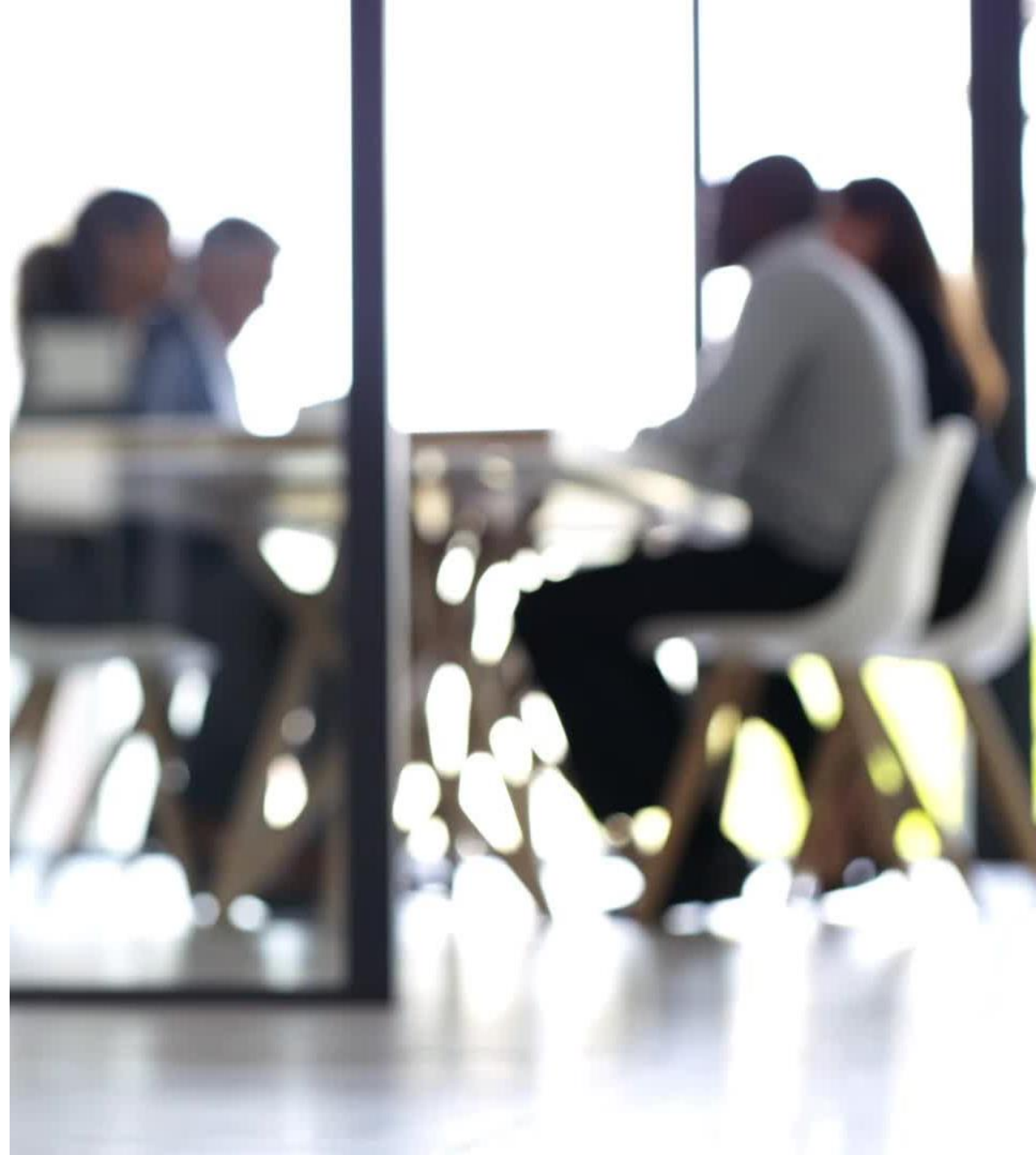
- Flexible work-life balance, reduce turnover, reduce commuting time
- Longer working hours, work-home interference, social isolation
- Indirect communication, poor relationships
- Reduced feelings of autonomy

Green Transition

- New employment to remote regions
- Demand for significant and rapid reskilling
- Short-term contracts, limited future prospects
- Remote locations with long commutes, required migration
- Increased importance of co-workers' social support

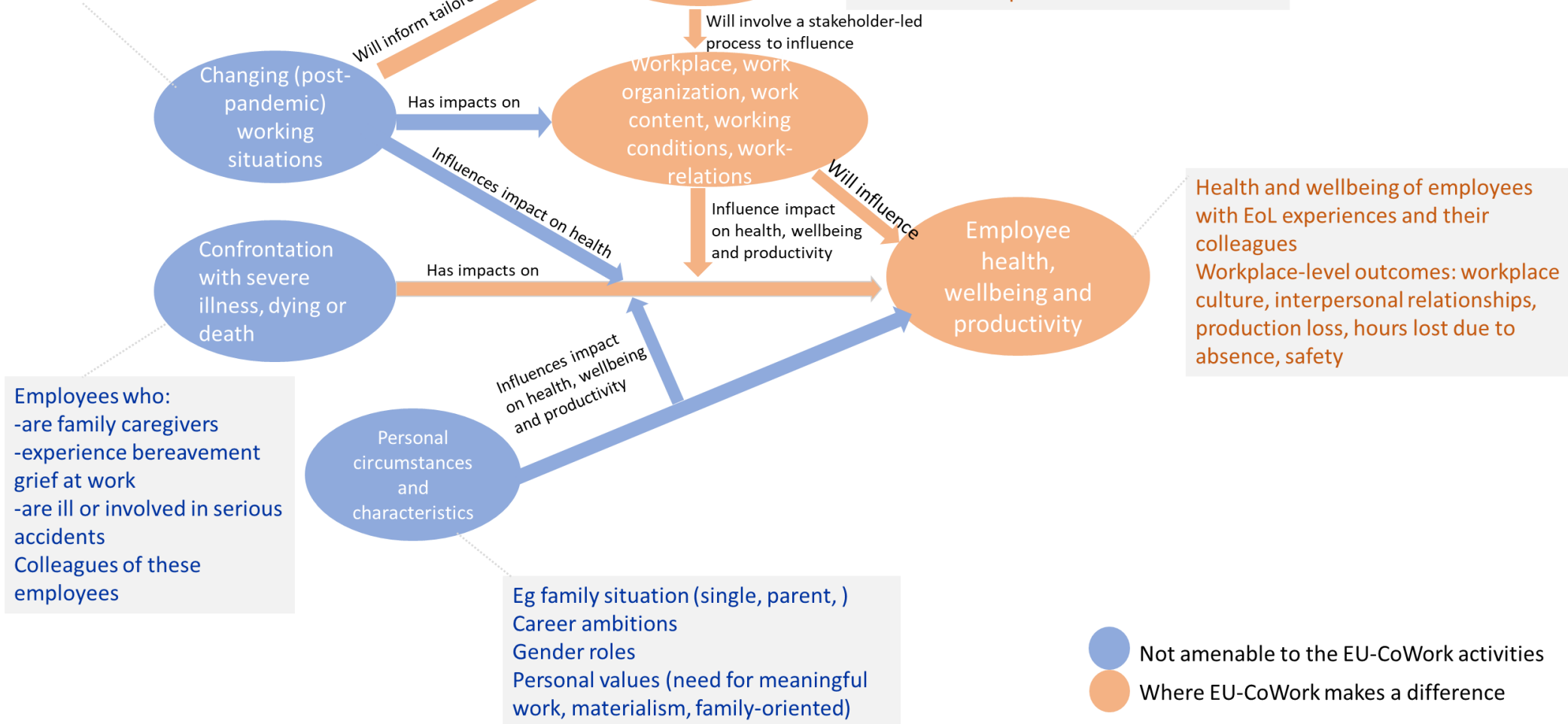
Twin Transitions and EoL experiences

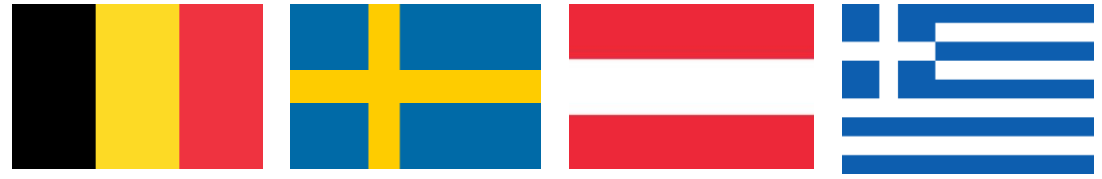
- Exacerbation of vulnerabilities associated with EoL experiences
- Employees with EoL can feel less or not supported in the workplace



Twin transitions:
Green & Digital transformation
Telework, digital HRM and
Green jobs

Develop policies, create supportive
environment, stimulate community
engagement and action, increase skills and
knowledge, include existing support
services in workplace

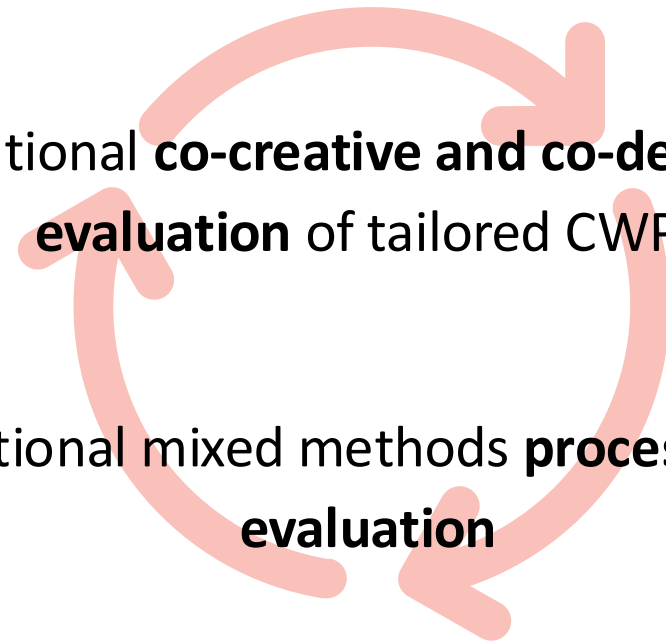




Methods

4-country cross-national mixed-methods intervention study with an embedded process and impact evaluation.

1. An international **co-creative and co-developmental evaluation** of tailored CWP
2. An international mixed methods **process and impact evaluation**



12 workplaces across 4 countries

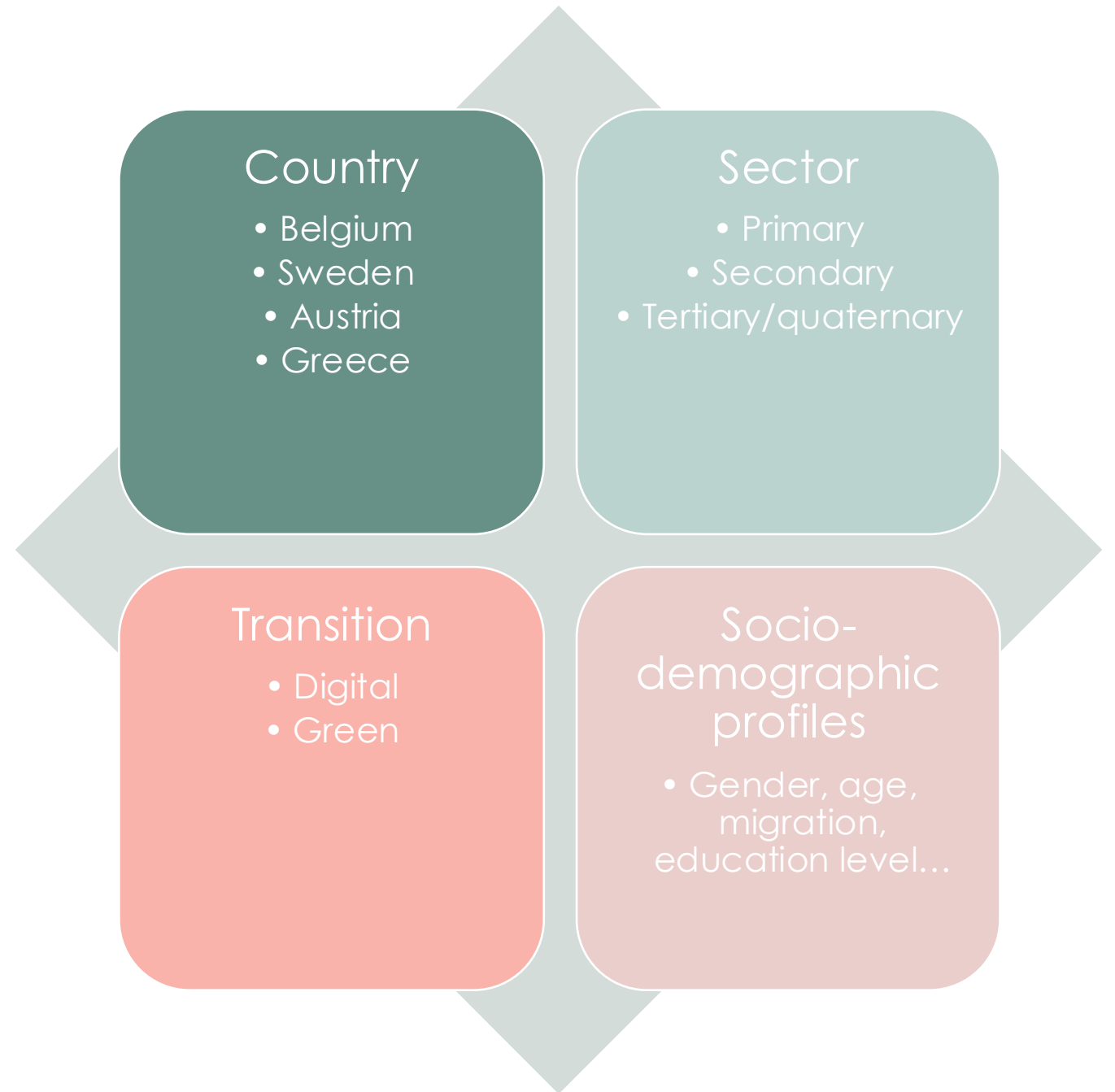
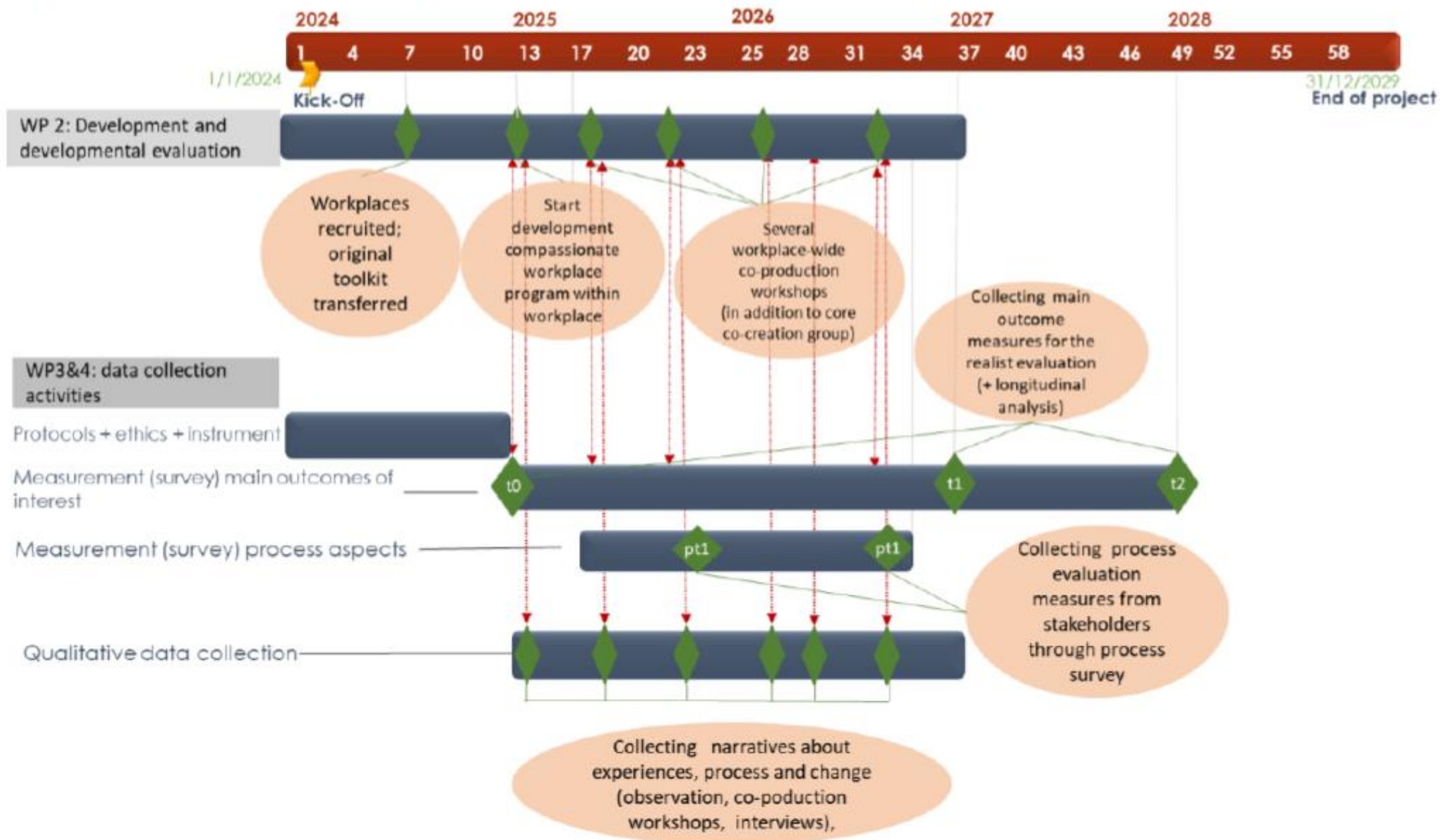
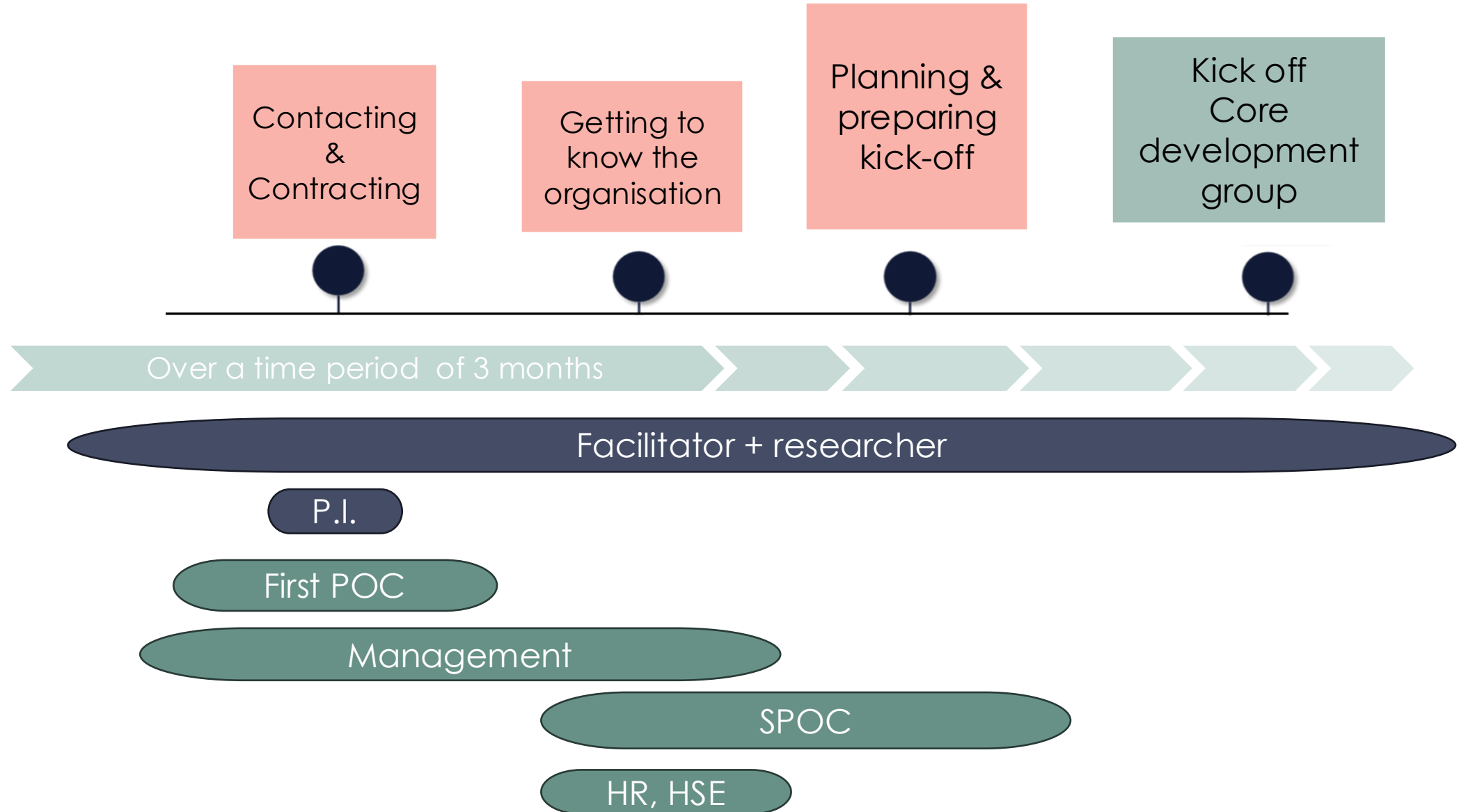


Figure 1.2.6: Structure of the different data collections and their timepoints



Timeline Pre-phase



Online tool: inspirational tool for workplaces

- <https://eu-cowork.eu/en/creating-a-compassionate-workplace>
- This website is under construction!
- Will become a public tool at the end of the project





EU-CoWork

Developing Compassionate Workplaces

Thank you