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Self-compassion and resilience at work: A practice-oriented review

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## **Abstract**

### **The problem**

A key challenge for human resource development (HRD) scholars and practitioners is to understand the individual competences that can be trained and developed to enhance employee resilience at work. Empirical evidence has been accumulated on the benefits of self-compassion – i.e., a set of malleable states that can be developed through HRD interventions – for individual resilience, as well as on the factors that can strengthen self-compassion in organizations.

Nonetheless, limited efforts have been devoted to translate this critical scientific knowledge into evidence-based, practical insights that could guide the implementation of effective human resource development practices to develop self-compassion and, thereby, increase resilience in organizations.

### **The solution**

This paper presents a practice-oriented literature review of the benefits of self-compassion for resilience at work. The relationship between self-compassion and resilience at work, as well as the specific workplace factors that foster growth are outlined for practical implications in the workplace. Facilitators are identified as 1) personal factors (i.e. experience of stress and level of self-awareness), 2) contemplative trainings, and 3) leadership styles and listening styles. This paper provides evidence-based practical recommendations for the implementation of these factors and of self-compassion in organizations for increased resilience.

### **The stakeholders**

Stakeholders of this practice-oriented review are employees (especially those exposed to highly stressful job conditions) and their leaders, human resource developers in charge of setting the development of training and developmental processes to enhance self-compassion and resilience,

and HRD research scholars interested in advancing current literature on self-compassion and resilience at work.

*Keywords:* self-compassion; resilience; work; training; HRD.

## **Self-Compassion and Resilience at Work: A Practice-Oriented Review**

Burnout and stress are detrimental factors to the functioning of individuals, teams, and organizations. Mental health problems are increasingly frequent, impact work absences (OCDE, 2012), and have negative effects on productivity (D'Souza, Strazdins, Broom, Rodgers, & Berry, 2006). In 2010, the Canadian Nurses Association called for more optimal stress management resources for all healthcare providers. In an effort to resolve this struggle, scholars studied the factors that promote positive workplace outcomes like resilience. Self-compassion, which refers to the intrapersonal process of mindfully noticing pain and recognizing that struggles are part of the human experience, while choosing to be kind to the self (Neff, 2003a, b), was recently identified as a potential resource for workplace resilience to stress (Finlay-Jones, Kane, & Rees, 2016; Raab, 2014; Sinclair, Kondejewski, Raffin-Bouchal, King-Shier, & Singh, 2017a).

Self-compassion is defined as a multidimensional state encompassing multiple developable and learnable dimensions, namely self-kindness, common humanity and mindfulness (Neff, 2003a, 2003b). This construct is highly relevant for human resource development (HRD), known as the process of determining the optimum methods of developing and improving the human resources of an organization and the systematic improvement of the performance of employees through training, education and development and leadership for the mutual attainment of organizational and personal goals (Smith, 1990). The malleability of self-compassion presents the potential to build on this underexplored yet potentially critical strength of individuals to enhance their resilience. Thus, developing self-compassion can ultimately result in a better capacity of employees employee and managers cope with and thrive within stressful and challenging work environments, which would ultimately fuel individual and organizational

performance. Accordingly, self-compassion needs to be recognized and understood as an essential part of HRD.

Research on self-compassion in organizations is nascent, and future research is needed to grasp the full potential of self-compassion at work. To date, most of the existing research on self-compassion at work focused on healthcare workers (Sinclair et al., 2017a). Moreover, HRD research has largely disregarded this construct and its relationship with key HRD processes and outcomes. Indeed, only the HRD study conducted by Petchsawanga and Duchon (2009) addressed this issue by empirically developing a measure of workplace spirituality that captured the dimensions of mindfulness and compassion (i.e., constructs highly related to the concept of self-compassion). Yet, the authors acknowledged that their study did not determine whether workplace spirituality is connected to key HRD outcomes, such as learning, effective leadership, and performance. Although future research is needed to clarify self-compassion's mechanisms of change and its specific impact, initial findings on clinical and non-clinical samples have shown a positive influence on key personal results like resilience (Beaumont, Durkin, Hollis Martin & Carson, 2016; Finlay-Jones et al., 2016; Olson & Kemper, 2014; Olson, Kemper, & Mahan, 2015; Kemper, Mo, & Khayat, 2015).

Although research on self-compassion at work is growing, there is a dearth of integrative reviews on this topic. By drawing on findings from clinical and non-clinical samples, healthcare workers, and the most recent studies published on self-compassion in organizations, the purpose of this paper is threefold: 1) to highlight the benefits of self-compassion for developing resilience; 2) to outline the factors that reinforce self-compassion in organizations (i.e. personal factors, contemplative trainings, leadership styles, and listening styles; and 3) to present evidence-based practical HRD interventions that foster self-compassion in the workplace.

Our practice-oriented framework of self-compassion at work is illustrated in Figure 1. By aligning this perspective with core aspects of HRD – i.e., training and leadership development, the present review has the potential to provide important contributions to practice and research in HRD. Precisely, our framework provides a new, practical path to elucidate how self-compassion developmental activities can be effectively applied in HRD programs to improve resilience in the workplace. In doing so, we offer novel insights that extend current knowledge on the array of personal competences employees can learn to be resilient in the face of challenging and stressful situations in organizations. As such, our perspective provides relevant inputs for future research to compare specific self-compassion based developmental programs with alternative HRD methods as well as to determine the mechanisms through which such programs can impact resilience.

### **Literature Review**

The literature review was structured based on a search of the following key words: “self-compassion”, “resilience”, “work”, “organization”. PsycINFO, EBSCO host, and Scopus were used for searching articles. Papers from year 2000 (i.e., a few years before the construct of self-compassion was conceptualized and empirically examined for the first time in 2003) to 2019 were included in the review. Given the present strategy, 50 studies that explored the links between self-compassion and resilience in students, graduate students in professional schools (counselling, medicine, and veterinary medicine), athletes, and employee populations were included. Books and thesis dissertations, were also carefully selected to support this paper.

[Insert Figure 1]

### **Personal and Organizational Benefits of Self-Compassion**

The concept of self-compassion is derived from the Buddhist notion of compassion (Neff, 2003a, 2003b), and is composed of three interrelated aspects: 1) self-kindness, 2) common humanity, and 3) mindfulness. Self-kindness refers to embracing a kind inner dialogue, like one would have for a beloved friend or family member, as opposed to self-criticism (Neff & Germer, 2018). Common humanity is a shared feeling of suffering, failure, and struggle that unifies the human experience and counters feeling alone in suffering. Mindfulness refers to developing the present awareness needed to recognize moments of suffering. Mindfulness signifies being present with one's thoughts and emotions in the moment, which can provide individuals with the space to challenge overidentifying with their negative thoughts or emotions related to their current distress (Neff, 2003b). Self-compassion implies learning "to fully accept our present-moment experience as it is without resistance while still holding our pain in the warm embrace of compassion," (Neff & Dahm, 2014, p. 21).

Findings from research on self-compassion in organizations are encouraging as they indicate that there are many advantages associated with a self-compassionate mindset such as increased resilience (Luo, Qiao, & Che, 2018; Olson & Kemper, 2014; Olson et al., 2015; Terry, Leary, & Mehta, 2013). Precisely, Luo et al. (2018) demonstrated the key role of self-compassion in facilitating flexible adjustment of psychological responses to stress in a laboratory setting, while Terry and colleagues (2013) provided evidence for the role of self-compassion in helping students face the difficulties associated with the transition to college. Moreover, Olson and Kemper (2014) found self-compassion to be positively associated with clinician resilience, and similar results have been obtained with medical students and residents (Babenko, Mosewich, Abraham, & Lai, 2018; Olson & Kemper, 2014; Olson et al., 2015). In the general population, self-compassionate individuals were less likely to suffer from mental health difficulties (Barnard



& Curry, 2011; Neff et al., 2007; MacBeth & Gumley, 2012). More than 20 studies demonstrated that individuals with higher levels of self-compassion indicated less symptoms of depression and anxiety (MacBeth & Gumley, 2012). Neff and Pommier (2013) showed that self-compassion was related to increased empathy, altruism, and forgiveness. A study on conflict in student's group projects revealed that self-compassionate individuals experienced less conflict and fewer negative emotions (Park, Long, Choe, & Schallert, 2018). At work, increased job satisfaction in self-compassionate white-collar workers was reported (Abaci & Arda, 2013). Self-compassion was also beneficial for recognizing one's limits and encouraged support seeking (Dev, Fernando, Lim, & Consedine, 2018). Individuals who embraced a self-compassionate attitude were more likely to choose positive coping strategies (Barnard & Curry, 2011; Neff, Hsieh, & Dejitterat, 2005), build emotional intelligence (Neff et al., 2005), and implement health-promoting behaviours such as nourishing diets, exercise regimens, and enhanced sleeping practices (Sirois, Kitner, & Hirsch, 2015), which are all elements that build resilience.

In addition, Neff (2004) found that self-compassion facilitated effective emotion regulation, which is a positive coping strategy (Park & Adler 2003) and an important element of resilience. In order to fully understand the power of self-compassion in facilitating emotion regulation, and its relationship to positive outcomes, it is crucial to grasp the evolutionary and neuro-biological model of tripartite affect regulation (Gilbert, 2015; Gilbert et al., 2008). This model proposes that three emotion regulation systems have been genetically inherited. The first system is the threat focused system for survival, which activates avoiding, fighting, or freezing when faced with danger. Negative emotions such as anger and fear are activated by this drive. The second system is the resource system, which motivates collecting means for survival, is reward focused, and generates emotions such as competition, pride, enthusiasm, and joy. Both

the threat and resource drives initiate the stress response. The third system is the soothing system, which corresponds to the state of peace and calm (Gilbert, 2015). Importantly, Depue and Monrrone-Strupinsky's (2005) research revealed that the activation of the soothing system was linked to endorphins experienced during a state of well-being necessary to generate resilience.

Consistent with the model of tripartite affect regulation, self-compassion efficiently activates the soothing system and deactivates the threat and resource systems. Thus, it can help individuals generate a positive state of resilience via effective emotion regulation. As self-compassion is an intrapersonal experience that is not dependent on achievement, positive outcomes are cultivated by engaging in a compassionate relationship with the self, independent from external factors (Neff, 2003, 2009). This perspective fosters a sense of autonomous motivation (Hope, Koestner, & Milyavskaya, 2014; Neff et al., 2005), which is a key resource for resilience (Crane & Boga, 2017). These premises suggest that the intentional use of self-compassion can activate the soothing system to generate feelings of peace, contentment and well-being, thereby creating more emotional space to connect to resilient coping strategies (Gilbert et al., 2008).

### **Self-Compassion and Resilience**

Resilience is one of the most important drivers for well-being and performance at work (Robertson, Cooper, Sarkar, & Curran, 2015). Improvement of individual and organizational performance is a fundamental paradigm of HRD (Smith, 1990). Thus, identifying the determinants of resilience and incorporating them into an integrative framework that can inform human resource developers is critical to understand the developmental paths that fosters employees' capacity to effectively face stressful and challenging work situations and, thereby,

improve individual and organizational performance (Alkire & Avey, 2013; Carnevale & Smith, 2013).

Resilience is the process of coping, overcoming (Egeland, Carlson, & Steoufe, 1993), and gaining strength through adversity (Epstein & Krasner, 2013). Resilience plays an important role in the workplace as it protects against negative effects of work stress, like burnout (Epstein & Krasner, 2013; Weidlich & Ugarriza, 2015). Olson and colleagues (2015) found that self-compassion increased pediatric and medical residents' resilience and protected them against burnout. Similar findings were discovered for veterinary students (McArthur et al., 2017) and for firefighters who experienced trauma (Kaurin, Schönfeld, & Wessa's 2018). Bluth and Eisenlohr-Moul (2017) showed that greater self-compassion is associated with increased resilience. Lewis and Ebbeck's (2014) qualitative study on resilience among firefighter-managers found that some of the participants in the study unknowingly implemented the elements of self-compassion. The study revealed that although managers were not particularly conscious of their application of these concepts, they stated that it is part of their job to make mistakes (self-kindness) and that all employees experience errors (common humanity). They also noted that mindfulness was very useful for decision-making. An exciting finding from this study was that managers already implemented elements of self-compassion in their management styles. Moreover, when they employed self-compassionate elements, they increased positive outcomes and were more resilient.

### **A Practical Guide to Nurture Workplace Self-Compassion**

Current literature identified workplace components that can help foster self-compassion:

1) personal factors, 2) contemplative trainings, and 3) leadership styles and listening styles.

#### **Personal Factors that Influence Self-Compassion**

Personal factors include exposure to stress, and levels of self-awareness. Mindfulness generates positive affect in meditator's life and was shown to increase work engagement and work performance (Coo & Salanova, 2017). Eby and colleagues' (2017) review showed that individuals who most benefited from mindfulness training and its related outcomes, like self-compassion, were those who experienced higher levels of stress. Additionally, they reported that mindfulness trainings were beneficial for individuals who were employed in jobs that have high demands, such as the military and police, practicing psychologists (Eriksson, Germundsjö, Åström & Rönnlund, 2018), healthcare workers (Dev, Fernando, & Consedine, 2020; Vaillancourt & Wasylikiw, 2019), and women managers from the cosmetics sector (Pires et al., 2018).

In their review on self-compassion and healthcare workers' well-being, Sinclair and colleagues (2017a) noted that participant's personal development of skills, such as self-awareness and acceptance, might in part explain the mechanism for the amelioration of self-compassion in mindfulness-based programs. In support of this posit, a study conducted on varsity athletes revealed that self-awareness was a main contributor for the development of self-compassion (Ingstrup, Mosewich, & Holt, 2017). Self-awareness meant that the athletes were attuned to their internal experience, could gain perspective on their reactions, and thus become more resilient when faced with hardship.

### **Contemplative Trainings**

As self-compassion is an approach that can be developed (Boellinghaus, Jones, & Hutton, 2014), researchers created programs to teach the general population self-compassion and mindfulness-based skills to improve positive functioning (i.e. Baer et al., 2012; Irving, Dobkin, & Park, 2009; Kabat-Zin, 2003; Gilbert, 2009; Neff & Germer, 2012). As a result, self-

compassion was recorded as an outcome of mindfulness-based trainings in the general population, in clinical samples, and at work (Boellinghaus et al., 2014; Raab, 2014).

The Mindful Self-Compassion program (MSC), proposed by Neff and Germer (2012), involves a structured eight-week process aimed at increasing self-compassion, mindfulness, life satisfaction, social connectedness, and happiness, all the while, decreasing negative outcomes such as depression, stress, and anxiety. Formal and informal types of self-compassionate meditations are used to enhance self-compassion. Individuals reportedly maintained positive outcomes (increased self-compassion, mindfulness, life satisfaction) immediately after the MSC program, six months later, and a year later (Neff & Germer, 2012). The Mindfulness-Based Stress Reduction training (MBSR; Kabat-Zinn, 2003), yielded self-compassion as an outcome (Birnie, Speca, & Carlson, 2010; Shapiro et al., 2005; Shapiro, Brown, & Biegel, 2007). This eight-week program entails weekly two and a half hour classes on meditation practices such as: 1) non-judgemental awareness of the senses, thoughts, and emotions, as well as, 2) noticing and letting go of rumination and fears in order to nurture adaptive coping strategies for stress management (Shapiro et al., 2005).

Eby and colleagues (2017) conducted a literature review of 67 studies on mindfulness trainings with employees and the data demonstrated that these trainings aimed to reduce stress. One third of the studies targeted improving well-being, and one quarter of the studies had the goal of increasing self-compassion or compassion for others. Most of the studies (41%) used adapted (MBSR) trainings. For example, Shapiro and colleagues (2005) conducted an adapted training that included MBSR and loving-kindness meditation for healthcare professionals. Their results showed that 90% of the participants increased in self-compassion. Eby and colleagues' results suggested that adapted MBSR trainings were efficient in increasing outcomes in the

workplace. Furthermore, other research-based mindfulness and self-compassion focused training programs also demonstrated post-training workplace outcomes, such as increased self-compassion, well-being, mindfulness, engagement in mindful health behaviours, and reduced perceived stress (Gauthier et al., 2015; Horan & Taylor, 2018).

However, the promising avenues that these contemplative trainings have opened to development of self-compassion at work need to be acknowledged in light of potential limitations. It is worth noting that most of the compassion and mindfulness-based practices discussed above are based on individual-focused meditation techniques, regarding which managers might be skeptical as they could, for instance, ascribe a religious meaning to such techniques (Jamieson & Tuckey, 2017) or regard them as unsuitable to address problems at the organizational level (Hafenbrack, 2017). These issues thus point to the relevance of envisioning alternative techniques that could make these practices adaptable to the specific exigencies and needs of leaders and managers.

### **Leadership Styles and Listening Styles**

New research proposed that empathetic leadership was essential for building compassionate organizations and that it promoted positive organizational outcomes (Banker & Bhal, 2018). Another study showed that the combination of authentic and servant leadership styles was associated with greater self-compassion (Horton, 2017). This suggests that self-compassion is more present in leaders who engage in positive relationships with their followers through displaying honesty, integrity, self-awareness, adherence to their values, openness to communication, empathy, vision and humility. A recent study on mindfulness and self-compassion for wildland firefighting leadership showed that leader mindfulness and self-

compassion predicted team members' perception of effective leadership qualities (Waldron & Ebbeck, 2015).

Listening style is also a key practice to foster self-compassion (Ramos Salazar, 2017). People listening (i.e., the listener perceives the emotions and feelings of the person that is being listened to) predicted more self-compassion when compared to action listening (i.e., identifying inconsistencies while listening). Action listening was negatively associated with self-compassion. Person listeners are more aware of emotions, empathetic, and conscious of interpersonal relationships. As such, person listeners are better prepared to apply self-compassion as an intrapersonal process.

### **Theoretical and Practical Implications for Human Resource Development**

Our review makes an important contribution to HRD theory by extending current existing framework of resilience at work, which has emphasized personal resources other than self-compassion as core determinants of individual resilience, such as expertise, self-efficacy, and social competences. While these latter factors encompass single learnable components (e.g., behaviors, beliefs, or attitudes), self-compassion constitutes a more complex and integrated state that combines attentive capacities (i.e., mindfulness), emotional and behavioral skills (i.e., self-kindness), and personal beliefs and attitudes (i.e., common humanity), all of which are relevant for the development of resilience at work. Thus, given that more research is needed to clarify the relationship between self-compassion and resilience at work, our framework provides new insights that highlight the importance of theorizing and empirically investigating the role of self-compassion dimensions in nurturing individual resilience in the workplace as well as the role of specific HRD interventions in enhancing such dimensions.

Relatedly, the psychological capacity of self-compassion, as discussed in our review, has important practical implications for HRD because self-compassion can be learned and developed. The validated scale to measure self-compassion (Neff, 2003b, 2016) enables separate assessment of each of the three sub-dimensions, thereby allowing for the development efforts to precisely target, build, and nurture the specific self-compassionate strengths of each individual. Thus, the use of the self-kindness, mindfulness, and common humanity scores can help assess and determine the most suitable HRD tactic needed to develop and enhance an individual's overall self-compassion. Accordingly, the practice-oriented framework presented in this article suggests that resilience supportive HRD programs can be integrated with a self-compassionate approach focused on the development of a self-caring mindset among employees. An integrated approach would improve resilience supportive HRD programs, as it would enable employees to learn the skills necessary to deal with the difficult and threatening aspects of their personal experience that would otherwise constrain their ability to stay resilient and to perform effectively in the face of adverse and stressful work conditions.

The development of self-compassion and, ultimately, resilience, can be accomplished through various HRD interventions. Based on our review, we outline evidence-based practical recommendations on how to enhance and use self-compassion for human resource development. Implementing the MSC program would yield a direct increase self-compassion. For best practices, Eby and colleague's (2017) review on mindfulness trainings at work recommended mixed method trainings that include practical experience, lectures, as well as, fostering specific and realistic goal setting in line with the trainee's routines. They also endorsed providing reminders to promote post-training mindfulness practices (i.e. identifying time and location for practical applications of the training). In order to increase the transfer of training into practical



experience, the authors suggested creating a workplace environment that encourages practice by using art or posters that inspire mindfulness, and by offering post-training sessions to remind the trainees of the important elements of the training. Supporting employee initiatives to assemble and implement teachings from the trainings (i.e., regular meeting times or practice times for those who would like to discuss how to implement the training into their work lives), is advised.

As the mindfulness aspect of well-being can be developed through a continuous practice, offering a space for practice is recommended. Employee attendance at contemplative trainings could help educate on the topic and innovate ways to implement self-compassion resources specific to the organization. Studies showed that self-compassion can be learned and is more prevalent in those who practice self-compassion techniques (Neff & Germer, 2012); therefore, providing trainings and a physical practice space could be very useful for longer term sustainability. Team projects around the value of self-compassion in the organization could be advantageous for implementing this mindset (Abeydeera, Kearins, & Tregidga, 2016). Finally, providing opportunities for teams and staff to learn from each other and build self-compassion through special projects, presentations, consultations with each other, or with professionals is suggested.

Findings showed that leader-modelling of self-compassion in training programs was a catalyst for change (Sinclair, Raffin-Bouchal, Venturato, Mijovic-Kondejewski, & Smith-MacDonald, 2017b). Accordingly, managers can learn to model their own self-compassionate thinking, and vulnerability, to empower other individuals to do the same. Sinclair and colleagues revealed that training leaders modelled kindness, which aided participants to acquire self-compassionate skills. Encouraging the perception that being self-compassionate is healthy and

beneficial, rather than weak and unproductive, is essential to creating a culture that is accepting of this intrapersonal process.

Horton (2017) recommended corporate trainings on both leadership styles and self-compassion. It is also suggested to use the measures of self-compassion, authentic, and servant leadership to acquire baseline levels to gain information on what skills are needed to increase ethical leadership (Horton, 2017). Managers could use the self-compassion form created by Neff (2003b) to gain better understanding of their own self-compassion levels. Identifying their results could help them specify aspects that they may need to develop in order to increase self-compassion. Research showed that the mindfulness and self-kindness dimensions were identified as more impactful on general well-being (Muris & Petrocchi, 2017). Moreover, studies showed that leaders experienced more feelings of isolation (opposite to the self-compassionate dimension of common humanity) due to having more responsibility and knowledge when compared to employees (Waldron & Ebbeck, 2015). Mindfulness and self-compassion could counter isolation by helping individuals grasp the common experience that arises from being a leader, accept the feelings associated with suffering, and be kind to themselves when faced with hardship. Building a community of leaders to advise and provide feedback is thus suggested (Waldron & Ebbeck, 2015). Leaders could engage in personal work to identify their own levels of compassion, clarify their values, and become more comfortable communicating with their employees. Exploring their patterns, styles, and values with a coach or psychologist could be beneficial for leaders to gain insight on their functioning and, thus, consciously apply their skills. In addition, clarifying core values for all members could facilitate using self-compassion to both identify personal needs and how to implement these needs. Finally, living a self-compassionate life in line with

values fosters “living deeply” – living a more meaningful and connected life (Neff & Germer, 2018).

It is also recommended that managers and members of the organization be mindful of their listening style during business and workplace discussions. Leaders and members can notice if they are focusing on errors, or being critical, and impatient, and thereby adopting a listening style that is aligned with action listening, which is known to be detrimental to the workplace. Instead, when listening, they could perceive emotions and demonstrate empathetic concern in order to help build compassionate outcomes (Ramos Salazar, 2017).

Self-compassion can be a deeply personal and difficult strategy to adopt. Studies show that individuals might experience self-compassion and compassionate actions from others as threatening (i.e. Gilbert et al., 2011). In addition, individuals who are high in self-criticism, who experience guilt, and who have mental health difficulties, can struggle with implementing self-compassion (Pauley & McPherson, 2010). Some individuals are concerned that self-kindness and acceptance will make them appear submissive, weak, and selfish, or that it will lead to lowered personal expectations, experiencing failure, judgment, and increased negative emotions (Campion & Glover, 2017; Gilbert et al., 2011). Thus, it would be advantageous for leaders to create an environment that is more accepting and open to vulnerability in order to foster positive emotional reactions to applying self-compassion and, thus, decrease threat reactions.

Self-compassion may be experienced as a completely new way to relate to the self, which could generate major personal change. Adopting a kind, open, and caring stance could be beneficial to build trust, and develop a safer space for discussion with employees. For instance, when in coaching, managers could explore workplace functioning and difficult situations, like failure, with open-ended questions using a gentle, curious, and compassionate tone. Questions

such as: “How does the way you relate to yourself impact your activities or your well-being at work?”, or “How could you rephrase that in a more compassionate way?” would enable a safe space that models that compassion is acceptable and encouraged.

### **Conclusion**

Our practice-oriented review suggests that the cultivation of a self-compassionate mindset is necessary to build employee resilience at work, and that several factors can strengthen self-compassion in organizations, including contemplative trainings, leadership and listening styles, and personal factors. Although studies have documented the benefit of self-compassion for resilience, more research is needed to clarify the effects of self-compassion, to elucidate the mechanisms of change, and to identify causality. Nonetheless, the advantages outlined in this paper highlight the potentially transformative role of self-compassion as a personal competence that can be learned and developed through HRD interventions to foster resilience in organizations.

## References

- Abaci, R., & Arda, D. (2013). Relationship between self-compassion and job satisfaction in white collar workers. *Procedia-Social and Behavioral Sciences*, *106*, 2241-2247.
- Abeydeera, S., Kearins, K., & Tregidga, H. (2016). Buddhism, sustainability and organizational practices: Fertile ground? *Journal of Corporate Citizenship*, *61*, 44-70.
- Alkire, T. D. & Avey, J. B. (2013). Psychological capital and the intent to pursue employment with developed and emerging market multinational corporations. *Human Resource Development International*, *16*, 40-55.
- Babenko, O., Mosewich, A., Abraham, J., & Lai, H. (2018). Contributions of psychological needs, self-compassion, leisure-time exercise, and achievement goals to academic engagement and exhaustion in Canadian medical students. *Journal of Educational Evaluation for Health Professions*, *15*(1), 1-7.
- Baer, R.A., Lykins, L.B., & Peters, J.R. (2012). Mindfulness and self-compassion as predictors of psychological wellbeing in long-term meditators and matched nonmeditators. *The Journal of Positive Psychology*, *7*, 230-238.
- Banker, D. V., & Bhal, K. T. (2018). Understanding compassion from practicing managers' perspective-vicious and virtuous forces in business organizations. *Global Business Review*, *20*(6), 1-17.
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology*, *15*(4), 289-303.
- Beaumont, E., Durkin, M., Hollis Martin, C.J., & Carson, J. (2016). Compassion for others, self-compassion, quality of life and mental well-being measures and their association with

- compassion fatigue and burnout in student midwives: A quantitative survey. *Midwifery*, 34, 239–244.
- Birnie, K., Speca, M., Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of Mindfulness-Based Stress Reduction (MBSR). *Stress and Health*, 26, 359-371.
- Bluth, K., & Eisenlohr-Moul, T. A. (2017). Response to a mindful self-compassion intervention in teens-A within-person association of mindfulness, self-compassion, and emotional well-being outcomes. *Journal of Adolescence*, 57, 108-118.
- Boellinghaus, I., Jones, F.W., & Hutton, J. (2014), The role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in health care professionals. *Mindfulness*, 5(2), 129–138.
- Campion, M., & Glover, L. (2017). A qualitative exploration of responses to self-compassion in a non-clinical sample. *Health & Social Care in the Community*, 25, 1100-1108.
- Carnevale, A. P., & Smith, N. (2013). Workplace basics: The skills employees need and employers want. *Human Resource Development International*, 16, 491-501.
- Coo, C., & Salanova, M. (2018). Mindfulness can make you happy-and-productive: A mindfulness controlled trial and its effects on happiness, work engagement and performance. *Journal of Happiness Studies*, 19, 1691-1711.
- Crane, M., & Boga, D. (2017). A commentary: Rethinking approaches to resilience and mental health training. *Journal of Military and Veterans Health*, 25, 30-33.
- Depue, R. A., & Morrone-Strupinsky, J. V. (2005). A neurobehavioral model of affiliative bonding: implications for conceptualizing a human trait of affiliation. *Behavioral Brain Science*, 28, 313–350.

- Dev, V., Fernando, III, A. T., Lim, A. G., & Consedine, N. S. (2018). Does self-compassion mitigate the relationship between burnout and barriers to compassion? A cross-sectional quantitative study of 799 nurses. *International Journal of Nursing Studies*, *81*, 81-88.
- Dev, V., Fernando III, A. T., & Consedine, N. S. (2020). Self-compassion as a stress moderator: A cross-sectional study of 1700 doctors, nurses, and medical students. *Mindfulness*, *11*, 1170-1181.
- D'Souza, R. M., Strazdins, L., Broom, D. H., Rodgers, B., & Berry, H. L. (2006). Work demands, job insecurity and sickness absence from work. How productive is the new, flexible labour force? *Australian and New Zealand Journal of Public Health*, *30*, 205-212.
- Eby, L. T., Allen, T. D., Conley, K. M., Williamson, R. L., Henderson, T. G., & Mancini, V. S. (2017). Mindfulness-based training interventions for employees: A qualitative review of the literature. *Human Resource Management Review*, Advance online publication, 1-23.
- Egeland, B., Carlson, E.A., & Sroufe, L.A. (1993). Resilience as process. *Development and Psychopathology*, *5*, 517-528.
- Epstein, R. M., & Krasner, M. S. (2013). Physician resilience: what it means, why it matters, and how to promote it. *Academic Medicine*, *88*, 301-303.
- Eriksson, T., Germundsjö, L., Åström, E., & Rönnlund, M. (2018). Mindful self-compassion training reduces stress and burnout symptoms among practicing psychologists: A randomized controlled trial of a brief web-based intervention. *Frontiers in Psychology*, *9*, 1-10.

- Finlay-Jones, A.L., Kane, R.T., & Rees, C.S. (2016). Self-compassion online: A pilot study of an internet-based self-compassion cultivation program for psychology trainees. *Journal of Clinical Psychology, 73*, 797-816.
- Gauthier, T., Meyer, R.M., Greife, D., & Gold, J.I. (2015). An on-the-job mindfulness-based intervention for pediatric ICU nurses: A pilot. *Journal of Pediatric Nursing, 30*, 402–409.
- Gilbert, P. (2009). *The compassionate mind*. London, UK: Constable & Roberson Ltd.
- Gilbert, P. (2015). An evolutionary approach to emotion in mental health with a focus on affiliative emotions. *Emotion Review, 7*, 230-237.
- Gilbert, P., McEwan, K., Matos, M., & Rivis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, Research and Practice, 84*, 239–255.
- Gilbert, P., McEwan, K., Mitra, R., Franks, L., Richter, A., & Rockliff, H. (2008). Feeling safe and content-A specific affect regulation system? Relationship to depression, anxiety, stress, and self-criticism. *The Journal of Positive Psychology, 3*, 182-191.
- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy, 13*, 353-379.
- Hafenbrack, A. C. (2017). Mindfulness meditation as an on-the-spot workplace intervention. *Journal of Business Research, 75*, 118-129.
- Hope, N., Koestner, R., & Milyavskaya, M. (2014). The role of self-compassion in goal pursuit and well-being among university freshmen. *Self and Identity, 13M*, 579-593.



- Horan, K. A., & Taylor, M. B. (2018). Mindfulness and self-compassion as tools in health behavior change- An evaluation of a workplace intervention pilot study. *Journal of Contextual Behavioral Science*, (In press), 1-9.
- Horton, N. L. (2017). *Does Leadership Style Predict Higher Levels of Self-Compassion, Subjective Well-Being, and Job Satisfaction?* (Doctoral dissertation). Retrieved from Proquest Dissertations and Theses database. (10633662)
- Ingstrup, M. S., Mosewich, A. D., & Holt, N. L. (2017). The Development of Self-Compassion Among Women Varsity Athletes. *The Sport Psychologist*, 31, 317-331.
- Irving, J., Dobkin, P., & Park, J. (2009). Cultivating mindfulness in health care professionals: A review of empirical studies of mindfulness-based stress reduction (MBSR). *Complementary Therapies in Clinical Practice*, 15(2), 61–66.
- Jamieson, S. D., & Tuckey, M. R. (2017). Mindfulness interventions in the workplace: A critique of the current state of the literature. *Journal of Occupational Health Psychology*, 22, 180-193.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical psychology: Science and Practice*, 10, 144-156.
- Kaurin, A., Schönfelder, S., & Wessa, M. (2018). Self-compassion buffers the link between self-criticism and depression in trauma-exposed firefighters. *Journal of Counseling Psychology*, 65, 453-462.
- Kemper, K.J., Mo, X., & Khayat, R. (2015). Are mindfulness and self-compassion associated with sleep and resilience in health professionals? *Journal of Alternative and Complementary Medicine*, 21, 496–503.

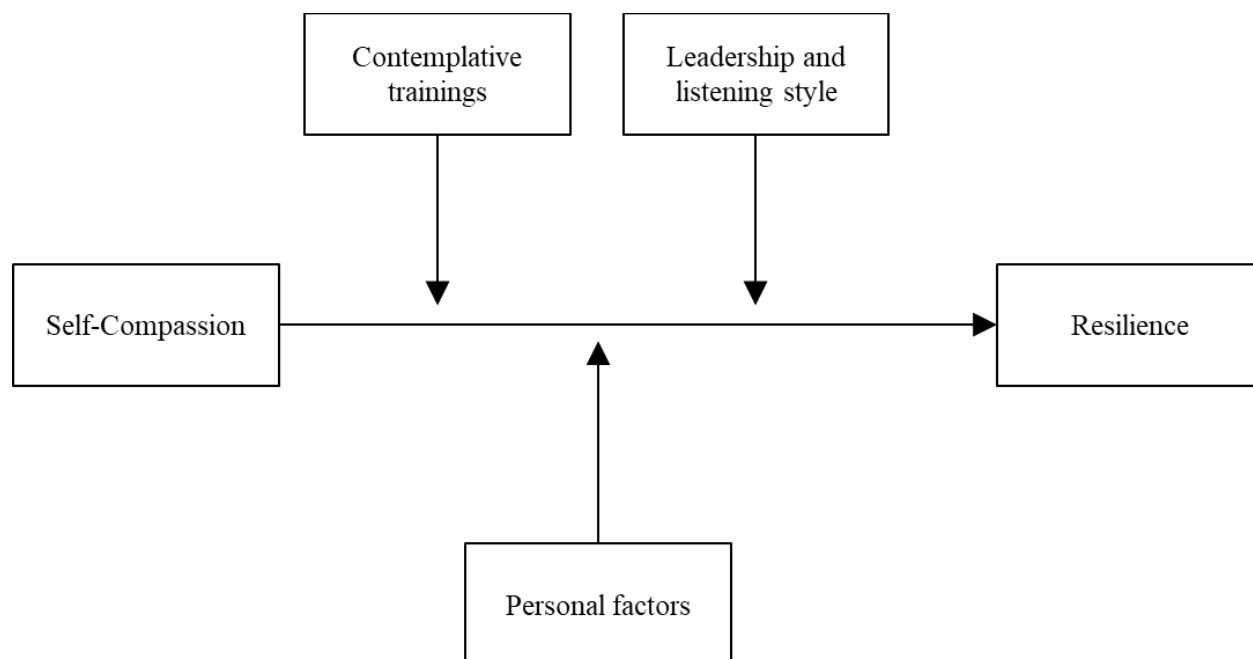
- Lewis, A. B., & Ebbeck, V. (2014). Mindful and self-compassionate leadership development- preliminary discussions with wildland fire managers. *Journal of Forestry*, *112*, 230-236.
- Luo, X., Qiao, L., & Che, X. (2018). Self-compassion Modulates Heart Rate Variability and Negative Affect to Experimentally Induced Stress. *Mindfulness*, *9*, 1522-1528.
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, *32*, 545-552.
- McArthur, M., Mansfield, C., Matthew, S., Zaki, S., Brand, C., Andrews, J., & Hazel, S. (2017). Resilience in veterinary students and the predictive role of mindfulness and Self-compassion. *Journal of Veterinary Medical Education*, *44*, 106-115.
- Muris, P., & Petrocchi, N. (2017). Protection or vulnerability? A meta-analysis of the relations between the positive and negative components of self-compassion and psychopathology. *Clinical Psychology & Psychotherapy*, *24*, 373-383.
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*, 223-250.
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*, 85-101.
- Neff, K. D. (2004). Self-compassion and psychological well-being. *Constructivism in the Human Sciences*, *9*, 27-37.
- Neff, K.D. (2009). Self-compassion. In M. R. Leary & R. H. Hoyle (Eds), *Handbook of individual differences in social behavior* (pp. 561-573). New York, NY: Guilford Press.
- Neff, K. D. (2016). The Self-Compassion Scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*, *7*, 264-274.

- Neff, K. D., & Dahm, K. A. (2014). Self-compassion: What it is, what it does, and how it relates to mindfulness. In M. Robinson., B. Meier, & B. Ostafin (Eds.) In *Handbook of mindfulness and self-regulation* (pp. 121-137). New York, NY: Springer.
- Neff, K. D., & Germer, C. K. (2012). A pilot study and randomized controlled trial of the Mindful Self-Compassion Program. *Journal of Clinical Psychology, 69*, 28-44.
- Neff, K. D., & Germer, C. K. (2018). *The mindful self-compassion workbook*. New York: The Guilford Press.
- Neff, K. D., Hsieh, Y., & Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity, 4*, 263-287.
- Olson, K., & Kemper, K.J. (2014). Factors associated with well-being and confidence in providing compassionate care. *Journal of Evidence-Based Complementary & Alternative Medicine, 19*, 292–296.
- Olson, K., Kemper, K.J., & Mahan, J.D. (2015). What factors promote resilience and protect against burnout in first-year pediatric and medicine-pediatric residents? *Journal of Evidence Based Complementary & Alternative Medicine, 20*, 192-198.
- Organisation de coopération et de développement économiques. (2012). *Mal-être au travail? Mythes et réalités sur la santé mentale et l'emploi*. Paris, France: Éditions OCDE.
- Park, C., & Adler, N. (2003). Coping style as a predictor of health and well-being across the first year of medical school. *Health Psychology, 22*(6), 627-631.
- Park, J. J., Long, P., Choe, N. H., & Schallert, D. L. (2018). The contribution of self-compassion and compassion to others to students' emotions and project commitment when experiencing conflict in group projects. *International Journal of Educational Research, 88*, 20-30.

- Pauley, G., & McPherson, S. (2010). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychology and Psychotherapy: Theory, Research and Practice*, *83*(2), 129-143.
- Petchsawanga, P., & Duchon, D. (2009). Measuring workplace spirituality in an Asian context. *Human Resource Development International*, *12*, 459–468.
- Pires, F. B. C., Lacerda, S. S., Balardin, J. B., Portes, B., Tobo, B. R., Barrichello, C. R. C., ... Kozasa, E. H. (2018). Self-compassion is associated with less stress and depression and greater attention and brain response to affective stimuli in women managers. *BMC Women's Health*, *18*, 1-7.
- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, *20*(3), 95–108.
- Ramos Salazar, L. (2017). The Influence of Business Students' Listening Styles on Their Compassion and Self-Compassion. *Business and Professional Communication Quarterly*, *80*, 426-442.
- Robertson, I. T., Cooper, C. L., Sarkar, M., & Curran, T. (2015). Resilience training in the workplace from 2003 to 2014: A systematic review. *Journal of Occupational and Organizational Psychology*, *88*, 533-562.
- Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-Based Stress Reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, *12*, 164-176.
- Shapiro, S. L., Brown, K. W., & Biegel, G. M (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, *1*, 105-115.

- Sinclair, S., Kondejewski, J., Raffin-Bouchal, S., King-Shier, K. M., & Singh, P. (2017a). Can self-compassion promote healthcare provider well-being and compassionate care to others? Results of a systematic review. *Applied Psychology: Health and Well-Being*, *9*, 168-206.
- Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic-Kondejewski, J., Smith-MacDonald, L. (2017b). Compassion fatigue: A meta-narrative review of the healthcare literature. *International Journal of Nursing Studies*, *69*, 9–24.
- Sirois, F. M., Kitner, R., & Hirsch, J. K. (2015). Self-Compassion, Affect, and Health-Promoting Behaviors. *Health Psychology*, *34*, 661-669.
- Terry, M. L., Leary, M. R., & Mehta, S. (2013). Self-compassion as a buffer against homesickness, depression, and dissatisfaction in the transition to college. *Self and Identity*, *12*, 278–290.
- Vaillancourt, E. S., & Wasylkiw, L. (2019). The intermediary role of burnout in the relationship between self-compassion and job satisfaction among nurses. *Canadian Journal of Nursing Research*. doi: 10.1177/0844562119846274
- Waldron, A. L., & Ebbeck, V. (2015). The relationship of mindfulness and self-compassion to desired wildland fire leadership. *International Journal of Wildland Fire*, *24*, 201-211.
- Weidlich, C.P., & Ugarriza, D.N. (2015). A pilot study examining the impact of care provider support program on resiliency, coping, and compassion fatigue in military health care providers. *Military Medicine*, *180*, 290–295.

Figure 1. Practice-oriented model of self-compassion at work.



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