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Compassion i sundhedsvæsenet

- at skabe det gode (indre) arbejdsmiljø

Camilla Littau Nielsen, sygeplejerske, ph.d., post.doc. & certificeret compassion-underviser
Forskningsenheden og Uddannelsescentret, Esbjerg Sygehus & Grindsted Sygehus
Forsknings- og Forskerstøtteenheden, OPEN, Odense Universitetshospital & Syddansk Universitet
Klinisk Institut, Syddansk Universitet

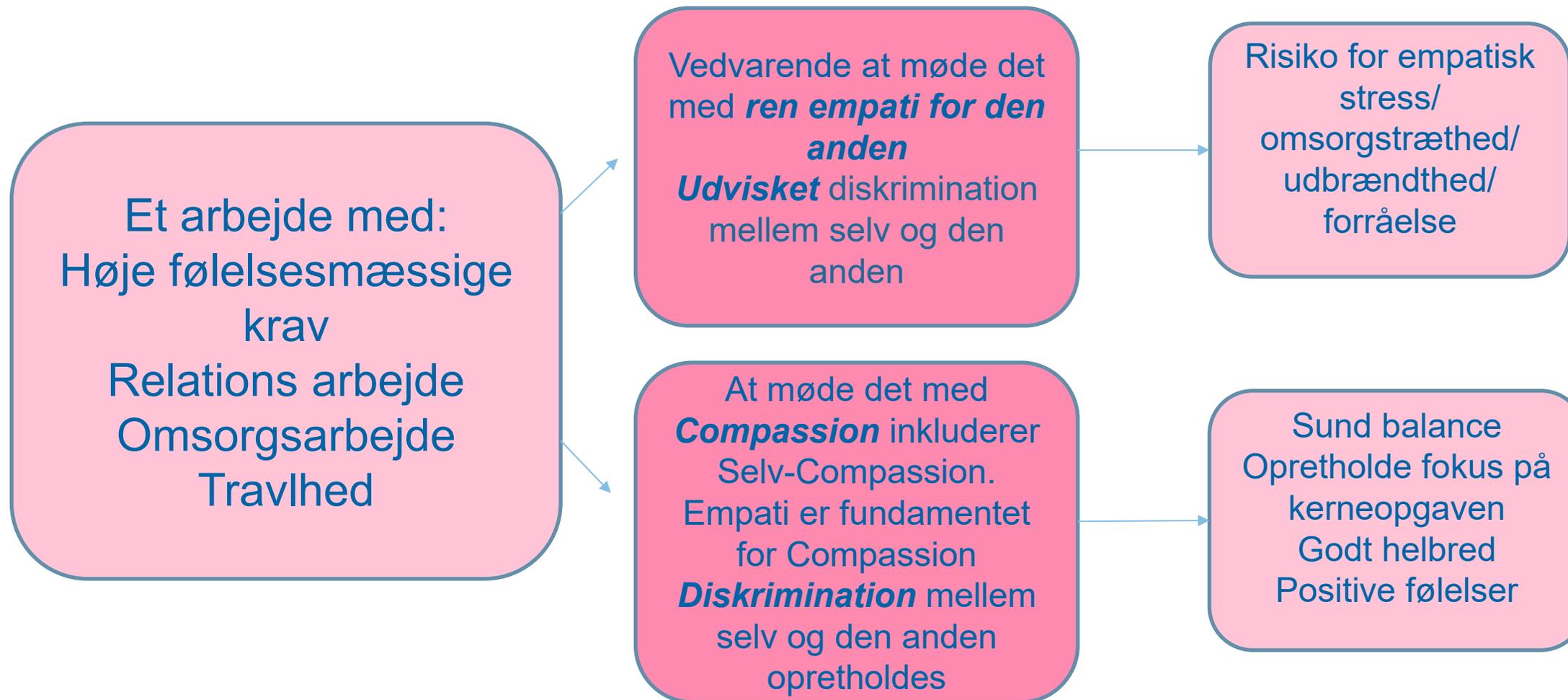
Hvorfor compassion i sundhedsvæsenet?



- **Det er et arbejde med høje følelsesmæssige krav (risiko for empatisk lidelse)**
- **Der er brug for det – epidemi af stress og udbrændthed**
- **For at vi kan varetage vores kerneopgave og samtidig tage vare på os selv**
- **Arbejdet stiller høje krav til evnen til empati og til, at man kan håndtere de smertefulde følelser, man møder gennem sin arbejdsdag**
- **Træning i compassion er en evidensbaseret tilgang**



Empatisk lidelse - compassion



Indblik i forskningen

SYSTEMATIC REVIEW **OPEN ACCESS**

JAMA Network **Open.**



Original Investigation | Psychiatry

Effect of a Compassion Cultivation Training Program for Caregivers of People With Mental Illness in Denmark A Randomized Clinical Trial

Nanja Holland Hansen, MScounseling, Lise Juul, PhD; Karen-Johanne Pallesen, PhD; Lone Overby Fjorback, PhD

Abstract

IMPORTANCE Caregivers of people with mental illness are at increased risk of developing depression, anxiety, and stress.

OBJECTIVE To investigate the effect of a compassion cultivation training (CCT) program on decreasing caregiver psychological distress.

DESIGN, SETTING, AND PARTICIPANTS This waitlist-controlled randomized clinical trial was conducted in 2 different community settings in Denmark. Caregivers were excluded if they had a diagnosed and untreated mental illness, addiction, meditation practice, or current psychotherapeutic treatment. Enrollment occurred between May 2018 and March 2019. A repeated measurement model was used to examine the impact of the intervention. The primary analysis was based on the intention-to-treat principle. Data analysis was conducted from June 4 to July 7, 2020.

INTERVENTIONS Participants were randomized 1-to-1 to an 8-week CCT course or waitlist control. Block randomization was used with 40 participants in each block.

MAIN OUTCOMES AND MEASURES The main outcome was reduction in psychological distress, as measured by the Depression, Anxiety, Stress Scale (DASS). Baseline, postintervention, and 3- and 6-month follow-up measurements were collected.

RESULTS Among 192 participants assessed for eligibility, 161 participants were included in the study (mean [SD] age, 52.6 [12.5] years; 142 [88.2%] women), with 79 participants randomized to the CCT intervention and 82 participants in the waitlist control group. At baseline, the mean (SD) DASS scores for the intervention vs control groups were 10.89 (8.66) vs 10.80 (8.38) for depression, 6.89 (6.48) vs 6.68 (5.33) for anxiety, and 14.96 (7.90) vs 15.77 (7.40) for stress. The CCT group experienced statistically significant improvement in the primary outcome in mean change from baseline vs the control group at postintervention (adjusted mean difference: depression, -4.16 [95% CI, -6.75 to -1.58]; $P = .002$; anxiety, -2.24 [95% CI, -3.99 to -0.48]; $P = .01$; stress, -4.20 [95% CI, -6.73 to -1.67]; $P = .001$), the 3-month follow-up (adjusted mean difference: depression, -3.78 [95% CI, -6.40 to -1.17]; $P = .005$; anxiety, -2.50 [95% CI, -4.27 to -0.73]; $P = .006$; stress, -3.76 [95% CI, -6.32 to -1.21]; $P = .004$), and the 6-month follow-up (adjusted mean difference: depression, -4.24 [95% CI, -6.97 to -1.52]; $P = .002$; anxiety, -2.12 [95% CI, -3.96 to -0.29]; $P = .02$; stress, -3.79 [95% CI, -6.44 to -1.13]; $P = .005$).

CONCLUSIONS AND RELEVANCE These findings suggest that CCT was superior to the waitlist control in supporting caregivers' mental health. Statistically and clinically significant reductions in psychological distress were found and sustained at the 6-month follow-up. The improvements noted

(continued)

Key Points

Question Is a compassion cultivation training (CCT) intervention effective in decreasing psychological distress in informal caregivers of people with mental illness?

Findings In this randomized clinical trial including 161 caregivers randomized to a CCT program or waitlist group, caregivers who received CCT experienced significant improvements in depression, anxiety, and stress, and the improvements were maintained at 6-month follow-up.

Meaning These findings suggest that the CCT intervention was effective in decreasing psychological distress in caregivers of people with mental illness.

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Author listed.

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Compassion network

Empathy for pain network

Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion Program for Healthcare Communities

Kristin D. Neff¹ | Marissa C. Knox¹ | Phoebe Long² | Krista Gregory²

¹Department of Educational Psychology, University of Texas at Austin, Austin, Texas, USA

²Center for Resiliency, Dell Children's Medical Center of Central Texas, Austin, Texas, USA

Correspondence

Kristin D. Neff, Department of Educational Psychology, the University of Texas at Austin, 1912 Speedway, Suite 504, Austin, TX 78712-1289, USA.
Email: kneff@austin.utexas.edu

Funding information

Dell Children's Foundation

Abstract

Objective: Two studies examined the efficacy of the Self-Compassion for Healthcare Communities (SCHC) program for enhancing wellbeing and reducing burnout among healthcare professionals.

Method: Study 1 ($N = 58$) had a quasi-experimental design and compared wellbeing outcomes for the SCHC group compared to a waitlist control group. Study 2 ($N = 23$) did not include a control group and examined the effect of SCHC on burnout.

Results: Study 1 found that SCHC significantly increased self-compassion and wellbeing. All gains were maintained for three months. Study 2 found that in addition to enhancing wellbeing, SCHC significantly reduced secondary traumatic stress and burnout. Changes in self-compassion explained gains in other outcomes, and initial levels of self-compassion moderated outcomes so that those initially low in self-compassion benefitted more.

Conclusions: Findings suggest that the SCHC program may be an effective way to increase self-compassion, enhance wellbeing, and reduce burnout for healthcare professionals.

What is the State of Organisational Compassion-Based Interventions Targeting to Improve Health Professionals' Well-Being? Results of a Systematic Review

Camilla Littau Nielsen^{1,2,3} | Christina Louise Lindhardt^{2,4,5} | Lui Näslund-Koch^{3,6} | Tove Faber Frandsen⁷ | Jane Clemensen^{1,2,8} | Connie Timmermann^{2,4,5}

¹Hans Christian Andersen Children's Hospital, Odense University Hospital, Odense, Denmark | ²Department of Clinical Research, University of Southern Denmark, Odense, Denmark | ³Centre for Compassion in Healthcare, Department of Clinical Research, Department of Regional Health Research, University of Southern Denmark, Odense, Denmark | ⁴Centre for Research in Patient Communication, Odense University Hospital, Odense, Denmark | ⁵Faculty of Health, Deakin University, Burwood, Australia | ⁶Lägerne Postparken, Kastrup, Capital Region of Denmark, Denmark | ⁷Department of Design and Communication, University of Southern Denmark, Odense, Denmark | ⁸Centre for Innovative Medical Technology, Odense University Hospital, University of Southern Denmark, Odense, Denmark

Correspondence: Camilla Littau Nielsen (camilla.littau.nielsen@rsyd.dk)

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Keywords: burnout | care | compassion | occupational health | staff development | systematic reviews and meta-analyses | work organisation

ABSTRACT

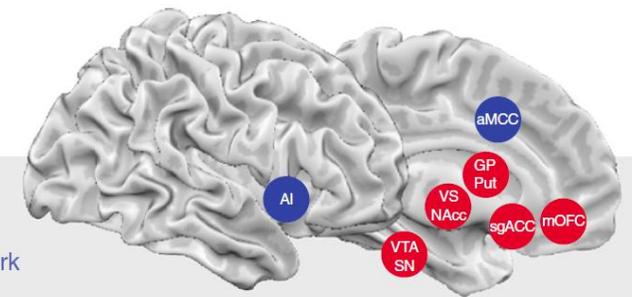
Aim: To identify and assess the state of knowledge regarding compassion-based interventions and outcomes, targeted to the organisational level, that aim to improve health professionals' well-being.

Design: Systematic review.

Data Sources: Using the PICO model, the clinical question and search strategy were structured. The searches were performed on 20 September 2022 and 26 December 2023 in the Scopus, CINAHL, EMBASE, PsycINFO and ProQuest Dissertations & Theses Global databases. Content analysis was applied to analyse data, and the PRISMA and SWim guidelines were followed for reporting.

Results: Thirty-eight studies, mostly from the United Kingdom and the United States, met the inclusion criteria and were quality assessed and analysed. Compassion-based interventions that target the organisational level are quite new, thus representing a burgeoning initiative. In this review, many included quantitative studies revealed significant methodological challenges in effectively measuring organisational compassion (interpersonal relationships, organisational culture and retention/turnover). However, the review findings overall indicate that interpersonal connections between colleagues that foster a sense of community, through shared experiences, mindfulness and (self-)compassion practices and social activities, may be a protective factor for well-being. Further, the review emphasises the crucial role of management support in catalysing organisational changes to improve health professionals' well-being.

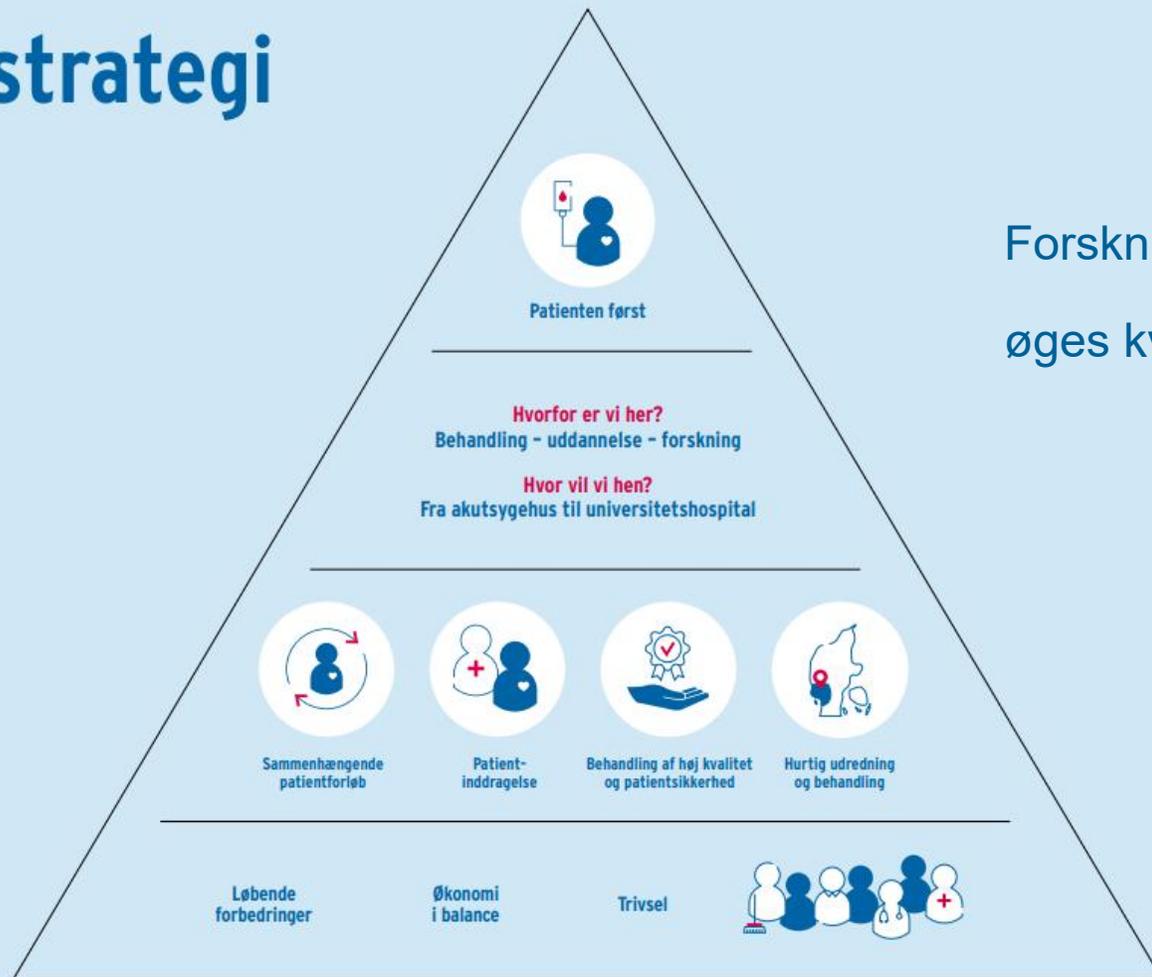
Conclusion: Evidence strongly suggests that fostering human interconnectedness among health professionals is associated with enhanced well-being. Further rigorous studies are needed to validate these findings, clarify the organisational cultural aspects of compassion and develop an effective outcome measurement tool for organisational compassion.



Esbjerg Sygehus
Grindsted Sygehus
Syddansk Universitetshospital



Vores strategi



Forskning viser, at når medarbejdere trives, øges kvaliteten og sikkerheden i plejen og behandlingen.

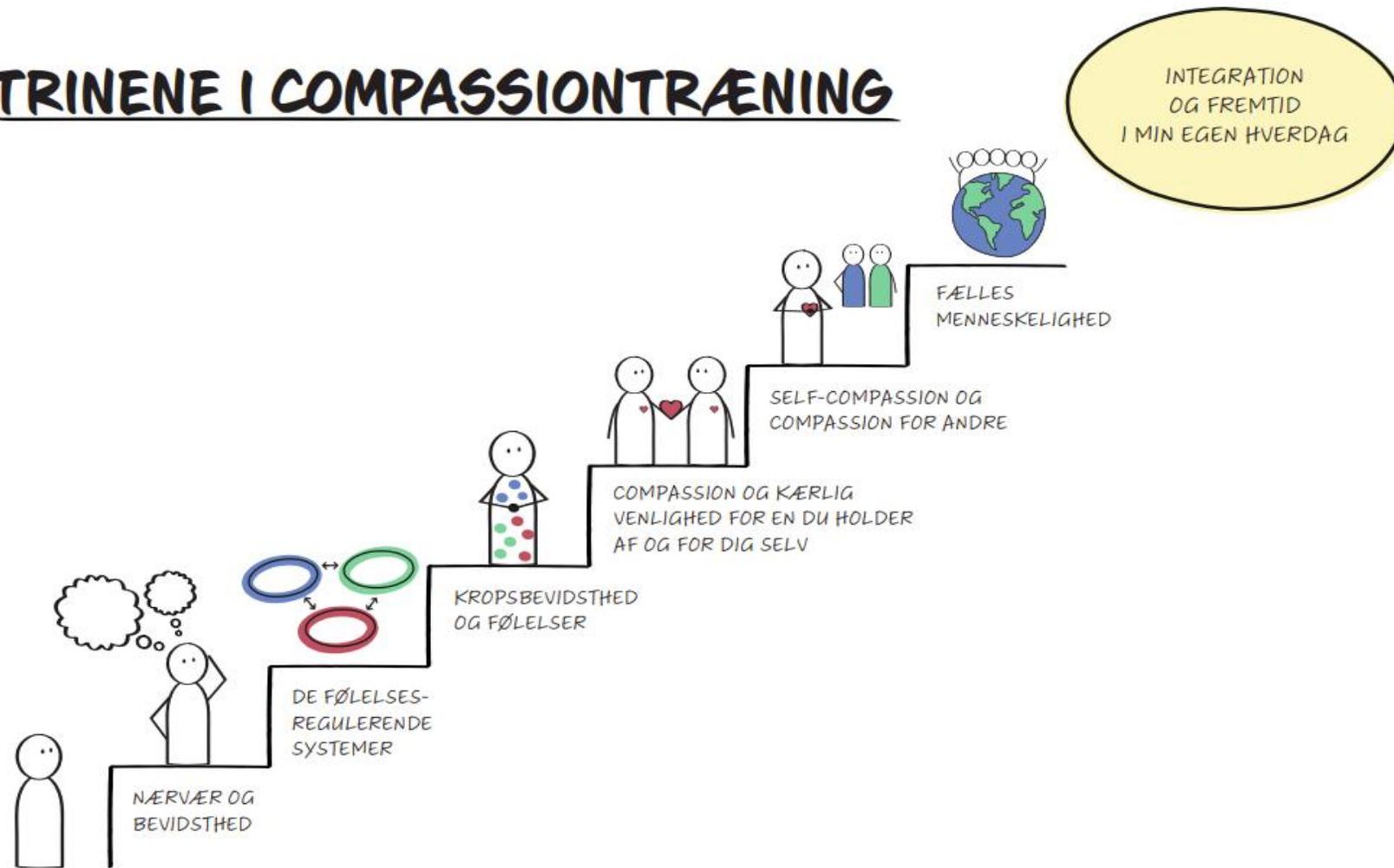


Dette gavner:

- patientsikkerheden,
- patienttilfredsheden,
- produktiviteten,
- økonomien og
- den langsigtede bæredygtighed i sundhedsvæsenet.

(West & Coia 2019; West & Dawson 2018)

TRINENE I COMPASSIONTRÆNING



Paul Gilberts definition af compassion



*”Det bevidst at være opmærksom **på egen og andres lidelse** og lade os berøre af dette og samtidig have et dybfølt ønske om at prøve at lindre det og forebygge yderligere lidelse”*

Gilbert, P. (Ed.). (2017). Compassion: Concepts, research and applications. Taylor & Francis.

Compassionate Leadership



- **Bevidst nærvær** ("listening with fascination")
- **Forståelse** (udforske den andens perspektiver)
- **Empati**
- **Hjælpe** (hvordan kan jeg hjælpe ud fra Compassion)

West, M. (2021). Compassionate leadership: Sustaining wisdom, humanity and presence in health and social care. The Swirling Leaf Press.

Flow of compassion



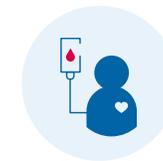
Compassion fra mig til andre

Compassion fra andre til mig

Compassion fra mig til mig – self-compassion



Øvelse 1



Hjernens design - det utrænede sind



- "Monkeymind" – 60-80.000 tanker dagligt
- "Negativity bias" (85% negative og gentagelser – ofte grublen, bekymringer, selvkritik)
- Det er ikke tankerne i selv, der er problemet, men måden vi forholder os til dem
- Opmærksomheden vandrer – ikke nærværende
- Autopilot – automatiske reaktioner

Gennem træning kan vi:

- Øge vores evne til at være nærværende – og komme fra hovedet og ned i kroppen
- Erfare, at tanker kommer og går
- Lære, at vi ikke ER vores tanker
- Lære at tage flere bevidste valg i stedet for at køre på autopilot

Hjernens design - det utrænede sind



- Undgå det ubehagelige/smertefulde
- Ubevidste strategier: Dulme, ekstra aktive for at undgå at mærke, undertrykke
- Konstante vurderinger/tolkninger

Gennem træning kan vi:

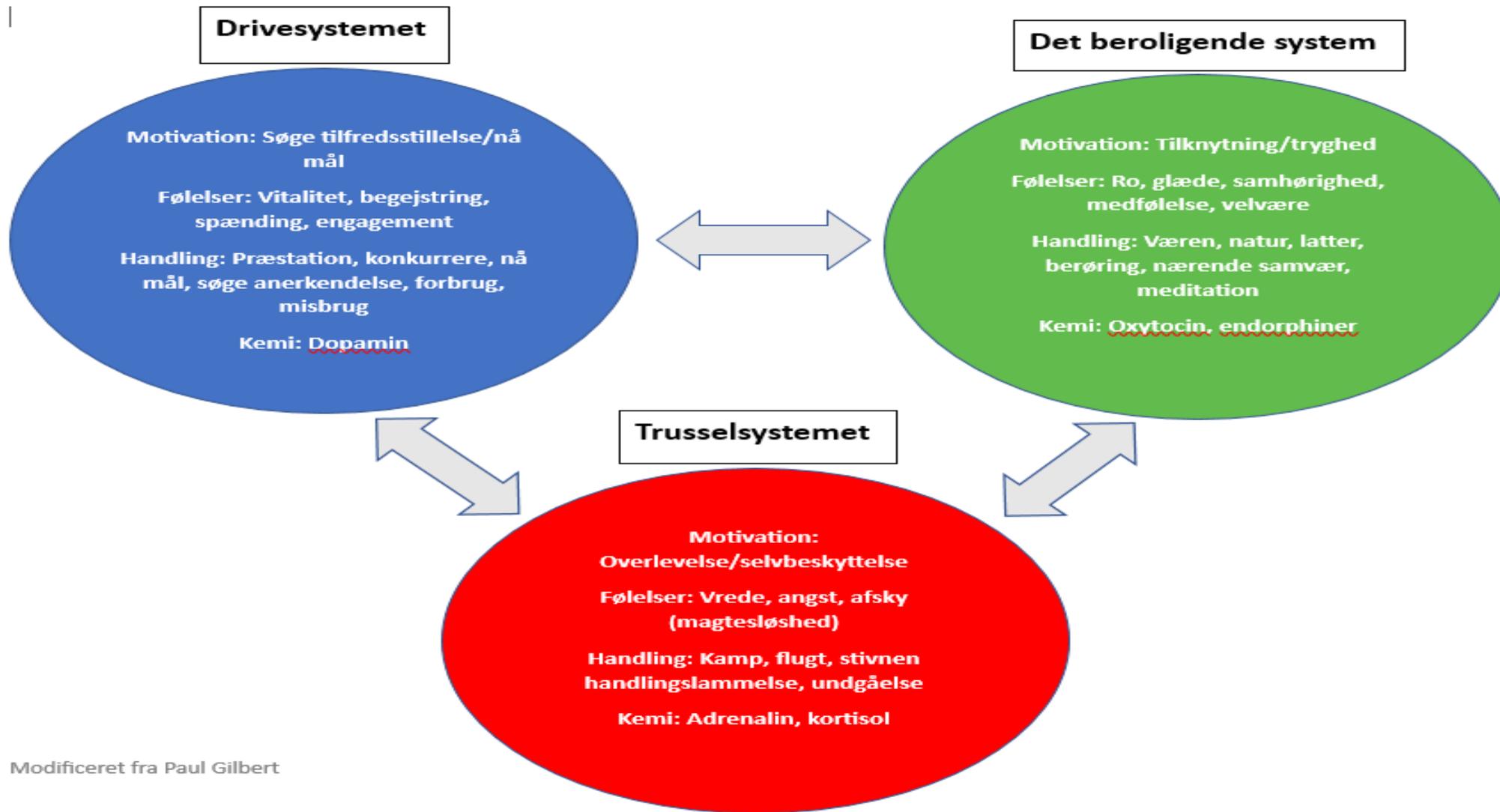
- Øge vores bevidsthed om vores automatiske reaktioner
- Lære at kunne rumme og være med det svære på en hensigtsmæssig måde
- Bevidst vælge en mere åben, ikke vurderende og nysgerrig attitude



Hjernen er designet til overlevelse og ikke til, at vi er glade



De 3 følelsesregulerende systemer

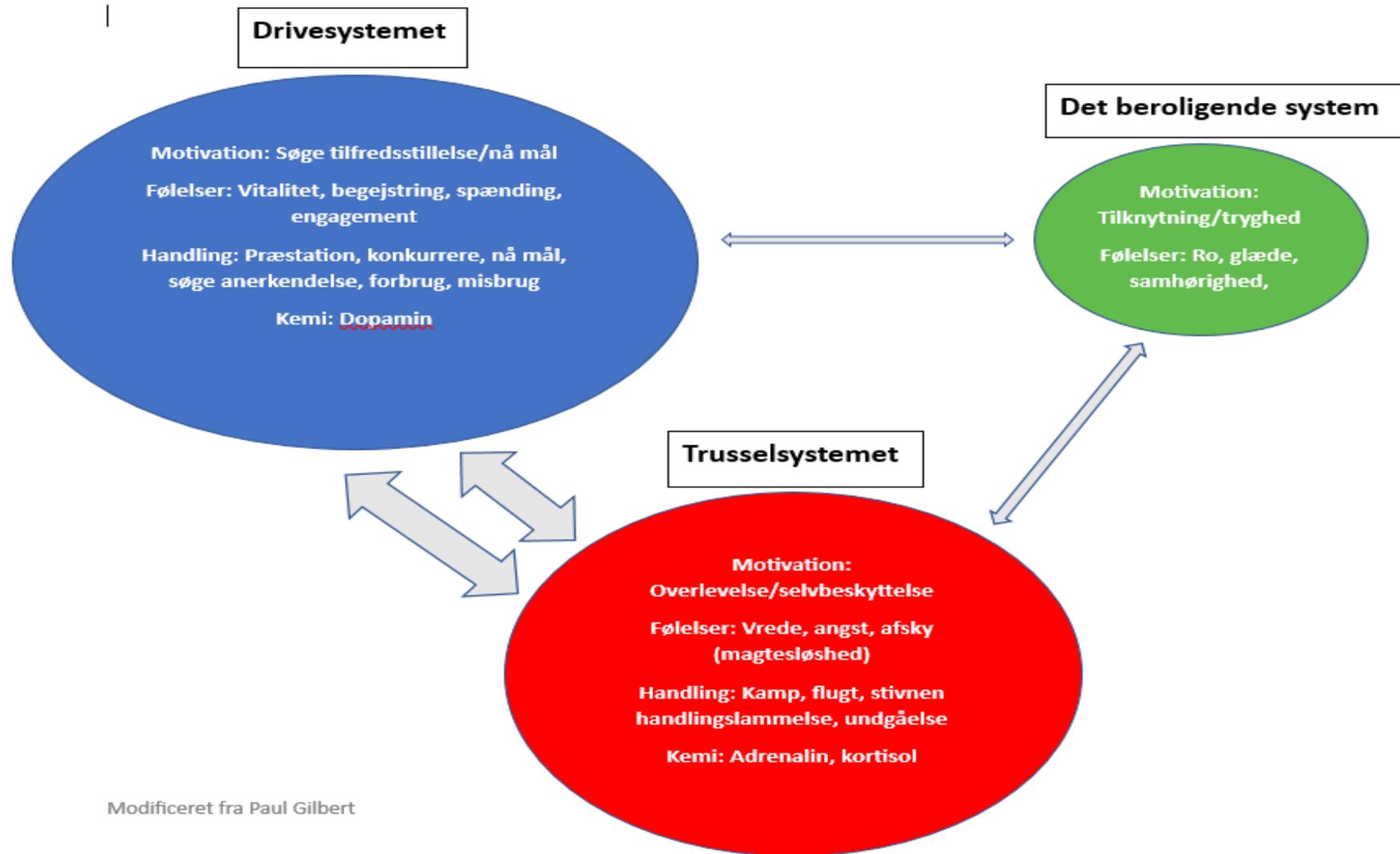


Modificeret fra Paul Gilbert

Øvelse 2



Ubalance i de 3 følelsesregulerende systemer

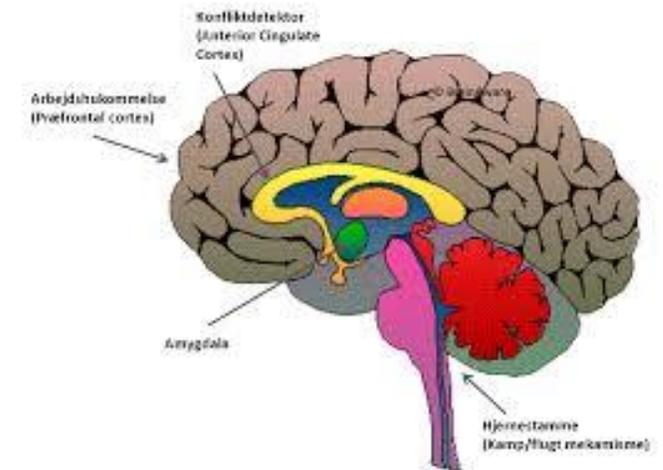


Modificeret fra Paul Gilbert

Trusselsystemet



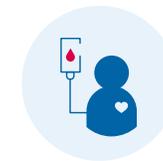
- Trussel ydre eller indre \implies amygdala registrerer det \implies aktivering af hele stress-responset (sympaticus, adrenalin, kortisol) (PFC hæmmes)
- Amygdala bliver mere og mere sensitiv for stimuli, når trusselsystemet ofte er aktivt (ond cirkel)



Øvelse 3



Øget kropsbevidsthed øger vores evne til selvregulering



Følelser er kroppens sprog

Følelser, tanker og kropsfornemmelser og adfærd hænger sammen

Gennem øget bevidsthed på kroppens signaler, kan vi bedre mærke, hvad vi har brug for

Når vi er bevidste om sammenhængen mellem vores kropslige reaktioner og vores (nogen gange ubevidste) følelser, kan vi lettere regulere os selv, og vi har fortsat fuld adgang til præfrontale cortex

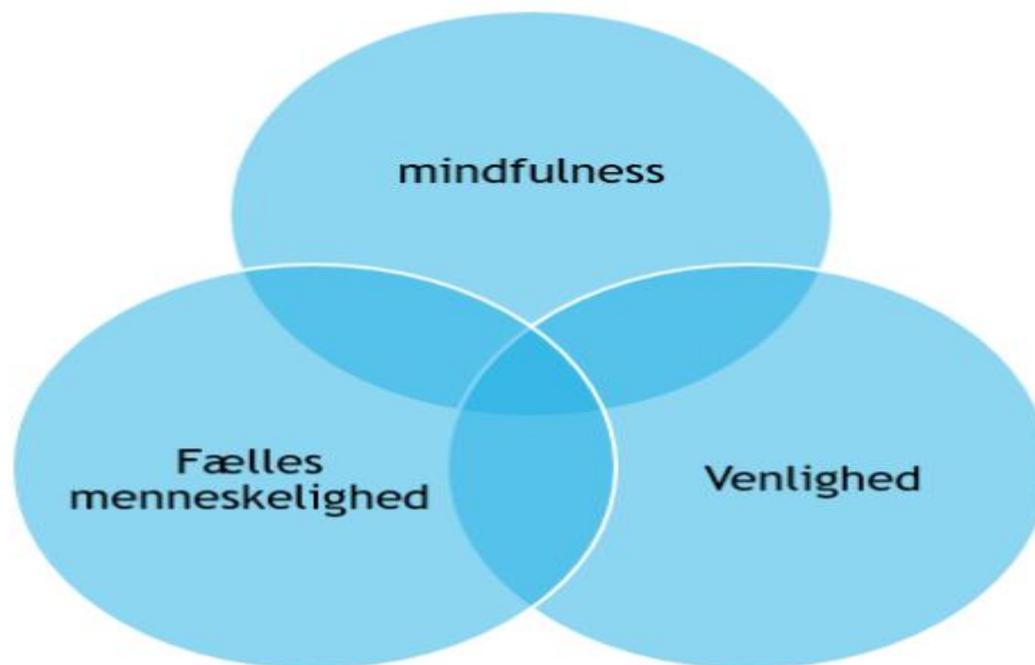
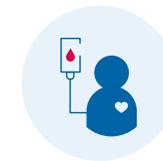
Self-compassion



With self-compassion,
we give ourselves the same
kindness and care we'd give
to a good friend.

—Dr. Kristin Neff

Self-compassion – de tre elementer



Inspireret af Neff og Germer

Kristin Neff: The Three Components of Self-Compassion

Internaliseret trusselrespons og antidot



Trusselrespons	Internaliseret trusselrespons	Self-compassion - antidot
Kæmpe (fight)	Selvkritik (kamp med sig selv)	Venlighed – kærlig venlighed
Flygte (flight)	Selvisolation (alene, separat, skam)	Fælles menneskelighed
Stivnen (freeze)	Selvabsorption (rumination, katastrofetanker, bekymring)	Mindfulness – venlig opmærksomhed

Modificeret efter Germer og Neff

Self-compassion



- **Den omsorgsfulde del**

Venlighed, medfølelse, rummelighed, varme, kærlighed
omsorg, favnen, empati

- **Den kraftfulde del**

Mod, styrke, ansvarlighed/selvansvarlighed, grænsesætning,
stå op for sig selv, skabe forandring

Self-compassion paradox'et



Vi giver os selv compassion, fordi vi har det svært
- ikke fordi vi vil have ubehaget til at gå væk

Vores intention er ikke et quick fix

Daglige self-compassion mikropraksis 20s/dg



Behaviour Research and Therapy
Volume 175, April 2024, 104498



Daily micropractice can augment single-session interventions: A randomized controlled trial of self-compassionate touch and examining their associations with habit formation in US college students

Highlights

- We compared a self-compassionate touch intervention to a finger-tapping control.
- In one session, we taught the exercise and invited daily micropractice (20s/day).
- Effects were practice-dependent—those who did not practice often did not improve.
- Daily self-compassion practice improved self-compassion, stress and psychopathology.
- Daily micropractice may be helpful when more intensive methods are less accessible.

Self-compassion berøring reducerer kortisol respons



Comprehensive Psychoneuroendocrinology
Volume 8, November 2021, 100091



Self-soothing touch and being hugged reduce cortisol responses to stress: A randomized controlled trial on stress, physical touch, and social identity

This article is dedicated to the memory of Wolff Schlotz.

Aljoscha Dreisoerner ^a  , Nina M. Junker ^a  , Wolff Schlotz ^{a,b}  , Julia Heimrich ^a  , Svenja Bloemeke ^c  , Beate Ditzen ^d  , Rolf van Dick ^a  

Highlights

- Self-soothing touch gestures reduce cortisol responses to psychosocial stress.
- Receiving hugs also reduces cortisol responses to psychosocial stress.
- Benefits from receiving hugs are independent of social identification.
- Self-soothing touch might reduce stress-responses in times of limited social resources.

Det vigtigste spørgsmål i self-compassion

Hvad har jeg brug for lige nu?



OBS. Der er forskel på, hvad vi har behov for og lyst til – se om spørgsmålet kan besvares ud fra et mere balanceret følelsesregulerende system. 😊

Spørgsmål?



Kontakt:
Camilla.littau.nielsen@rsyd.dk

Tak for i dag!