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The Compassion Lab: a Service Evaluation of a Compassion-Focused CPD Event for Nurses and Advanced Practitioners

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Abstract

Background: *Nurses and advanced practitioners (APs) work in clinical environments where compassion is expected, yet the conditions needed to sustain compassion are challenged by workload pressure, emotional labour, staffing constraints and exposure to distressing clinical events. Compassion-focused continuing professional development (CPD) may provide protected space for staff to reflect on self-compassion, psychological safety, peer support and compassionate leadership.*

Aim: *To evaluate the acceptability, relevance and usefulness of The Compassion Lab, a one-day RCN Foundation Amin Abdullah Grant-funded CPD event for nurses and APs.*

Method: *A one-day face-to-face CPD event was delivered at an off-site venue in September 2026. The event focused on self-compassion, psychological safety, compassionate leadership, trauma-informed practice and peer support. Anonymous post-event feedback was collected using a Microsoft Forms questionnaire. Rating responses were summarised descriptively. Free-text responses were analysed thematically to identify patterns in delegates' learning, perceived value, barriers to applying the learning and suggestions for future delivery.*

Findings: *17 anonymous feedback responses were received. All respondents consented to anonymised use of their feedback. 15 respondents rated the event as very useful and two rated it as useful. 13 respondents rated it as very relevant to their role or clinical area and four rated it as relevant. Five themes were identified: self-compassion as professional sustainability; psychological safety and compassionate leadership; supporting colleagues after difficult clinical events; barriers to applying learning in practice; and the need for practical, team-based and scenario-based future delivery.*

Conclusion: *The Compassion Lab was acceptable, relevant and useful to delegates. Feedback suggests that compassion-focused CPD can provide a valued reflective space for nurses and APs, but future delivery should include more clinical scenarios, wider team access and follow-up evaluation to understand whether learning is applied in practice.*

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Introduction

Compassion is central to nursing practice, but it cannot be separated from the environment in which staff work, as West et al argued that enabling nurses and midwives to provide compassionate, high-quality care requires workplaces and working conditions that allow them to thrive and flourish. Nurses and APs are expected to provide compassionate care during periods of high demand, acuity, emotional distress and organisational pressure [1]. However, compassion may be harder to sustain when staff experience excessive workload, limited reflective space, reduced peer support, insufficient breaks and workplace cultures where speaking openly feels difficult. The King's Fund report "The courage of compassion" argued that the health and wellbeing of nurses and midwives are essential to the quality of care they can provide, affecting compassion, professionalism and effectiveness, and that compassionate care requires working conditions that enable staff to flourish rather than relying only on individual resilience [1]. This aligns with the NHS Health and Wellbeing Framework, which frames staff wellbeing as an organisational and cultural responsibility shaped by leadership, culture and workforce support [2]. The Nursing and Midwifery Council (NMC) also requires nurses, midwives and nursing associates to prioritise people, practise effectively, preserve safety and promote professionalism and trust [3]. These professional requirements depend on relationships, communication, accountability and workplace cultures in which staff feel able to speak up and seek support. This wider focus is reflected in the RCN Foundation Centre for Compassionate Leadership in Nursing and Midwifery, which aims to strengthen leadership that helps staff care for themselves, each other and those they serve, even in complex and constrained environments. The Centre emphasises that compassionate leadership is not only an individual trait or skill, but a collective endeavour shaped by team relationships, organisational practices and the wider working environment [4]. The RCN Foundation Amin Abdullah Grant also supports nurse-led work focused on nurse wellbeing, including how nurses compassionately support each other while maintaining patient safety [5]. The Compassion Lab was developed within this context as a one-day CPD event designed to create protected reflective space for nurses and APs to consider self-compassion, psychological safety, compassionate leadership, trauma-informed practice and peer support. This paper reports a service evaluation of The Compassion Lab, focusing on delegates' perceptions of its acceptability, relevance and usefulness, and identifying learning to inform future delivery.

Background and Rationale

Healthcare staff are exposed to emotional, cognitive and physical demands that may contribute to stress, burnout, compassion fatigue, secondary traumatic stress and moral distress. These experiences are not only individual responses to pressure, but are also influenced by the conditions in which staff work, including workload, staffing, leadership, team relationships, opportunities for reflection and psychological safety [1,2]. The RCN Foundation Centre for Compassionate Leadership in Nursing and Midwifery also emphasises the importance of focusing on the working conditions that enable staff to care for themselves, each other and those they serve, rather than viewing compassionate leadership only as an individual trait or personal skill [4]. The self-compassion element of The Compassion Lab addressed stress, burnout, mindfulness, barriers to self-compassion and the inner critic. The event also introduced compassion-focused ideas, including non-judgement, sensitivity, distress tolerance and the desire to alleviate suffering. This was important because staff may hold themselves to unrealistic standards while working in systems with significant pressure. Neff

conceptualised self-compassion as a healthier way of relating to oneself during difficulty, involving kindness, common humanity and mindful awareness [6]. Compassion-focused approaches also recognise that threat, drive and soothing systems can become imbalanced when stress is persistent [7]. Within clinical practice, this provides a useful language for helping staff understand why they may feel depleted, self-critical or unable to pause. Recent evidence supports the relevance of compassion and self-compassion interventions for healthcare staff, while also showing that the evidence base remains developing. Alcaraz-Córdoba et al reviewed compassion training programmes for healthcare professionals and reported that such interventions commonly target compassion fatigue, self-compassion, compassion and compassion satisfaction [8]. Rushforth et al reviewed self-compassion interventions for secondary traumatic stress among healthcare workers and concluded that they may have potential, although more robust evidence is needed[9]. Psychological safety is also important. In healthcare teams, staff may fail to speak up because of hierarchy, fear of blame, fear of judgement or previous negative experiences. O'Donovan and McAuliffe reviewed interventions designed to improve psychological safety, speaking up and voice behaviour, highlighting the relevance of educational and team-based interventions. Compassionate leadership literature similarly argues that staff wellbeing, team functioning and patient care are influenced by the ability of leaders to listen, understand, empathise and help staff act [1,10].The RCN Foundation Amin Abdullah Grant provided a direct practice-focused rationale for The Compassion Lab because it supports nurse-led work focused on nurse wellbeing, including how nurses compassionately support each other while maintaining patient safety [5]. The Compassion Lab was therefore developed to address a practical local need: staff require opportunities to pause, reflect and consider how compassion can be sustained in everyday clinical practice. The event was not designed from a deficit assumption that staff lack compassion. Instead, it recognised that compassion needs time, support, leadership, psychological safety and practical peer support.

Aim and Objectives

The aim of this service evaluation was to evaluate the acceptability, relevance and perceived usefulness of The Compassion Lab, a one-day compassion-focused CPD event for nurses and APs, and to identify learning to improve future delivery. The objectives were to evaluate whether delegates found the event useful and relevant; identify what delegates learned about self-compassion, compassionate leadership, psychological safety, trauma-informed practice and peer support; explore how delegates felt the event might influence how they support themselves and colleagues; identify perceived barriers to applying the learning; and gather suggestions for improving future events.

Method

-Design

This was a service evaluation of a one-day CPD event. The project was not designed as a research study and did not involve patients, clinical records, randomisation, changes to clinical care or collection of identifiable patient data. The Health Research Authority decision tool distinguishes service evaluation from research and indicates that projects not managed as research do not require NHS Research Ethics Committee review [11].

-Setting and Participants

The event was delivered in September 2026 at an off-site venue selected to provide protected space away from the clinical environment. The event was open to nurses, APs and relevant healthcare colleagues who work at Northampton General Hospital (NGH). 17 delegates attended. Roles represented in the feedback included AP, registered nurses, clinical nurse specialist and nurse manager.

-Event Content

The event focused on five connected areas: self-compassion and looking after oneself at work; barriers to self-compassion and the inner critic; compassionate thinking and practical tools; psychological safety and speaking up; and compassionate leadership, peer support and post-incident reflection. The self-compassion component included discussion of stress, burnout, mindfulness, the inner critic, boundaries, compassionate self-talk, grounding, and practical activities such as identifying sustainers and drainers. The compassionate leadership component focused on the everyday behaviours that help staff feel valued, heard and able to speak up, including noticing, listening, curiosity rather than judgement, difficult conversations with kindness, and follow-up after difficult events.

-Data Collection

Anonymous post-event feedback was collected using a Microsoft Forms questionnaire. This was undertaken as part of a qualitative service evaluation of a one-day CPD event. Delegates were informed that anonymised feedback could be used for service evaluation, reporting to the funder, conference presentation and possible journal publication. The questionnaire included both rating questions and free-text questions. Rating questions explored the perceived usefulness of the event and its relevance to delegates' roles or clinical areas. Free-text questions asked delegates to describe what they found valuable, what they had learned, how the event might influence the way they support themselves and colleagues, perceived barriers to applying the learning, and suggestions for improving future delivery. The purpose of the feedback was not to measure clinical outcomes or test effectiveness, but to understand delegates' experiences of the event, identify perceived learning and inform future development of The Compassion Lab.

-Ethics and Governance

This project was undertaken as a service evaluation of a CPD event. It did not involve patients, clinical records, identifiable patient data, randomisation or changes to clinical care. Delegates completed anonymous feedback voluntarily and consented to anonymised use of their feedback for service evaluation, funder reporting, conference presentation and possible journal publication. NHS Research Ethics Committee review was not required because the project was a service evaluation rather than research, in line with HRA guidance[11].

Analysis and Findings

Free-text responses were analysed thematically, following the approach described by Braun and Clarke (2006) [15]. The project lead read the responses repeatedly to become familiar with the data, coded relevant content and grouped related codes into candidate themes. These themes were reviewed against the original responses and refined to represent the main patterns in delegates' feedback. The analysis focused on practical learning to inform future event delivery rather than theory generation. Five themes were identified. Seventeen anonymous feedback responses were received, and all respondents consented to anonymised use of their feedback for service evaluation, funder reporting, conference presentation and possible publication.Rating responses were summarised descriptively. Fifteen respondents rated the event as very useful (15/17, 88.2%) and two as useful (2/17, 11.8%). Thirteen rated it as very relevant to their role or clinical area (13/17, 76.5%) and four as relevant (4/17, 23.5%). No respondent rated the event as not useful or not relevant (Figure 1).

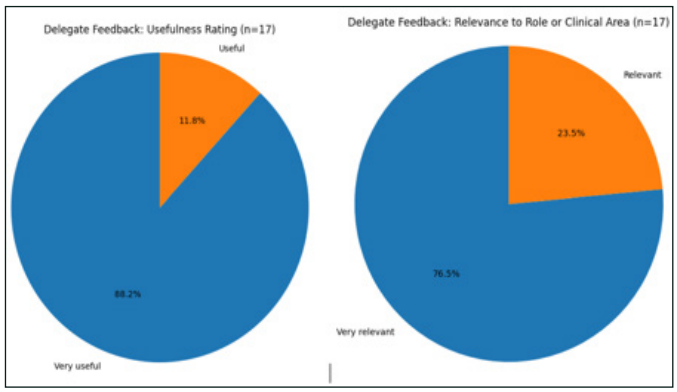


Figure 1: Usefulness and relevance of the CPD event to staff

Five themes were identified from the qualitative free-text responses.

Theme 1: Self-Compassion as Professional Sustainability

The strongest theme was the importance of self-compassion. Delegates valued the opportunity to consider their own wellbeing, boundaries and self-awareness. Several responses suggested that delegates recognised the relationship between caring for themselves and caring for others. One respondent wrote that they had learned "to show compassion to myself as well as not just for my patients and family". Another stated that "you cannot care for others if you are not looking after yourself". Respondents described practical intentions such as taking breaks, reflecting on practice, noticing positives and being kinder to themselves during stressful shifts. This aligns with self-compassion theory, which suggests that people can respond to difficulty with kindness and mindful awareness rather than harsh self-criticism [6]. It also reflects compassion-focused theory, which recognises that overactive threat and drive systems may contribute to distress and burnout if the soothing system is underused [7].

Theme 2: Psychological Safety and Compassionate Leadership

Delegates identified learning about psychological

safety and compassionate leadership. Feedback linked compassionate leadership with listening, curiosity, speaking up, asking about barriers and helping colleagues feel valued. One respondent wrote that compassionate leadership, self-compassion and psychological safety help create "a supportive environment where staff feel valued, listened to and confident to speak up". Another reflected that leaders should ask about barriers rather than immediately respond in a confrontational way. This theme is consistent with O'Donovan and McAuliffe's review of interventions to improve psychological safety, speaking up and voice behaviour in healthcare. It also reflects compassionate leadership literature, which argues that staff and patients benefit when leaders attend, understand, empathise and help [1,10].

Theme 3: Supporting Colleagues After Difficult Clinical Events

A third theme related to supporting colleagues after difficult or stressful clinical events. Delegates recognised that staff may need time, space and supportive conversations after distressing situations. Feedback suggested that colleagues may benefit from brief check-ins, debrief opportunities and clearer signposting following difficult events. One respondent wrote that it can be difficult to check in with colleagues in a busy acute ward, but that staff need to feel more supported when difficult events happen. Another respondent described the importance of "giving more time and space to debrief from difficult events". This finding resonates with evidence of reflective staff-support interventions. Schwartz Rounds, for example, provide structured opportunities for healthcare staff to discuss the emotional and social dimensions of work. Taylor et al reported that such interventions may support staff with emotional challenges, although context and implementation are important [12]. The Compassion Lab was not a Schwartz Round and should not be presented as equivalent, but both approaches recognise that staff require safe spaces to reflect on the human impact of care.

Theme 4: Barriers to Applying Learning in Clinical Areas

Delegates identified several barriers to applying the learning. These included time, staffing, workload, clinical acuity, task-focused cultures and difficulty creating space for reflection. Examples included "limited time, and constant pressure", "staffing pressures, busy shifts and lack of time", and "time, short staff, acuity of unit". This finding is important because it prevents the evaluation from presenting self-compassion as an individual solution to structural pressure. Staff may value reflective learning, but applying it requires supportive working conditions. This aligns with the NHS Health and Wellbeing Framework, which positions wellbeing as an organisational responsibility involving culture, leadership and working conditions [2].

Theme 5: Future Delivery Should be Practical, Team-Based and Scenario-Focused

Delegates suggested that future delivery should include more scenarios, visual material, group work and team-based participation. Some respondents wanted the event to be accessible to all departments, while others suggested inviting whole teams to reflect together. Examples included suggestions to make the event "accessible to all departments", invite "whole teams to come and reflect together" and include more "real-life clinical examples and practical scenarios". These comments suggest that the event was acceptable and valued, but that future sessions should move further from awareness-raising toward applied practice. Scenario-based learning could help staff practice compassionate communication, post-incident check-ins, assertive boundary-setting and psychologically safe conversations.

Discussion

This service evaluation suggests that The Compassion Lab was acceptable, relevant and useful to delegates. The 100% feedback response rate and positive ratings indicate that delegates valued the event. The qualitative findings suggest that the strongest areas of identified value were self-compassion, psychological safety, compassionate leadership and peer support after difficult events. The findings align with current literature in three main ways. First, delegates' emphasis on self-compassion reflects the growing evidence base on compassion and self-compassion interventions for healthcare staff. Alcaraz-Córdoba et al reported that compassion training programmes for healthcare professionals commonly aim to influence compassion fatigue, self-compassion, compassion and compassion satisfaction [8]. Rushforth et al found that self-compassion interventions may have potential for healthcare workers experiencing secondary traumatic

stress, although the evidence base remains limited [9]. Second, the findings support the importance of psychological safety and compassionate leadership. Delegates connected compassionate leadership with listening, curiosity, speaking up, asking about barriers and helping colleagues feel valued. This is consistent with evidence linking psychological safety to speaking up, learning and patient safety [10,13]. It also aligns with the King's Fund argument that compassionate leadership is essential to supporting nurses and midwives to deliver high-quality care [1]. Third, the findings support the value of reflective space. Delegates valued time away from immediate clinical pressures to reflect on self-care, peer support and team culture. Reflective staff-support interventions such as Schwartz Rounds have similarly highlighted the value of structured spaces to explore the emotional and social aspects of healthcare work [12]. The most important finding may be the tension between enthusiasm and feasibility. The Professional Nurse Advocate A-EQUIP model also provides a structured approach to restorative clinical supervision and staff support [14]. Delegates found the event useful, but repeatedly identified workload, time and staffing as barriers to applying learning. This indicates that compassion-focused CPD should not be framed only as individual resilience training. It should be linked to team and organisational practice, including protected breaks, debrief opportunities, restorative conversations, follow-up after difficult events and leadership behaviours that make speaking up safer.

Strengths and Limitations

This service evaluation had several strengths. The project addressed a real practice issue by focusing on how nurses and APs can sustain compassion, self-compassion and peer support in pressured clinical environments. It was supported by the RCN Foundation Amin Abdullah Grant, giving it a clear link to nurse wellbeing, compassionate peer support and patient safety. In addition, the event created protected time away from clinical pressure, allowing staff to reflect, discuss and consider how the learning could be applied in practice. The evaluation also achieved a strong response rate, with feedback received from all 17 delegates. All respondents rated the event as useful or very useful, and relevant or very relevant to their role or clinical area. The inclusion of free-text feedback added depth by showing what delegates valued, what they learned, the barriers they identified and how future events could be improved. The project also has potential to be adapted for other nursing settings, including primary care, general practice nursing, community services and wider AP teams. The evaluation also has limitations. It is one local CPD event with a small sample. Feedback was collected immediately after the event and reflects perceived usefulness and relevance rather than longer-term practice change. The evaluation did not include pre-event measures, follow-up data, validated wellbeing scales or patient outcome measures. The findings therefore cannot demonstrate effectiveness, causality or sustained impact. The programme was slightly adapted on the day because of unforeseen speaker absence, which may have influenced delegate experience. Finally, the feedback was anonymous, so it was not possible to compare responses in detail by professional role or follow individual delegates over time.

Conclusion

The Compassion Lab was a one-day, RCN Foundation Amin Abdullah Grant-funded CPD event for nurses and advanced practitioners (APs). In this local service evaluation, all 17 respondents rated the event as useful or very useful and relevant or very relevant to their role or clinical area. Their feedback highlighted the value they placed on protected time to reflect on self-compassion, compassionate leadership and support for colleagues after difficult clinical events. Delegates also identified time, staffing, workload and clinical pressure as barriers to applying their learning.

These findings describe delegates' immediate perceptions; they do not establish whether learning was sustained or changed practice or patient outcomes. Future events could include more scenario-based learning, wider team participation and senior leader involvement. Follow-up evaluation would help establish whether, and how, delegates apply the learning in practice.

Key points

- The Compassion Lab was evaluated as a one-day CPD event funded through the RCN Foundation Amin Abdullah Grant.
- All respondents rated the event as useful or very useful, and relevant or very relevant to their role or clinical area.

- Delegates value self-compassion, reflective space, psychological safety, compassionate leadership and peer support.

Barriers to applying learning included workload pressure, time, staffing, task-focused cultures and difficulty creating space for reflection.

Reflective Questions

- How does your clinical area currently support staff after difficult or distressing clinical events?
- What helps staff feel safe to speak up, ask for help or admit uncertainty?
- How often do staff have protected time to reflect on the emotional impact of their work?
- What small action could you take this week to support a colleague more compassionately?
- What would need to change locally to make compassion easier to sustain?

Declarations

Funding: RCN Foundation Amin Abdullah Grant.
Conflicts of interest: None declared.
Patient involvement: Not applicable. No patients or patient data were involved.
Data availability: The feedback data are held by the project lead. Individual responses are not publicly available because the small sample and nature of the comments could risk identifying respondents. A summary of the findings is presented in this article.

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