ORIGINAL RESEARCH PAPER*

The Role of Self-Compassion in the Lived Experiences of Service Providers Working in Canadian Cancer Support Programs

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Abstract
Working and providing cancer support services is both challenging and rewarding, yet the lived experiences of the personnel providing such services remain overlooked. It is vital to address the experiences of service providers to better understand the nature of their work and how it may impact their well-being. This paper explores the lived experiences of cancer support service providers, focusing on how they conceptualize and practice self-compassion in their workplace. A qualitative approach centred on phenomenological hermeneutics was utilized to collect in-depth interview data from service providers working in cancer support centres across southwestern Ontario, Canada. The research team used descriptive and narrative analysis to analyze the interview data and produced the following four themes: 1) acknowledging personal limits as a form of self-compassion; 2) organizational support; 3) emotional environment; and 4) prioritized self-care. Recommendations include more comprehensive support systems for service providers, especially if they may be experiencing secondary trauma or compassion fatigue. The findings gleaned from the service providers contribute valuable considerations for both the cancer care workplace and post-secondary institutions. While the findings provide real-life examples of effective support for service providers in the workplace, they also provide important considerations for post-secondary programming that include strategies for balancing empathetic service delivery with exercising self-compassion.

Introduction

According to the Canadian Cancer Society (2024), two in every five "Canadians are expected to be diagnosed with cancer in their lifetime. Approximately one in four Canadians is expected to die of the disease." This figure highlights the crucial role of exploring cancer support services and how service providers contribute to providing patients and their families with various types of care related to cancer. Cancer care is wide-ranging. Cancer Care Ontario (n.d.) indicates that services for cancer patients and their families involve a range of service personnel, which generally includes doctors, nurses, social workers, spiritual care specialists, dietitians, art therapists, and financial planners. While many of these service providers are paid

staff, others may provide their services on a voluntary basis. Some of these volunteers may be individuals who have personally been impacted by cancer and who provide their services as a way of giving back (Guerrero & Lackner, 2023).

This paper focuses on the service provision aspect of cancer care in the Canadian context. The field of human services (HS) is extensive and multidisciplinary; it is dedicated to enhancing the quality of life for individuals, families and communities using public and non-profit organizations. Since the early 2000s, there has been a significant shift towards a more person-centred approach in service provision. Despite this shift, however, there remains a scarcity of empirical research addressing how service providers have strategized working towards a more person-centred approach. There also continues to be a lack of a tangible framework to guide person-centred approaches to service provision. Of specific interest and focus in this paper is how compassion may figure into such a framework. Compassionate service delivery "aims to nurture, look after, teach, guide, mentor, soothe, protect, offer feelings of acceptance and belonging—in order to help another person" (Gilbert, 2009, p. 193). Compassionate service delivery also necessitates "nonjudgmental understanding" in such a way that situations are "seen in the context of shared human fallibility" (Neff, 2003, p. 87). While the academic literature increasingly points to compassionate service delivery as a necessary feature of supportive services and ethical service delivery, it tends not to be clearly emphasized in practice (Lown, 2016; Maben et al., 2009; Smith, 2008; Spandler & Stickley, 2011; Youngson, 2008). Many service providers illustrate high levels of compassion for others but low levels of self-compassion, which highlights that the two traits do not necessarily co-exist in harmonious proportions (Bruk et al., 2022; Neff et al., 2018a).

It is important to note that the greater attention to compassionate healthcare, however, has resulted in increased workloads and societal expectations at the expense of the healthcare professionals' well-being (Neff, Knox, Long, & Gregory, 2024). In turn, healthcare providers have increasingly been experiencing burnout and occupational stress, which may adversely affect their performance (Francis, 2013; McCloskey & Taggart, 2010; Sinclair et al., 2017; Willis, 2015). Neff, Knox, Long, and Gregory (2020) indicate that "the risk of burnout is twice as high in the healthcare community as it is for the general U.S. population after controlling for [variables like] work and other factors" (p. 1544). While the literature documents a multitude of experiences in the United Kingdom and the United States, there is a paucity of research in the Canadian context, particularly when it comes to documenting how healthcare providers take up the notion of self-compassion.

This paper seeks to address this research gap by drawing on recent interview data gleaned from a group of service providers working in the cancer support field. As indicated in the introduction, the cancer care field involves a range of personnel that includes healthcare professionals as well as dietitians, social workers, art instructors, and financial planners. The service providers interviewed for this study comprise both paid staff as well as volunteers who donate many hours of their time to share their expertise in areas like some of those mentioned above to support individuals diagnosed with cancer. The service providers interviewed for this study represent four cancer support centres in southwestern Ontario, Canada.

The data presented in this paper draws from the second phase of a federally funded study, which documents the role of self-compassion in the experiences of service providers and users. Our focus here, however, is on the narratives of service providers so that we may learn about their experiences in the cancer care field. The questions guiding this paper, then, are as follows:

1. How do service providers in the cancer care field conceptualize self-compassion in their professional lives?
2. How do service providers in the cancer care field practice self-compassion in their professional lives?
3. What lessons can be learned from the service providers' accounts of their experiences, and how might these lessons inform the cancer care field?

The insights gleaned from the narratives of service providers in the cancer care field can help illuminate our understanding of how they experience and practice self-compassion while providing services. In turn, such insights may also inform recommendations for further considerations related to curriculum, research, and practice in the field.

Literature Review

Neff, Knox, Long, and Gregory (2020) define self-compassion as "a healthy way of relating to oneself when faced with difficulties including feelings of inadequacy and general life

stressors" (p. 1544). Self-compassion involves the three tenets of kindness towards the self, an understanding of one's humanity, and mindfulness (Neff, 2003a, 2003b). These tenets allow people with the space to connect to themselves with compassion via the intentional encouragement of warmth, concern and caring toward the self (Neff, 2003a, 2003b).

Berardini, Chalmers, and Ramey (2021) caution that while "self-compassion can fall under 'self-care' as a strategy to care for the self" (p. 534), they are not the same and therefore should not be conflated with each other. Acts of self-compassion can occur "while professionally caring for others, providing protection against its deleterious effects. Thus, self-compassion has the potential to offer [human service providers] more than self-care alone" (Neff, Knox, Long, & Gregory, 2020, p. 1545). Furthermore, the recognition of the dynamic interplay and interdependence between these dimensions enriches the comprehension of self-nurturance whilst honouring the distinctiveness of each concept. Sanchez-Reilly and colleagues' (2013) comprehensive review of the academic literature offers insight into how healthcare providers may increase self-care, enhance self-awareness, and improve patient care. They highlight that self-care can minimize practitioners' harm from burnout and promote personal as well as professional well-being.

Garcia et al. (2022) utilize descriptive cross-sectional surveys and snowball sampling techniques to investigate the experiences of individual palliative care providers working during the COVID-19 pandemic. Their findings highlight that mindful self-care, self-compassion, and resilience are positively related to each other (Garcia et al., 2022). It was also found that the most self-compassionate providers had worked for longer in the field, and therefore, they were more familiar and comfortable with mindfulness, reflective and introspective practices.

Taken together, the existing academic literature confirms that service providers in the healthcare field engage with various strategies to maintain their own well-being. However, apart from the work of Berardini, Chalmers, and Ramey (2021), the existing literature tends to focus on self-care and equates it with self-compassion. While the extensive work on self-compassion by Neff et al. provides useful general considerations for defining the term, it does not include empirical data on the lived experiences of people in the workplace. This paper seeks to mitigate some of these conceptual and empirical gaps by utilizing a phenomenological hermeneutic examination to better understand how service workers in the cancer care field conceptualize and practice self-compassion in their workplace.

Methodology

Theoretical Underpinnings

This phase of the study utilized a qualitative approach, which seeks to explore and understand the meaning that people attribute to an issue related to society or their lives. As Creswell and Creswell (2022) indicate, obtaining qualitative data usually occurs in the participant's setting, and data analysis occurs as an inductive process that begins with specific details and ends with general themes. To obtain deeper insights into the participants' experiences, this study drew from Gadamer's (2004) notion of phenomenological hermeneutics, which is concerned with how people come to understand their lived experiences and under which circumstances this understanding occurs. In other words, phenomenological hermeneutics is an interpretive process through which a person is involved with understanding their understanding of their experiences. This process is personal and may occur through a consideration of factors like language, symbols, and events as a whole.

Research involving a phenomenological hermeneutic approach requires that the researcher pay close attention to the entire narrative process with participants. Van Manen (2016) adds methodological considerations to Gadamer's (2004) conceptualization of phenomenological hermeneutics to emphasize the researcher's responsibility to pay close attention to how participants make meaning of and express their lived experiences. This process implicates not just the data collection stage but also the data analysis stage, which requires that the research team engage with iterative cycles of reflecting and constructing a highly nuanced analysis. This construction process opens the space for the researcher to consider each interview as an integral part of a whole. We return to the points made in this section at several points later in this paper to illustrate how phenomenological hermeneutics figured into our inquiry on the experiences of self-compassion among service providers working in the cancer care field.

Researcher Positionality

As researchers immersed in various capacities in the human services field, we followed Van Manen's (2016) notion of centring our close attention on the narratives of the participants. The first author, Karimah, worked on the paper as a research assistant and analyst; she transcribed many interviews, analyzed the research data, and actively contributed to the writing and review of the paper. Her recent academic training as a research analyst, prior experience as a graduate researcher and strong background in qualitative and quantitative research contributed to the project's forward progress and the accuracy and reliability of our findings. The second author, Unnati, as a research assistant and analyst, accrued substantial experience across diverse domains through in-depth literature reviews, interview transcriptions, data analysis and summarization. Her academic foundation in psychology endowed her with a grasp of the subjective concepts within the research purview. She also drew from her background as a research analysis graduate and infused theoretical insights into the research, enriching the investigative landscape with depth and precision. Danielle, the third author of this paper, associated with the paper as one of the research assistants and analysts; she conducted some literature reviews, transcribed interviews, and analyzed the research data. Her past experiences as a high school teacher in social projects and current work developing competency in palliative care contributed to her ability to offer insightful and empathetic insights, enriching the depth and quality of the research findings. Cristina is connected to the paper as a faculty researcher; she conducted in-person and virtual interviews, co-analyzed the data, and wrote many of the project results. She brings with her sixteen years of experience as a researcher on various funded research projects, along with almost twenty years in the field of education, teaching research methods at the high school, undergraduate, and graduate levels. Her current work as a professor who mainly teaches research provides her with deep field-based insight into the world of human service practitioners. Tina is connected to the research in terms of the project's original conceptualization and grant application with a previous colleague. She established and maintained organizational partnerships, conducted in-person, phone and virtual interviews, and presented findings of the data nationally and internationally with research partner Cristina. Tina's experiences as a professor for over twenty years and a psychotherapist in the mental health field have provided a breadth of experience and insight into the research.

Taken together, our individual and collective experiences as members of the research team allowed us to reflect on the data and its implications for service provision in the cancer care field.

Methods

The study utilized semi-structured phenomenological interviews, which served "as a means for exploring and gathering experiential material" (Van Manen, 2016, p. 314). The semi-structured format presented questions about the service providers' experiences. The open-ended nature of the questions provided opportunities for the participants to share as much detail as they saw fit. This space for detail, in conjunction with the opportunities to gently probe, allowed the researchers to obtain rich sets of data.

To promote accessibility and participation, interviewees had a choice of virtual, phone, or partner-site in-person interviews. The liaisons at the partner organizations supported the in-person interviews in terms of scheduling and providing a quiet and comfortable space. It is important to note here that the interview spaces at the partner site were furnished in a way that facilitated the conversational and open flow of the collected data. The interviews were also scheduled by the hour so that the participants did not feel rushed. This temporal consideration was well aligned with Van Manen's (2016) point that "good interviews take time" and that it may be more suitable to "think of the interview as a conversation" (p. 314). This was especially useful when the participants needed a moment to pause or to share a different point to express how they made meaning of their experiences. Regardless of format, all interviews with the service providers were audio-recorded so that the interviewer could be fully attentive and present during the interview process. In addition to providing an audio format to guide the transcription process, the audio recordings also provided an auditory forum from which the research team could engage by listening to the participants' voices.

Participant Recruitment and Sampling

Cristina and Tina collaborated with the partner organizations to facilitate the interview process and schedule in-person, phone and virtual interviewing days. Participants were recruited and interviewed between February and April 2023 using referral sampling. Cristina created the recruitment flyers with details about the study, eligibility, and contact information. The partner organization shared the flyers

by posting them onsite and sending out emails calling for participation. The partner liaisons also supported the scheduling of the onsite interviews. Participant eligibility was determined based on age and work status. Participants had to be at least 18 years of age and affiliated with the partner organization as a volunteer or paid staff member who provided services to individuals diagnosed with cancer. A total of 27 interviews were collected from these service providers and are the focus of this paper.

Data Analysis

The initial data analysis process for this research stage began in the Spring of 2023. Danielle transcribed the interviews using Otter.ai, cleaned the data by cross-checking the initial transcripts with the audio recordings, and created notes on the insights that emerged. Karimah and Unnati joined the research team a few months later and engaged with transcribing interviews using Otter.ai. Along with Danielle, they proofread the transcripts before importing them into Dovetail for further analysis. Using a combination of descriptive and narrative coding strategies, Karimah, Unnati, and Danielle read each transcript multiple times, reflected on what they read, and systematically engaged with colour coding to generate codes, categories, and themes (Saldaña, 2021). Descriptive and narrative coding strategies were selected for the data analysis process since their alignment with research involving people's personal accounts in their social contexts suited the study's phenomenological hermeneutic approach. Descriptive coding facilitated the summarizing of the transcripts' content, which provided a foundational overview of the data. Descriptive coding also allowed the researchers to organize the codes through colour-coded labels. Narrative coding served as a means for the research team to delve more deeply into the context and structure of participants' responses. Indeed, narrative coding suited the researchers' need to explore "intrapersonal and interpersonal participant experiences and actions" so that they could understand how participants took up the notion of self-compassion (Saldaña, 2021, p. 367). This close examination allowed the researchers to reflect on the participants' words and expressions in relation to their conceptualizations and experiences of self-compassion (Saldaña, 2021).

This iterative and reflective process also included biweekly and other ad-hoc meetings on an as-needed basis with Cristina and occasionally with Tina to discuss the research. Collaborative discussions ensued, wherein Cristina reviewed the transcripts alongside Karimah, Unnati, and Danielle, elucidating their interpretations and insights. The data was then organized into insights, supported by selected participant quotes culled from the results. For this paper, the data was further organized to compartmentalize the narratives collected from service providers working at one of our partner institutions. This collaborative and multi-pronged analytical approach enabled a thorough exploration of the data, facilitating more elaborative interpretations and insights across the emerging categories and themes. The resulting themes are: 1) acknowledging personal limits as a form of self-compassion; 2) organizational support; 3) emotional environment; and 4) prioritized self-care. They are each discussed in the Results section, which follows.

Results

Acknowledging Personal Limits as a Form of Self-Compassion

The participants described diverse career trajectories within the healthcare sector, ranging from therapeutic recreation modules for children with diabetes to managing cancer support programs. The stories shared by the participants highlight their experiences and thought processes regarding their personal connections to cancer care as well as the factors leading them to their current workplace. When asked about what brought them to their current position, one service provider recounted an intense career spanning almost four decades:

> *Well, prior to this … I was working with children with cancer from [year] onwards, and I was working with [name of institution], [name of foundation], running camp programs for kids with cancer … And then I took a break because I was burnt out, completely burnt out with all the loss and we didn't have the infrastructure really there to be processing what we needed to.*

The same service provider added commentary on the relationship between their workplace's central focus and their own personal connection to it. While their new role initially involved working with children experiencing cancer, it then evolved into one involving another disease. They shared that they "*just didn't have the same connection, like [name of disease] is a very different disease.*" The service provider's clear recognition of their connection to their work, coupled with their opportunities to seek employment elsewhere, illustrates a sense of self-compassion.

Participants also cited the impacts of organizational restructuring and merging and how these processes led to role changes and integration efforts within the workplace. One participant experienced restructuring at their workplace just before the COVID-19 pandemic, which created a unique situation of uncertainty regarding organizational funding and career progression. These circumstances prompted the participant to strategize their next career steps:

> *I was the executive director for 20 years. And that organization merged with 'Health Support," which is now called 'Vital Health Support.' It merged in 2020, at the beginning of January 2020. And [the] pandemic hit, my role had changed … So, then I was trying to decide what it was that I needed to do next after having such a long career working with children with cancer and their families.*

The participant's experiences in a senior management role did not render them immune to the challenges of the legislative constraints imposed upon the healthcare sector. They emphasized that factors like pay scales, workloads, and organizational structures presented pressing challenges that, in turn, often prevented workers from supporting clients to the extent they wished. When describing a career move to a long-term care home, they shared that they "*loved it*" but were unable to achieve the goals they sought to achieve. They also shared some of their thoughts related to the challenges of working in under-resourced and over-regulated environments and the link to self-compassion:

> *… if there was ever a place for you to look at other ways of self-compassion, I would look into long-term care as a way to speak to people because it is very overworked, underpaid organizations that do so much good things, and unfortunately, legislation and regulations can constrain what can be done. So, after a nine-month experience there, I said, "You know what, I can't change what's happening here." … And so, then I took on a role as the executive director [at another organization].*

This statement reflected the service provider's experience in long-term care, acknowledging the overwhelming nature of the work, the constraints imposed by legislation and regulations, and the resulting emotional toll. Furthermore, the statement, "*I can't change what's happening here,*" was interpreted as an expression of self-compassion—a realization that, despite their best efforts, they could not single-handedly change the systemic issues within the organization. Additionally, the statement also showed how the service provider prioritized their well-being by making a conscious decision to move on to a new role as an executive director in another organization. In this sense, self-compassion was not merely about enduring a difficult environment but about acknowledging personal limits and choosing a healthier path.

This also recognized how self-compassion was exercised as the decision to leave a toxic or constraining work environment when efforts to create change become futile, suggesting that in poor work environments, self-compassion encompasses recognizing when personal well-being is at risk and having the courage to move on rather than staying in a situation that compromises one's mental health and a sense of purpose.

Organizational Support

Service providers addressed the vital role of organizational support in fostering an environment where they feel empowered to prioritize self-care and set professional boundaries as they navigate the demands of their work. The data revealed that participants conceptualized organizational support as elements that included access to resources, opportunities for professional development, and colleague support, as well as a culture that valued employee well-being. When asked about how colleagues might contribute to individual experiences of self-compassion, one participant noted that their workplace was a collaborative space in which messages of support and solidarity were regularly shared. They indicated that the team at the organization:

> *share[s] something that's very life-affirming and illustrates the impact that we're having, they'll shoot it out in an email to everybody so that we all get to sort of so in a way, that leads to more self-compassion, because we're seeing how each person out there is experiencing the same kind of experiences and how you're seeing sort of the positive in the end.*

The teamwork focus was echoed by another service provider, who asserted that "*people are closely aligned with their team … so that they know they have people to lean on when [they] try and create that environment.*" This sentiment was also evident in another participant's narrative, which acknowledged the value of each colleague's contributions.

They said that when they "*look at [their] team, [they] know that every single person … is giving a lot of effort a lot of the time. [They're] working in an environment where it's very mentally taxing and it's emotionally taxing.*"

The service providers' words illustrated an appreciation for a collective humanitarian approach to the cancer care workplace. Their voices emphasized the importance of a team-oriented environment where authenticity, openness, and acceptance could help buffer the "*sense of overwhelmingness*" that could accompany cancer care. For them, such togetherness constituted organizational support to prevent staff from "*overextending*" themselves.

The data presented in this theme underscored the central role of collaboration and teamwork in fostering a sense of self-compassion among staff in the cancer care workplace. Individually and collectively, the participants reinforced the idea that while self-compassion dealt with individual selves, it was also a collective endeavour necessitating group practices of team care, understanding, and kindness.

Emotional Environment

Despite the positive impacts of support from other fellow workmates, the participants also acknowledged that the nature of cancer care created circumstances of distress for them. They described the emotional toll of working with people living with cancer and expressed self-criticism for their difficulty in emotionally detaching themselves. They expressed self-criticism for not handling things better and felt that they let others down at times due to the stress of the work they did. As one service provider noted, "*It's a tough environment to work in because you do see a lot of sad things, and you hear a lot of, you know, sad stories. Like, you're inundated with it all the time, every day, and it can get you down.*"

Another participant mentioned that their job has impacted their well-being. They shared that "*it has kind of brought me down. And, you know, I have been harder on myself than I needed to … I did go and say to my boss like, "Hey, … I'm struggling here, I am drowning a bit.*" This data excerpt illustrated how self-compassion was facilitated in the cancer care workplace, particularly when the work might be emotionally distressing. It also demonstrated how self-compassion could be supported when healthcare workers felt safe approaching their supervisors to let them know of their challenges and seek their guidance.

Prioritized Self-Care as a form of Self-Compassion

The participants expressed a comprehensive understanding of self-compassion as a series of processes that begins with the recognition that it was needed. These commentaries point to the service providers' processes of connecting metacognitive thinking with action. When asked about their understanding of self-compassion, one of the service providers said that:

> *[F]irst of all, [self-compassion] is being able to recognize that you need it … and as a working person in a job that was all-consuming … I think I realized at that particular time that "Yeah, what have I done for my own self? Physical well-being, my own emotional well-being?" Working 14-hour days doesn't do it.*

Another service provider emphasized that the nature of their work in the cancer care sector involved a conditioned sense of duty to be selfless. For them, this sense of duty stemmed from the healthcare curriculum, especially since they "*are trained to be selfless and to just keep giving, giving, giving. But if we're giving out and constantly giving out, we become an empty bucket.*"

The point about "*constantly giving out*" and potentially becoming an "*empty bucket*" resonated with other service providers, who also expressed their insights on providing quality care for their clients while maintaining healthy boundaries. They tended to share similar sentiments about the positive impacts on their mental well-being while prioritizing individual needs. When asked to describe a situation of personal self-compassion at work, one participant shared that they intentionally scheduled their workday to provide them with the necessary time to complete their required tasks. They added that redistributing the workplace's opening and closing to other staff diminished some of their pressures. Although they still needed to arrive "*first thing and organize*" themselves, the redistribution of tasks provided "*a little bit more flexibility.*"

The Venn diagram (Figure 1) illustrates the interrelated themes in our data that surround the narratives of self-compassion among service providers, highlighting the main emergent themes—Acknowledging Personal Limits

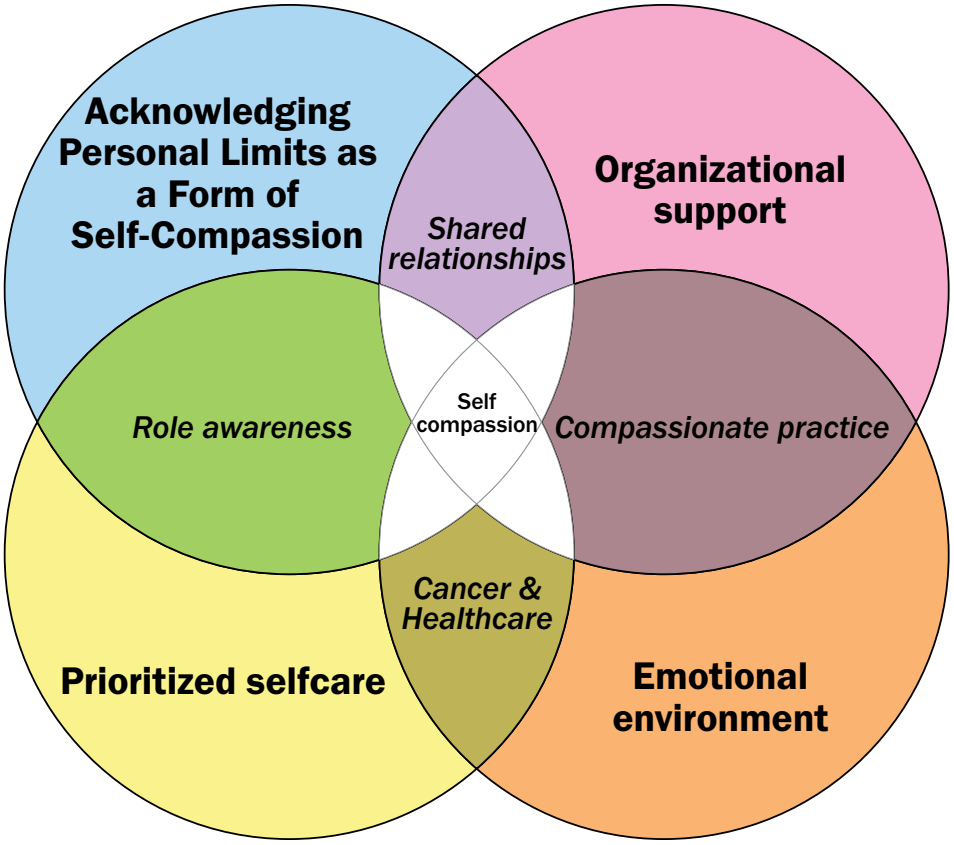

Figure 1. The interwoven themes of self-compassion among Canadian service providers

as a Form of Self-Compassion, Organizational support, Prioritized self-care, and Emotional environment. The intersection of these themes reveals deeper insights; the overlap between past work experience and organizational support indicates the importance of collaborative relationships built on trust and mutual respect. The connection between past work experience and prioritized self-care highlights how understanding one's role can facilitate better self-care practices. Compassionate practice, the intersection of organizational support and emotional environment, emphasizes the role of a supportive and positive work atmosphere in fostering compassionate care. At the intersection of prioritized self-care and emotional environment, cancer and healthcare highlight the journey of providers experiencing the importance of self-care and the acknowledgement of their needs while working with cancer patients. The central tenet of self-compassion empowers healthcare providers to maintain their well-being.

Discussion

The four themes of acknowledging personal limits, organizational support, emotional environment, and prioritized self-care highlight the centrality of self-compassion in the experiences of service providers in supporting individuals facing cancer. The methodological application of phenomenological hermeneutics, as per Gadamer (2004) and Van Manen (1960), allowed the research team to pay close attention to the participants' words and learn more about their strong work ethic as well as their deep commitment to caring for service users, their teammates, and themselves. Canadian cancer support organizations offer a range of services and resources with the assistance of service providers that help their clients. The participants' backgrounds across various human service organizations, coupled with their commitments to providing high-quality care, allowed them to support clients in multifaceted and compassionate ways.

The phenomenological hermeneutic approach also facilitated the researchers' understanding of how the service providers internally understood self-compassion as well as the ensuing actions to exercise it. Despite their deep commitment to their work, they also highlighted how the nature of their roles in cancer care presented difficult circumstances in their

tasks and their own personal well-being. After all, their work entails witnessing the suffering of service users as well as the struggles to find the right manners of supporting them. This point aligns with Rutledge and Robinson's (2009) point that such witnessing created situations of distress, grief, and burnout for the practitioners. As one of the participants indicated, mitigating such difficult situations is further complicated by heavy workloads and budget cuts (Saari et al., 2018; Smith et al., 2022; Wong, 2021).

The significance of organizational support for service providers in the cancer care field has also been highlighted in the recent academic literature. These showed that when organizations prioritize the well-being and professional development of their staff, service providers are better equipped to offer high-quality, compassionate care to their patients and families (Côté et al., 2021; Eisenberger et al., 2019; Rutledge & Robinson, 2009; Savas et al., 2022). Additionally, both the research and interview data indicated that organizational support positively impacts work engagement, further making the case for how organizational support could facilitate job satisfaction (Côté et al., 2021).

Moreover, providing adequate resources, training, and opportunities for self-care and burnout prevention enabled health services providers to meet client satisfaction with reduced turnovers (Eisenberger et al., 2019; Singh et al., 2021). The data aligned with other studies that described how supportive work environments could help service providers maintain their emotional and physical well-being, which, in turn, enabled them to be more present, empathetic, and effective in their interactions with service users (Alshaabani et al., 2021; Singh et al., 2021; White et al., 2020).

Previous literature, together with our findings, confirmed that self-compassion was linked to reduced burnout, increased self-care, resilience, and improved overall well-being among service providers, and incorporating self-compassion practices into the wellness programs empowered service providers to maintain a balanced and compassionate approach to their work (Bender et al., 2021; Mifsud et al., 2021). Service providers who were able to practice self-compassion could model and encourage this mindset whilst providing services to their clients, fostering a more supportive and healing environment (Garcia et al., 2022; Knaak et al., 2021; Sanchez-Reilly et al., 2013). This could lead to enhanced coping mechanisms, reduced distress, and improved quality of life for clients (Sanchez-Reilly et al., 2013; Sinclair et al., 2020).

Implications and Recommendations

Practice

The information gleaned from the interviews offer valuable insights into how service providers in the cancer care field conceptualize and practice self-compassion. These insights also highlighted how self-compassion impacts the personal, interpersonal, and systemic realms of practice in the human services field. Overall, the service providers emphasized a deep sense of compassion and caring towards clients, both in how they interacted with them and how they operationalized their services. The service providers' own practices of self-compassion facilitated their abilities to relate to and support their clients. These practices were both individual and collective, which, in turn, points to the need for effective organizational support and a positive emotional environment for workers. Cancer care and other healthcare organizations may wish to consider devising their own action plans for implementing workplace support for employees.

Curriculum

The notion of training, which was mentioned several times in the data, directly implicates both human service organizations and institutions of higher learning. More specifically, colleges and universities may wish to revisit their curriculum to determine if it addresses self-compassion on professional and personal scales. This assessment could provide a baseline for curriculum revisions that could help promote self-compassion as a protective factor against the high workloads and many competing demands that are prevalent in cancer care and other health-related workplaces.

Many human services organizations already partner with institutions of higher learning to support students in their field placements. They could enrich these partnerships in two ways. First, they can more intentionally include conversations on self-compassion during the field placement process. This is not to say that these conversations do not take place; rather, the recommendation is for them to constitute a consistent component of the field experience. Any feedback can then be shared with colleges and universities and then also be taken up in the in-class post-practicum debrief sessions. Second, service organizations could also facilitate ongoing training to support their staff, especially as new

research and trends emerge. This training could be formal or informal, depending on the available resources.

Research

The data reveals intricate interconnections between self-care and self-compassion. At the same time, and in following the work of Berardini, Chalmers, and Ramey (2021), there also exists the need to more clearly understand the differences between self-care and self-compassion. This understanding is crucial to facilitate the necessary programming and support for service providers in the healthcare sector. Other research methods, like arts-based focus groups, could also be used to further the phenomenological hermeneutic approach. More specifically, arts-based activities like journalling and painting could provide deep layers of data that extend beyond the spoken and audible word.

Quantitative approaches may also be useful for obtaining larger amounts of data across Canada. Additional information about demographics could provide insight into the experiences of respondents according to factors such as age, gender, sector, and levels of experience. Hierarchical regression models from collected survey data could help highlight connections between the variables related to self-compassion.

Conclusion

In conclusion, service providers play crucial roles in supporting individuals in cancer support programs. Participants drew on their diverse range of previous work experiences to offer an empathetic, collaborative, and personalized approach to supporting cancer patients. Their narratives highlighted the challenges in the environment, their role, and the expectation of maintaining their professionalism and boundaries. By prioritizing organizational support and the integration of self-compassion-based practices, cancer care organizations could empower their service providers to deliver high-quality, compassionate care that addresses the multifaceted needs of individuals and families facing cancer.

Conflict of Interest

All authors declare that no conflicts of interest or financial interests exist.

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