Care Under Pressure: a systemic approach to understanding and intervening to mitigate poor psychological wellbeing for nurses, midwives and paramedics

Jill Maben

Professor Health Services Research and Nursing,

University of Surrey. j.maben@surrey.ac.uk

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MY TALK TODAY…….

- Researching staff psychological well-being at work over 25 years & links to patient safety
- Human relational works takes its toll
- Links between staff wellbeing at work and patient experiences of care
  i. Care under pressure 2: poor psychological wellbeing of nurses, midwives and paramedics
  ii. Addressing unprofessional behaviour between healthcare staff

Project team

University of Surrey

- Professor Jill Maben – co-lead
- Professor Cath Taylor – co-lead
- Dr Justin Jagosh – Research fellow
- Dr Naomi Klepacz- Research fellow

University of Exeter

- Professor Karen Mattick – CUP1 Lead and co-applicant
- Dr Daniele Carrieri – CUP1 researcher and co-applicant
- Dr Simon Briscoe – Information specialist co-applicant

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Background

- Caring for patients and their families takes courage, compassion and emotional resources, and staff can only care well if they feel cared for themselves
- Solving the current NHS crisis depends on making sure healthcare staff have what they need to do the job well and can thrive and flourish. This requires optimal psychological health
- Nurses, midwives and paramedics collectively comprise over half of clinical staff in the NHS
- These professions have some of the highest prevalence of psychological ill-health
- This research is likely to have resonance and be applicable to other healthcare professions and non-professionals

NHS Staff Survey 2022

45%

of staff have felt unwell because of work-related stress in the last 12 months

57%

of staff report going into work despite not feeling well enough to perform their duties

34%

of staff stated they feel burnt out because of their work.

When examined by profession, the rates are the highest in nurses, midwives and paramedics.

Background

- Improving staff working lives matters because
  - employers have a duty of care to staff
  - link between staff experience and quality of care
  - it affects staff recruitment and retention
  - looking after staff is good business practice and
  - morally and ethically the right thing to do!

Research questions

1. Why does poor psychological wellbeing at work continue to have high prevalence in nurses, midwives and paramedics despite many interventions designed to address this?
2. How can we shift the dial and start to address this pressing issue?

Thus how, why and in what contexts:

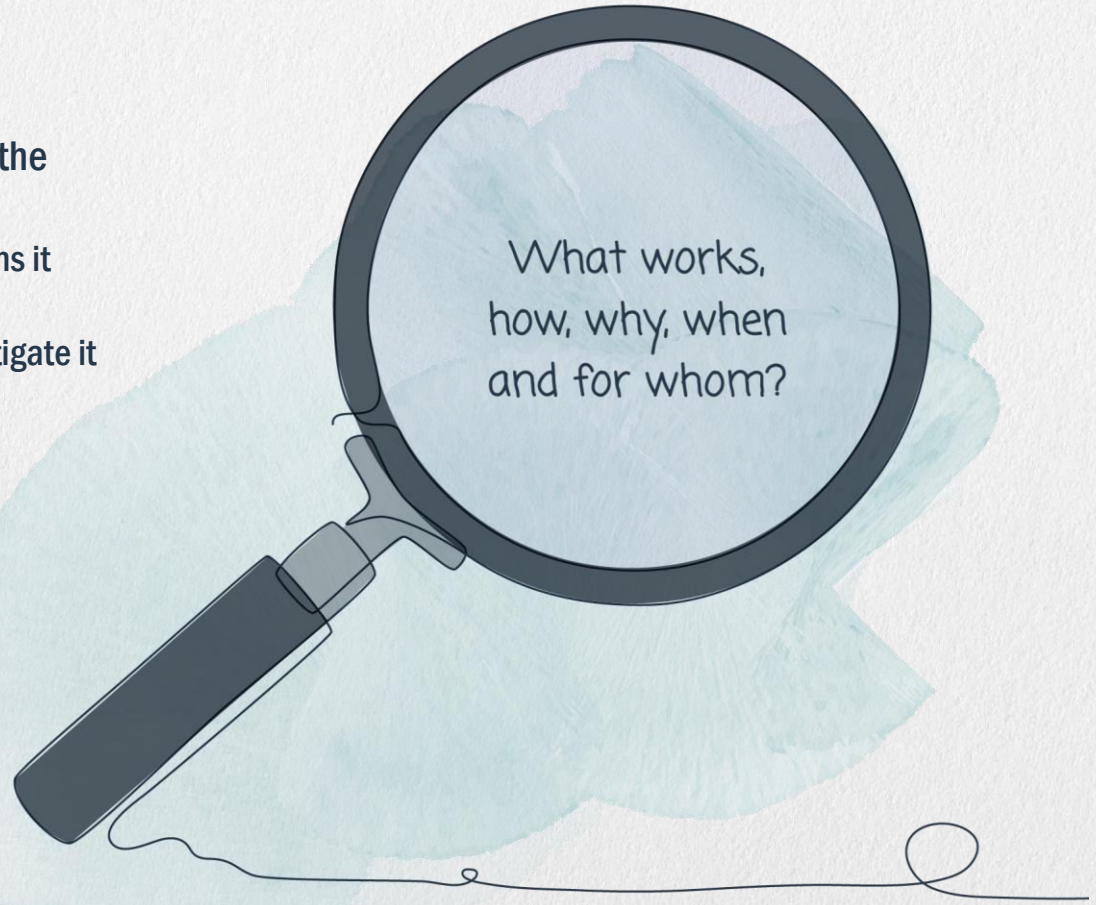
i. Do nurses, midwives and paramedics experience work-related psychological ill-health, and
ii. Are existing interventions insufficient to mitigate it?
iii. How, can leaders and managers use these research findings to help staff to thrive at work?

Why realist methods?

- Realist reviews go beyond “does it work” and ask why and how and for whom an intervention may work in different circumstances
- Healthcare is a space where how and why interventions should work are often poorly explained
- Unpacking this would enhance our knowledge of how interventions can be improved

The evidence base

- We reviewed 204 pieces of evidence placing the understanding of context at the heart of the analysis to gain a deep understanding of:
  - psychological ill-health in the workplace – including what can cause it, what forms it takes, who is most affected by it and in which circumstances
  - why psychological ill-health persists despite the existence of interventions to mitigate it
- The result is a more nuanced understanding of the problem and potential solutions than any previous work in the field.



Method

Locate existing theories

- 7 key reports (used to inform initial thinking) e.g. HEE commission; King's Fund; SOM report
- Comprehensive synthesis of NHS workforce data: demographics, service architecture and wellbeing (N, M, P and D)

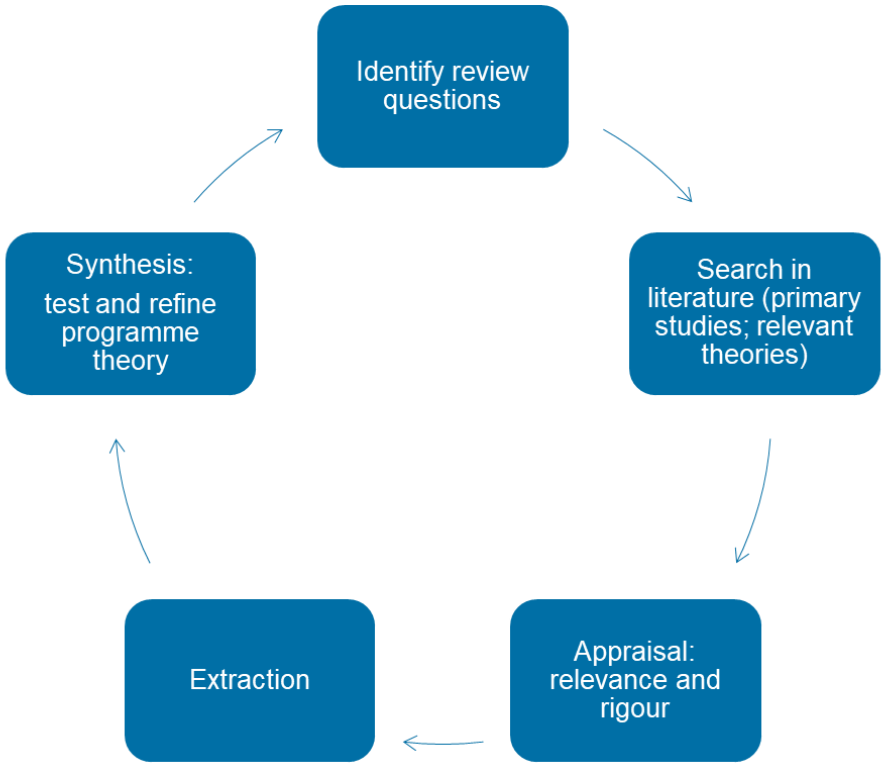
Searching for evidence

- 75 papers (26 Nursing; 26 Midwifery; 23 Paramedic) from electronic databases (using reverse chronology quota screening) and supplementary hand searching
- 44 papers from expert input

Literature reviews & COVID literature

- 29 Literature reviews
- 49 COVID-19-specific literature

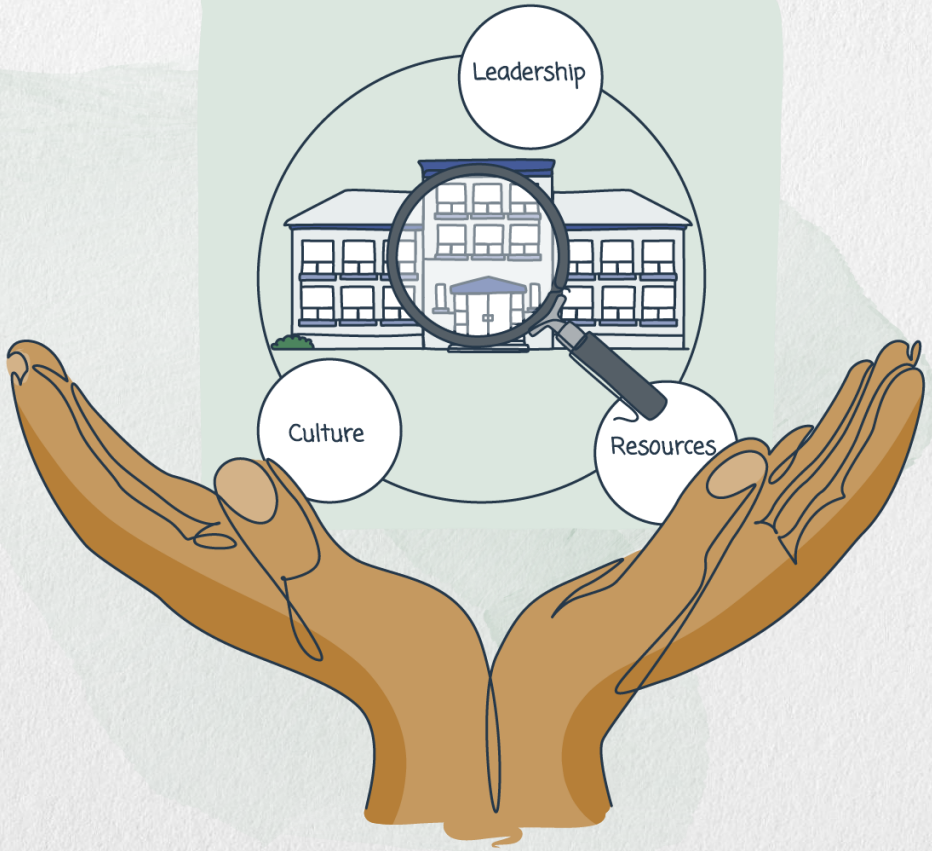
TOTAL: 204 sources



Stakeholder engagement

Tested findings through stakeholder and steering groups which included:

- patients and the public
- nurses, midwives and paramedics ‘experts by experience’
- regulators, policymakers, academics and representatives of NHS England etc.



Key insights

- There are more similarities between the experiences of nurses, midwives, and paramedics than differences re causes of psychological ill-health.
- Few interventions therefore need to be profession specific.
- Some causes may be more prevalent/exacerbated in certain professions (e.g. those with high exposure to trauma), or at career junctures or where role aspects place them at greater risk (newly qualified staff and lone workers).
- Usually, the service architecture (features and structure of the job and workplace) increases risk rather than the profession itself.
- Staff create informal interventions to plug the gaps. These are rarely mentioned or recognised in the literature.
- Some individual characteristics (ethnicity, sexual orientation, gender identity & disability) deserve greater focus, to improve understanding of causes and interventions.
- Psychological wellbeing largely presented as the responsibility of individual staff, yet greater emphasis on shared responsibility between individuals, teams, managers, organisations and governing bodies required.
- Tensions between aspects of work that are incompatible or work against each other and that contribute to psychological ill-health or prevent interventions from working effectively, and lead to a workplace system that is imbalanced ….

Delivering healthcare: a complex balancing act

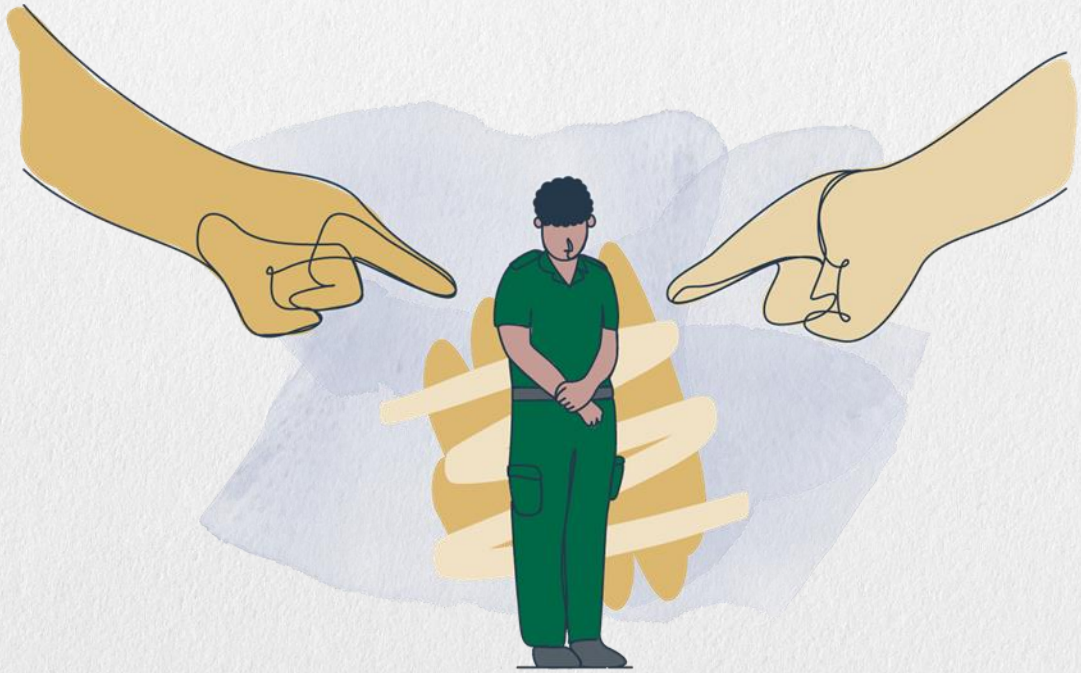
There are tensions between:

- Providing prompt, high quality, person-centred care for patients while meeting the needs of the workforce is a complex, dynamic balancing act.
- This often results in conflicting priorities and tensions, with work towards one goal pulling against the next.
- For example, asking staff to put patients first can require them to put their own health and wellbeing second, or lower, on list of priorities.

Key finding 1: It is difficult to promote staff psychological wellness where there is a blame culture

There are tensions between:

- a lack of shared accountability, which blames individual staff for errors and enacts double standards, **versus** a team or system-based approach
- a need to raise concerns to improve conditions and patient safety, **versus** fitness to practice processes becoming an oppressive force
- an inclusive learning culture and encouraging staff to speak up **versus** blame and the 'deaf-effect' response from managers and others (inaction when concerns raised)



Key finding 2: ‘Serve and sacrifice’: the needs of the system often override staff psychological wellbeing at work

There are tensions between:

- a professional culture that promotes a ‘serve and sacrifice’ ethos, which persuades staff to prioritise institutional needs, **versus** a culture that values staff and promotes self-care
- supporting existing staff in the context of staff shortages **versus** normalisation of overwork including a perceived coercion to fill vacant shifts beyond contracted hours
- the lived reality of staff shortages and normalisation of overwork **versus** the wish to deliver high quality patient care, which can result in moral injury or distress

Key finding 3: There are unintended personal costs of upholding and implementing values at work

There are tensions between:

- the reality of healthcare delivery **versus** the taught theory and values, which can lead to guilt and moral and emotional distress
- the benefits of staff empathy to patients (ensuring quality care) **versus** the harms of such empathy to staff (increasing vicarious trauma/unhealthy coping strategies)
- the excessive requirements for emotional labour (can result in suppressing emotions) in healthcare practice **versus** the need to improve workplace psychological ill-health

Key finding 4: Interventions are fragmented and targeted at individuals. They insufficiently recognise cumulative chronic stressors

There are tensions between:

- the focus on individual staff, and singular fragmented interventions **versus** the focus on systemic issues and multilevel solutions
- the focus on acute episodes of trauma (reactiveness) **versus** the need to recognise and support chronic cumulative stressors.

Key finding 5: It is challenging to design, identify and implement interventions to work optimally for diverse staff groups with diverse and interacting stressors

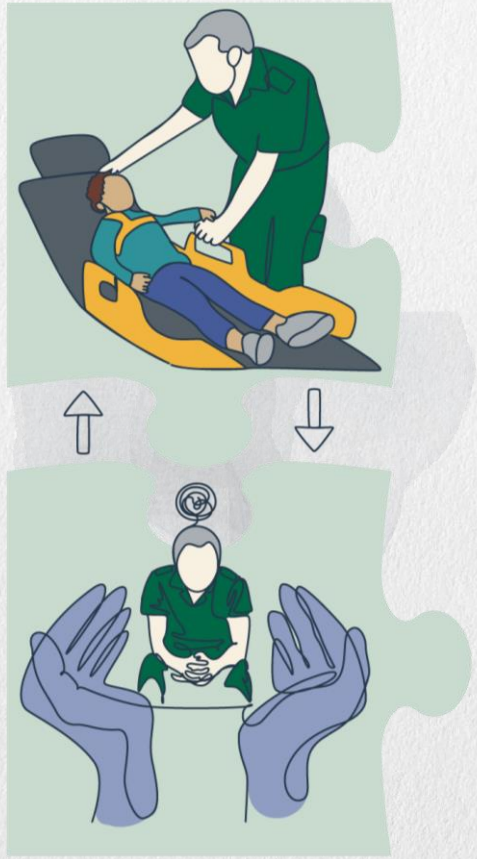
There are tensions between:

- making staff wellness interventions mandatory **versus** voluntary
- the need for psychologically safe spaces to debrief with managers or leaders so they hear staff experiences and can then offer support **versus** the need for peer-led spaces for debriefing
- the need to act and offer support **versus** providing interventions that are ineffective because they take place too soon, reactive or are one-off activities

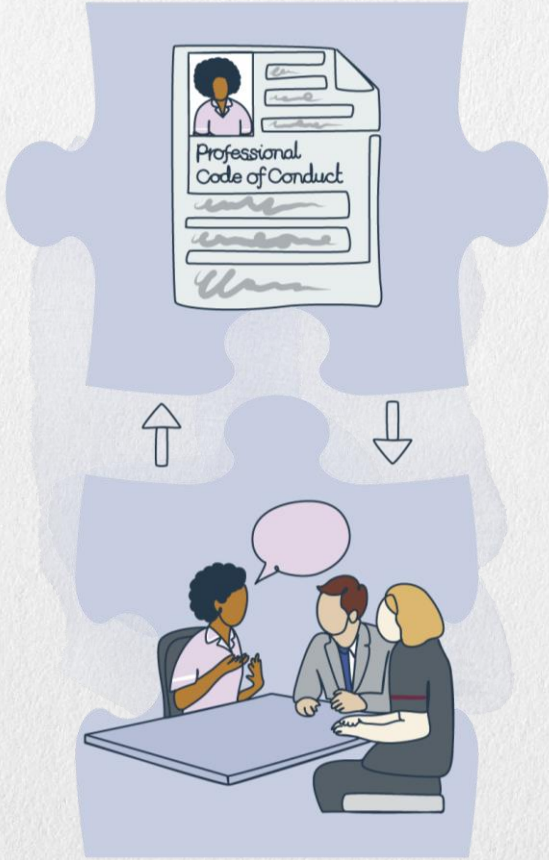
Key areas of focus in tension

- Current priorities are shown in the top jigsaw piece for each figure with the bottom jigsaw piece showing corresponding change that needs to be implemented to restore the balance
- These areas of tension must be redressed if we are to develop a healthy workplace where staff can thrive

High standards for patient care need to be matched by high standards for staff psychological wellbeing

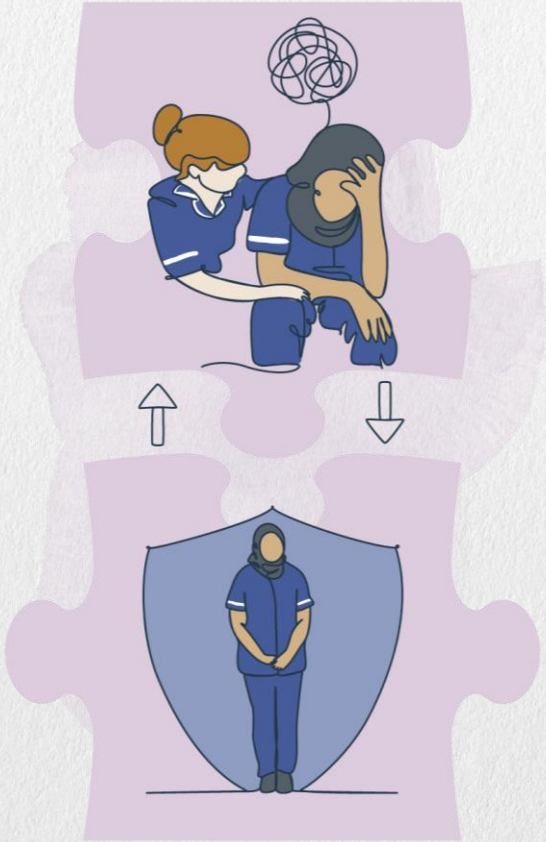


Professional accountability needs to be matched by a listening learning culture

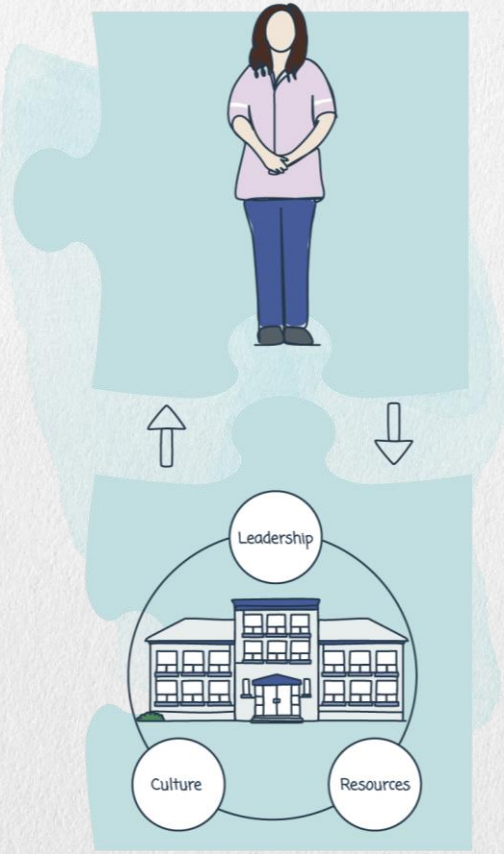


Key areas of focus in tension

Reactive responsive interventions need to be matched by proactive preventative interventions



Individual focus needs to be matched by organisational focus

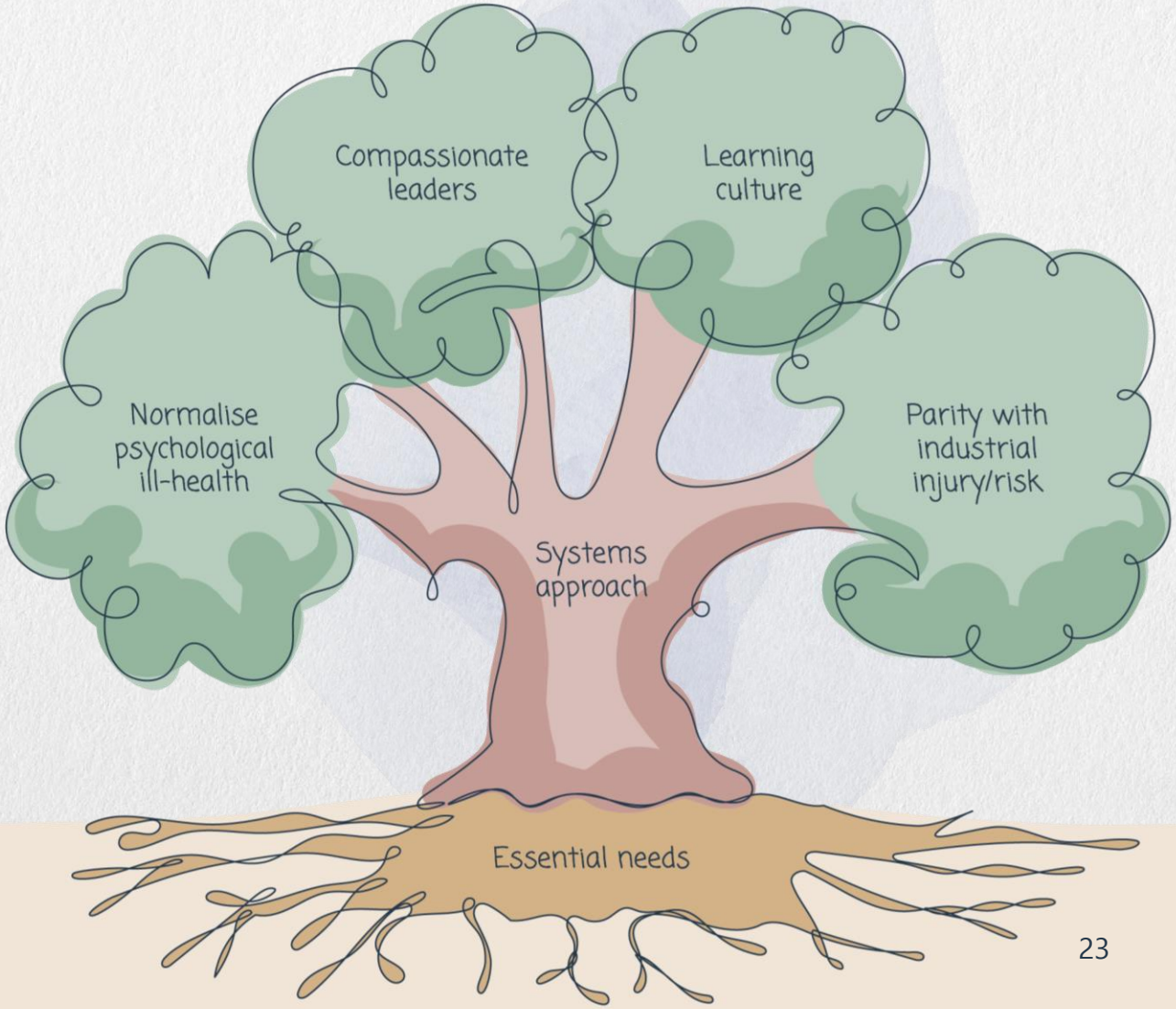


Overall Programme theory

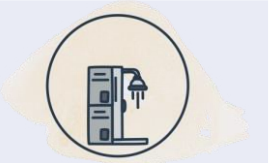
Rebalancing the system

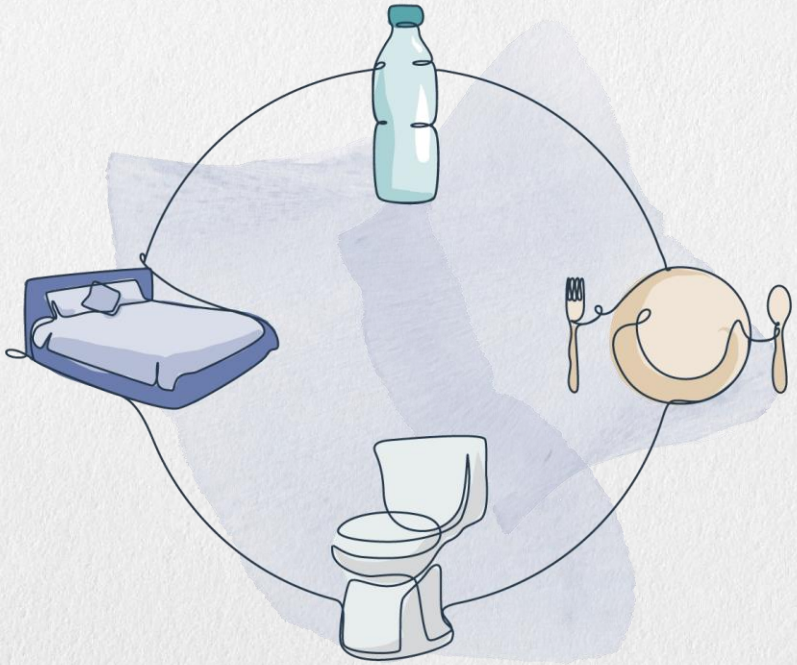
Recommendations to rebalance the system

1. Prioritise employees' essential needs
2. Take a systems approach to reviewing the provision of support for staff to thrive, and develop and share examples of good practice
3. Normalise, anticipate and manage psychological ill-health
4. Identify and nurture future compassionate leaders
5. Learn from staff: create a learning, not a blame, culture
6. Give psychological harm parity with industrial injury and risk



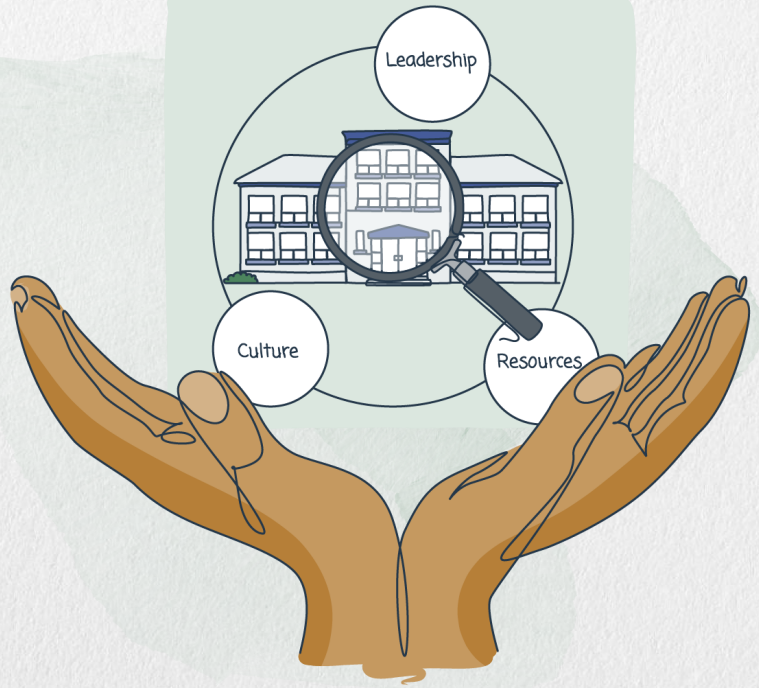
Recommendation 1 Prioritise employees essential needs

	Access to good, hot food and regular hydration – especially out of hours (e.g. nohungrystaff.com)
	Break rooms to rest, decompress, connect with colleagues for support, created for rest and recovery rather than multi-purpose spaces
	Meeting work-specific needs – for example, with lockers to keep belongings safe or access to showers
	Arranging staff parking with reduced rates, including disabled parking
	A suitable space to keep belongings and rest – especially for those with no base, such as remote workers or community workers



Recommendation 2 Take a systems approach to reviewing the provision of support for staff to thrive, and develop and share examples of good practice

✓	Draw on case-study examples of wellbeing how others have developed and implemented
✓	Review gaps in provision of interventions, including those supporting individuals, teams, departments and specific professions, as well as organisation-wide options
✓	Develop staff wellbeing initiatives, drawing on staff insights and co-production
✓	Extend the Practitioner Health Programme to staff beyond doctors and dentists
✓	Bring together staff from different professions, including clinical and non-clinical staff – for example, through Schwartz Rounds

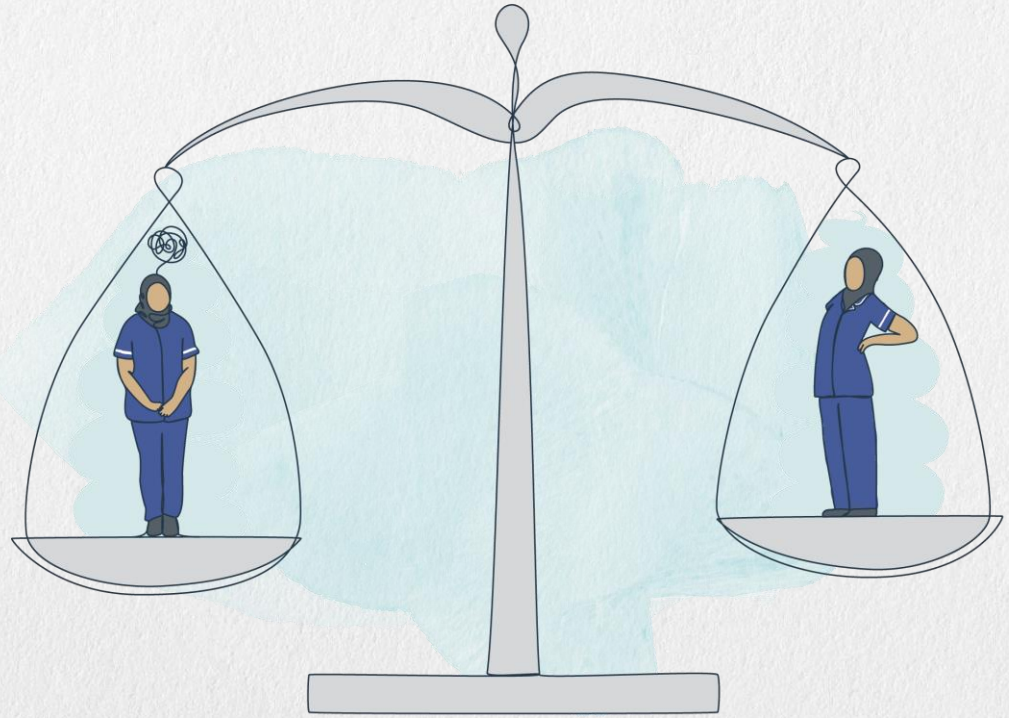


Recommendation 3 Normalise, anticipate and manage psychological ill-health

✓	Start talking about psychological ill-health early (e.g. with students) consider use of reflective safe spaces such a Schwartz Rounds
✓	Develop/implement an organisational long- term plan to acknowledge and manage risk of poor psychological health (individual/whole organisation)
✓	Design/implement staff psychological health personal development plans to anticipate/prevent stress, burn out and provide info re support
✓	Build in protective career breaks
✓	Normalise checking in

Recommendation 4 Give psychological harm parity with industrial injury and risk

✓	Run risk assessments for impact of specific work conditions on psychological wellbeing in the same way as for physical safety
✓	Gather and report data on health and wellbeing ‘near misses’
✓	Develop your thinking on how to manage similar reporting on staff psychological wellbeing

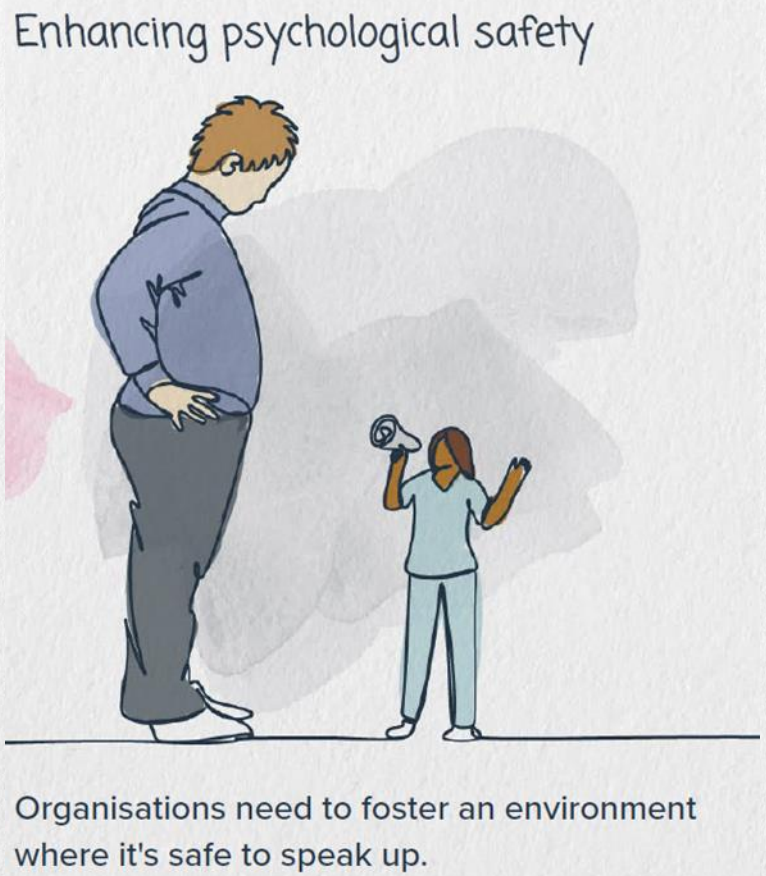


Recommendation 5 Identify and nurture future compassionate leaders

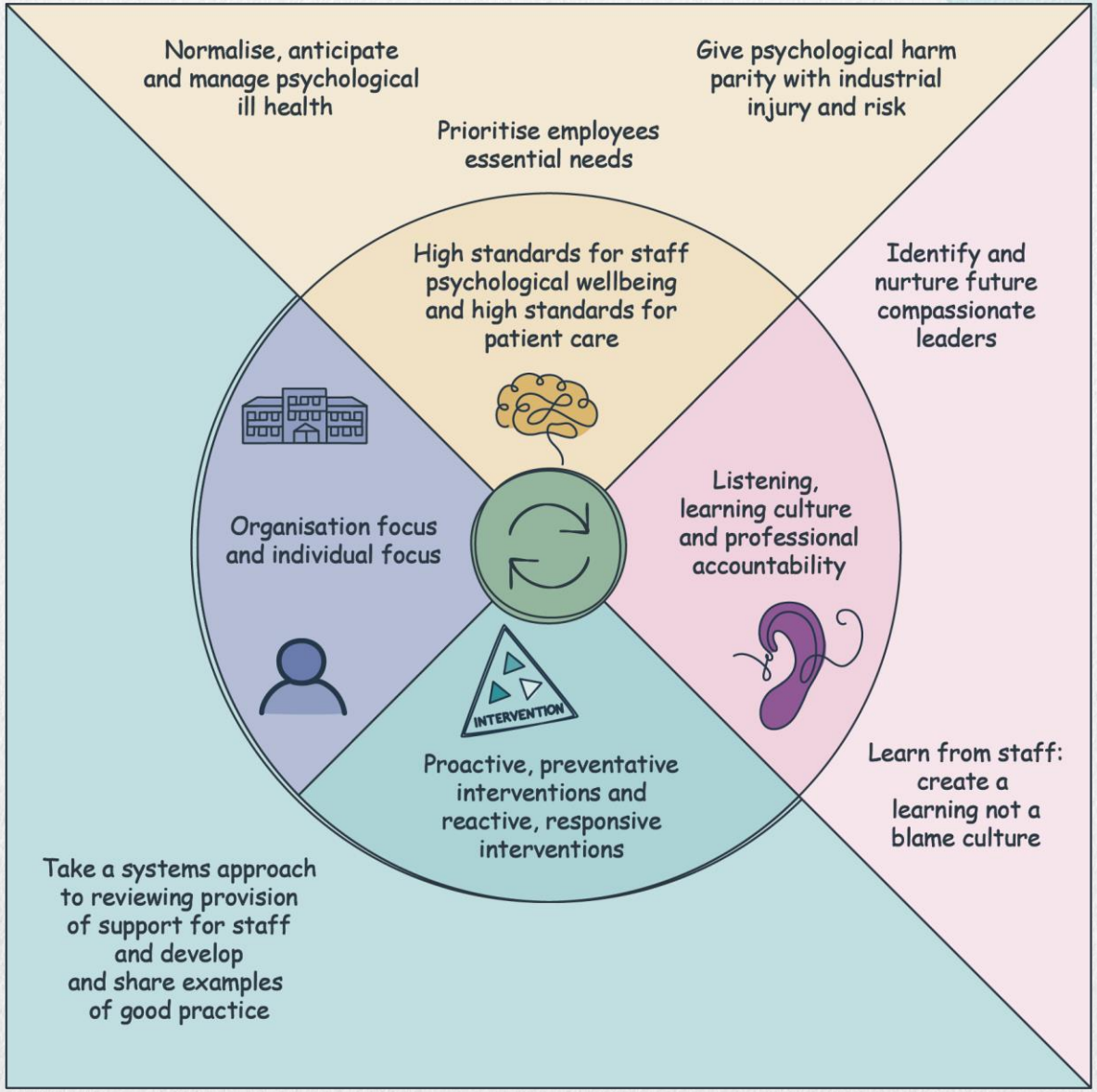
✓	Invest in a pipeline of leaders for the future, with an organisational approach to talent spotting
✓	Provide support for new leaders (e.g. mentorship and training)
✓	Role model and develop a compassionate culture
✓	Take a long-term approach, prioritising skills development/investment from student onwards

Recommendation 6 Learn from staff: create a learning not a blame culture

✓	Work to develop and change culture, working with organisational development teams
✓	Create psychological safety and develop strengths as a learning organisation
✓	Report back on actions undertaken to foster trust in system of speaking up – 'You said- we did'
✓	Support role of Freedom to Speak Up Guardians – provide sufficient resource and support and board willing to hear and act on complex issues raised
✓	Provide and role model psychological safe conversations and encourage speaking up when things are not OK



Final summary diagram



What can you do

Three sections for different groups

Senior leaders (8 suggestions)

- ✓ Make staff wellbeing the responsibility of the whole board, not just the Wellbeing Guardian, and embed staff psychological wellbeing at the core of the organisation's purpose and values

Managers / team leaders (9 suggestions)

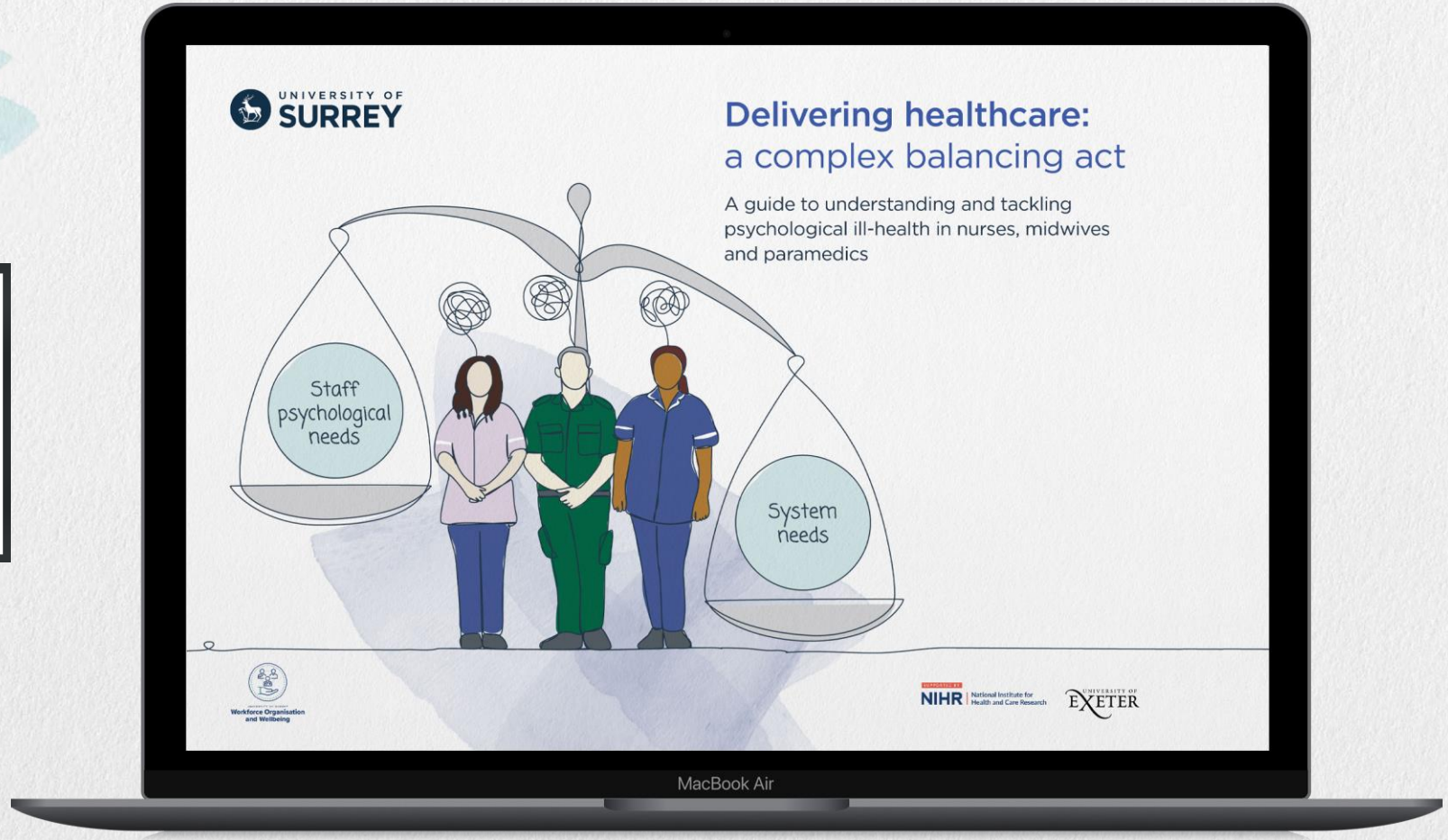
- ✓ Make sure you are trained to recognise and act on early signs of psychological ill-health, including everyday cumulative stressors as well as acute traumatic events

Nurses, midwives and paramedics (8 suggestions)

- ✓ Recognise that you are doing difficult psychological work every day. Resist narratives to be stoic or resilient. Expect that at times you will need support and this it is not a sign of weakness or failure.

Where can I get the guide?

See more about our work in this area at:
workforceresearchsurrey.health



Guide


UNIVERSITY OF SURREY
Addressing unprofessional behaviours between healthcare staff
A guide
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Find out more

- Detail of the funding award: fundingawards.nihr.ac.uk/award/NIHR129528
- 'The WOW factors': Comparing Workforce Organisation and Wellbeing for doctors, nurses, midwives, and paramedics in England. British Medical Bulletin doi.org/10.1093/bmb/ldac003
- NIHR Report and paper in BMJ Quality and Safety published
- **workforceresearchsurrey.health**
- Next steps Partnership working with health and social care staff via 5 ICB to change culture and work at systems level

THANK YOU
QUESTIONS?

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