Building *resilience* and *compassion* during COVID-19

Pre pandemic, a resilience-based clinical supervision group was offered as a pilot to support a busy NHS team facing heavy workloads and winter pressures. **Sarah Markham**, **Teresa Jennings** and **Steph Brunsden** explain how and why it has left such a legacy

Three years ago, as the winter of 2019 approached, Steph Brunsden, a Critical Care Outreach Team Lead, was concerned about her team of nurse practitioners and the impact of increasing demands in the NHS as they headed into the notoriously difficult winter months. Wondering how she might best support her team, Steph recalled a conference she had attended on resilience-based clinical supervision (RBCS), a unique form of group supervision, which draws on compassion-focused therapy (CFT) to enhance wellbeing, resilience and patient care.

This led Steph to knock on our door, as the in-house Staff Psychology and Counselling Service (SPCS) is a place staff know that they can turn to, and we have run a successful, well-established programme of resilience-based training for many years. Before long, the first collaborative RBCS pilot was born within the Northumbria Healthcare NHS Foundation Trust (NHCT). Little did we know then what a lifeline the pilot group would be for the team, as just a few months later, the biggest threat to healthcare in our history emerged, with the arrival of COVID-19.

Background

NHCT is one of the country's top-performing NHS trusts and one of the North East's largest employers, with 12,000 dedicated members of staff taking care of around 500,000 people. We are proud that Northumbria Healthcare's SPCS was one of the first departments of its kind established in an NHS Trust in 1999. We provide preventative and reactive individual, team and organisational interventions, including one-to-one therapy, reflective practice groups, trauma support, consultancy and innovative courses for staff, such as resilience training, based on the principles of acceptance and commitment therapy (ACT).

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What is a critical care outreach team?

The Critical Care Outreach Team (CCOT) provide advice and care across hospital wards and departments by responding to patient deterioration. The role of an outreach practitioner is a demanding one, and no two days are the same. Shifts are either seven-and-a-half or 12 hours, and during this time the team will respond to emergency calls, assist staff to provide complex patient care, visit patients to try and prevent their condition from getting any worse, recommend additional treatments, facilitate timely admissions to critical care and offer bedside and formal education to staff across the Trust.

The team juggle a large workload and must make difficult clinical decisions under pressure to prioritise patient care. When staffing levels are stretched, the team may also encounter a stressed workforce, highly emotive patients and relatives, and calls for help from all over the hospital.

Steph was therefore keen to provide clinical supervision to support her team’s emotional wellbeing and resilience, helping them to withstand, adapt to and recover from stress and adversity, as the workload was growing, winter was approaching and staff were already feeling fatigued due to the volume of highly emotive work.

Restorative supervision and compassion

It is understood that clinical supervision as a formal process of professional support is essential in enabling nurses to continuously improve patient care, as well as to protect their own health and wellbeing.[1] While restorative supervision has long been recognised in the field of psychology as a standard part of good clinical practice, in some healthcare professional groups, it can be seen as a ‘luxury’. However, increasingly there is an emphasis on the need to allow space to explore the emotional aspects of the job and how it impacts on staff wellbeing and performance.[1]

A strong evidence base exists linking staff wellbeing with organisational performance, including patient experience and outcomes,[2] and demonstrating that the benefits of restorative supervision go way beyond that of the individual. However, it’s worth stressing that care should be taken when applying resilience-based interventions that only focus on the individual’s response to cope better with stress, as this could be viewed as blaming or staff seeing themselves as unable to cope. Instead, individual skills ‘…should be developed as part of a community that shares a critical dialogue, offers supportive relationships and enables reflective discussion’.[3]

What is RBCS?

Developed and trialled with positive results by researchers at Nottingham University, RBCS aims to build a resilient community by encouraging teams to share experiences and have their human responses to difficult situations validated. It offers a safe space in which members can benefit from compassionate responses from their peers experiencing similar challenges. There is a restorative aspect to the supervision, which focuses on emotional wellbeing and the development of skills in self-care and emotional intelligence.

RBCS may help staff to regulate their emotions to respond in an adaptive way to work situations and the emotional challenges of their role, improving their wellbeing, hopefully improving patient care and aiding job retention. It is underpinned by the principles of CFT, with a focus on the emotional regulation systems which motivate our responses to a situation: the drive, threat and affiliative system.[4,5]

Each of these systems are effective in some circumstances, but the ability to choose the best mode of response is a key aspect of the approach. When pressures are high, there may be a tendency to respond from the threat system when the fight/flight response is activated. This can

lead to immediate 'reacting' rather than pausing to 'respond', perhaps in a different way.

There is also a tendency to be self-critical when the threat system is activated, which can become a habitual way of responding. It is why the mindfulness component is so important as staff learn to develop skills in non-judgmental self-awareness, such as 'noticing'. However, when the affiliative soothing system is activated, this can counteract the impact of the threat and drive systems.

How did the pilot work?

Teresa Jennings, Consultant Clinical Psychologist, SPCS, facilitated the group, and Steph shadowed her so that she would be able take over the role of facilitator if the pilot was successful. Initially, the plan was to provide the CCOT team with six, monthly, face-to-face sessions and then review. However, when COVID-19 hit the UK, the team focused on responding to the crisis but also felt it was important to continue the sessions.

The outreach service had been drastically reduced so staff could be redeployed to critical care, leading to feelings of isolation, as the team stopped working together on a daily basis. Social distancing meant that some of the sessions were adapted and held remotely via Microsoft Teams to accommodate restrictions. This flexibility was appreciated by the team as it enabled them to keep the social connection as a group, albeit remotely, and eight two-hour sessions took place between December 2019 and August 2020.

What did we learn from the pilot?

I (Sarah) ran a focus group with the team and spoke separately with Teresa and Steph to evaluate the pilot and to discuss the future of RBCS within the Trust. The team greeted me with an offer of tea, cake and genuine warmth, which instantly made me feel welcome, despite this being the first time most of us had met. A sense of camaraderie, friendship and warmth radiated from the team, and gentle teasing and laughter ensued, something that can only come from a team of people who feel genuinely comfortable with each other. This was striking as we were meeting with the pandemic ongoing and with worries looming once again about the winter pressures.

The team brought to mind Professor Neil Greenberg's statement, that resilience '…doesn't lie in individuals, it lies between individuals'[6] and that peer-to-peer support is so essential in times of crisis. In my role, I've often seen healthcare professionals who are accomplished at showing compassion towards others, often to the detriment of their own wellbeing, going above and beyond caring for others while struggling to ask for help or accept compassion from others. Staff in healthcare can find it difficult to be compassionate towards themselves, and often say: 'I don't know how to'.

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Growth of compassion

Through a mix of psychoeducation, practising mindfulness and learning from what was modelled by Teresa, the team internalised and embodied compassion-based attributes and skills, saying that they now used them 'subconsciously and automatically'. I witnessed this in action, in their flow of compassion towards each other, towards themselves and also in how they spoke about those not present, such as colleagues and family.

Increased awareness of the potential suffering of others and compassion towards them suggests that RBCS may cause a 'ripple effect', as team members took their new skills out into the organisation when supporting others or dealing with potential conflict. One nurse explained, 'We support so many staff on different wards and we are often an outlet for members of staff to vent their feelings to, but we can now use the skills, help staff to understand why it is that they are feeling a certain way and offer informal help and support.' Another said, 'It helps me to rationalise people's reactions and how I am going to react to them. I've realised that the person is often probably frightened, and the sessions have made me think about it from their perspective instead of just getting annoyed.'

Anxiety and vulnerability

The pilot started prior to the pandemic, which meant that the team were able to use the space to discuss feelings of uncertainty and anxiety linked to the looming pandemic. It was reassuring to know that support was available, and one member of the group reflected, 'We were lucky that we already had this group set up'. The structure of support had become familiar, and this helped to create consistency and certainty for the team during the most uncertain of times.

Another said: 'We knew that COVID was going to happen and we were preparing for it, but in the sessions, we were able to really share our anxieties and fears about how it was going to be. It helped that Teresa could normalise what we were feeling, and we used the model to reflect on why we would be feeling like that.'

Change and loss

Redeployment at the start of the first wave of the pandemic meant an increase in workload and a loss of informal peer support, leading to feelings of isolation and detachment as the team went off

in different directions. However, Steph reflects that coming together for RBCS allowed the team to cope with the pressures of being on the frontline during the pandemic, and also to cope with increased workload in a different environment (which was daunting), and to feel united, which strengthened cohesion.

The team learnt to notice, name and normalise their emotions, and their responses were often validated by their peers. Experiences were shared without anyone feeling judged and it helped to know that they were never alone, as one nurse explains: 'We worked well together. We would sit and look at each other and say, "You know, you're not the only one that felt like that."' Another said: 'It was nice to offload, but equally to be able to support each other and say, "It's absolutely, perfectly fine, the way you are feeling" and to remind each other that we are fabulous and say, "We are all doing really well, because this is such a strange time."'

Reflection and resetting

The use of the three circles model helped the team reflect on how the pandemic was impacting on them and those around them, with an acknowledgement that they were often working in threat mode. The safe space gave the team time to reflect and reset, and the grounding and mindfulness techniques were useful tools to help them to switch from threat mode to having more compassionate, present-moment awareness.

Improved self-care

There was consensus that RBCS, the pandemic and the challenges of the job had helped the team to understand the importance of self-care and compassion. One member spoke about how challenging it was to notice their own inner critic initially, but how being part of the group meant that when they shared their self-doubts, they felt supported by their peers. They all developed skills in compassionate thought balancing, feeling more able to step back and say; 'I've got this' and 'I'm doing a good job'. Another spoke of realising that it was a strength to be able to say; 'I'm struggling', and in doing so, this had allowed others to also share their struggles.

The team learnt to acknowledge that while they love their work, it is OK to admit that it is also hard work and often emotionally draining, which means they are left 'running on adrenaline'. One nurse said: 'I love my job and I wouldn't want to do anything else, but if someone came and sat on our shoulders for a day and saw what we witness, it would be extremely traumatic for them because we work in a stressful environment. But it's our job and we do it, and then we move on.'

'Across the Trust, there is growing recognition of the importance of restorative models of supervision, such as RBCS, for nursing staff and allied health professionals'

A deeper understanding of this has helped the team to develop self-compassion and to give themselves permission to delegate and put their needs first, without feeling guilty. They valued spending time focusing on how they were feeling, reflecting that supervision is usually about targets, even more so during the constantly changing landscape of providing critical care during the first wave of the pandemic.

Facilitating the group

Keeping the group going during COVID was not without its challenges. Due to restrictions, it wasn't always possible for the team to be all together in a room, and working virtually meant that it was more challenging for Teresa to facilitate in a way that felt as responsive to everyone's emotions, as there were times when she could not see everyone's faces. However, as the group was established before the pandemic, those in it were able to think creatively about how to address these barriers, and their existing bond may have helped create a sense of psychological safety, necessary for those attending virtually and in real life to feel comfortable enough to share experiences.

The team's reflections emphasise the valuable role of the facilitator and how important it is that they are skilled and trained in the model and able to demonstrate compassionate skills and attributes. The team valued Teresa's psychoeducation. Her genuine warmth, wisdom, acceptance, appreciation and interest in their role also helped them to feel comfortable, listened to and understood at an extraordinarily difficult time in their professional lives.

Overall, RBCS was perceived favourably, and Steph described her team as '…positively evangelical about the benefits of RBCS', despite initial scepticism. The group reflected that the model made intuitive sense and felt both natural and organic. It provided a much-needed restorative element, so often missing from supervision, and it was suggested that all staff could benefit from RBCS. One nurse explains: 'It's not like clinical supervision or your appraisal, where you're thinking: "I have to prove myself". It's very different from previous clinical supervision, as it's about talking about how you're dealing with things, reflecting on that and gaining clarity from your colleagues. It's like a nice blanket. It is very comforting.'

Plans for the future

Since the pilot, we have presented our findings to key stakeholders, presented at a critical care event in which good practice was shared, and funding has been secured to train between 20 and 25 staff as

facilitators within the Trust. The aim is to build capacity, so that RBCS can be rolled out across the organisation as a preventative and restorative intervention, hopefully fostering a culture of compassion within the organisation.

Across the Trust, there is growing recognition of the importance of restorative models of supervision, such as RBCS, for nursing staff and allied health professionals. This reflects the national picture, as the Professional Nurse Advocate (PNA) programme was launched in March 2021 by Ruth May, the Chief Nursing Officer. It is intended to support the NHS across England through restorative supervision, delivered by specially trained nurse advocates.

Closing thoughts

Given the ongoing uncertainty and challenges faced by healthcare staff (and other public services), it is imperative that they have access to restorative-based supervision. RBCS provided the CCOT with a safe, non-judgmental space to reflect, process, normalise and gain peer support from those with a shared understanding, and it also provided coping skills. We know that this is a small pilot, but our findings are consistent with other literature on the benefits of RBCS and compassion-focused approaches in supporting staff wellbeing and resilience.[3,4,7–9]

The workforce are the beating heart of the NHS, working tirelessly, often putting the needs of others before their own. However, they are human, facing the same challenges and struggles as those they support, and this has never been more evident than during the pandemic. When most people were directed to stay at home, the CCOT were heading towards potential threat, and it was humbling to learn of the fantastic work that they do. ●

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