

The experience of having embedded clinical psychologists for staff support: Rewards, benefits and challenges

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Outline

- What is a clinical psychologist?
- Context
- History & offer
- Rewards
- Challenges
- Benefits
- Conclusions

What is a clinical psychologist?

- Health care professional regulated by the HCPC
- Trained to doctoral level
- Trained to work with individuals across the life span, groups and services with a wide range of mental and physical health needs
- Aims to reduce psychological distress and improve psychological wellbeing via development of shared understandings and targeted interventions at different levels of an organisation

Leeds' Adult Critical Care

No of staff members	613
	Predominantly female (79%)
	Predominantly aged 25-34 years (43%)*
	Predominantly white (71%)
	Predominantly full-time (66%)
No. of beds/ No of clinical areas	59** / 5
Average turnover rate (Feb '20-Jul '22)	8.7% (trust average: 8.8%)

Why offer psychological input?

- High patient mortality
- Challenging daily work routines
- Regular encounters with ethical issues
- Exposure to traumatic events
- Moral distress
- Distressed families
- Complex decision making
- High level of burnout out (pre-pandemic)
- Impact of poorer staff wellbeing, including burnout, on staff engagement and patient care (e.g., medical errors, near misses)
- Disproportionate impact of covid-19, including increase in wellbeing stressors
- Reported that 27% of CCNs worldwide were intending to leave. Importance of improving conditions

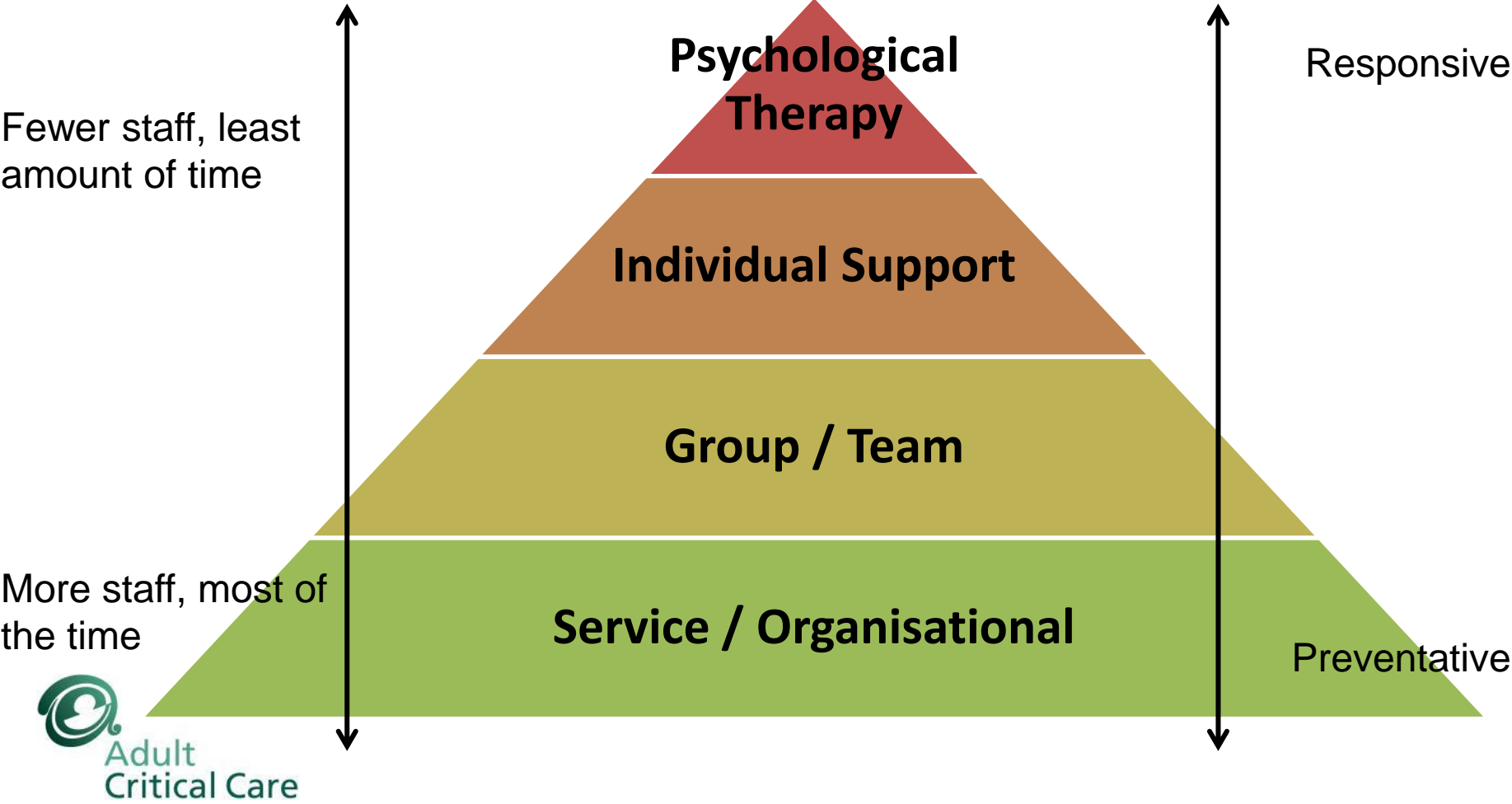
Service history

- Pilot trialed in 2017(0.6wte)
- Provided to the largest ICU, with high sickness and turnover rates
- Focus on newer starters due to increased risk (2-3 individual sessions)
- Open sessions offered to other staff too
- 70 staff in 8 months
- Reduction in sickness days and episodes
- 100% felt supported to continue in role

Service history

- Role made permanent in 2018. Capacity focused on 2 ICUs, with some group support offered to the other 3 ICUs
- Psychological Support Service expanded to all Adult Critical Care in January 2020 to 1.6wte
- Service offer opened up to all of Adult Critical Care (and supporting staff)
- We know what happened next...
- May 2022 – reduction in input (1.0wte)
- Sept 2022 – reduction in input (0.8wte – funding for 1.8wte available)

The offer



Fewer staff, least amount of time

Responsive

Psychological Therapy

Individual Support

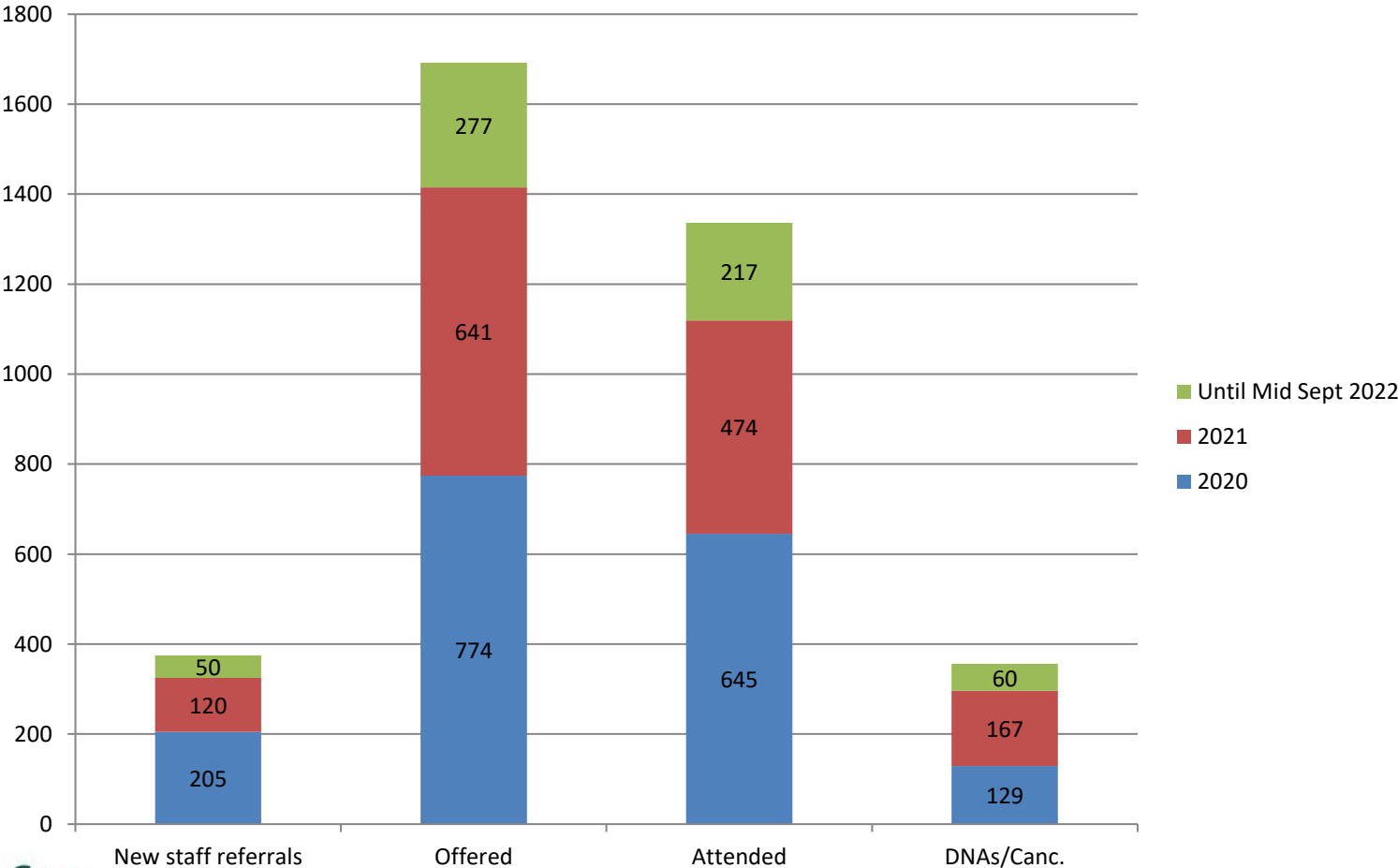
Group / Team

Service / Organisational

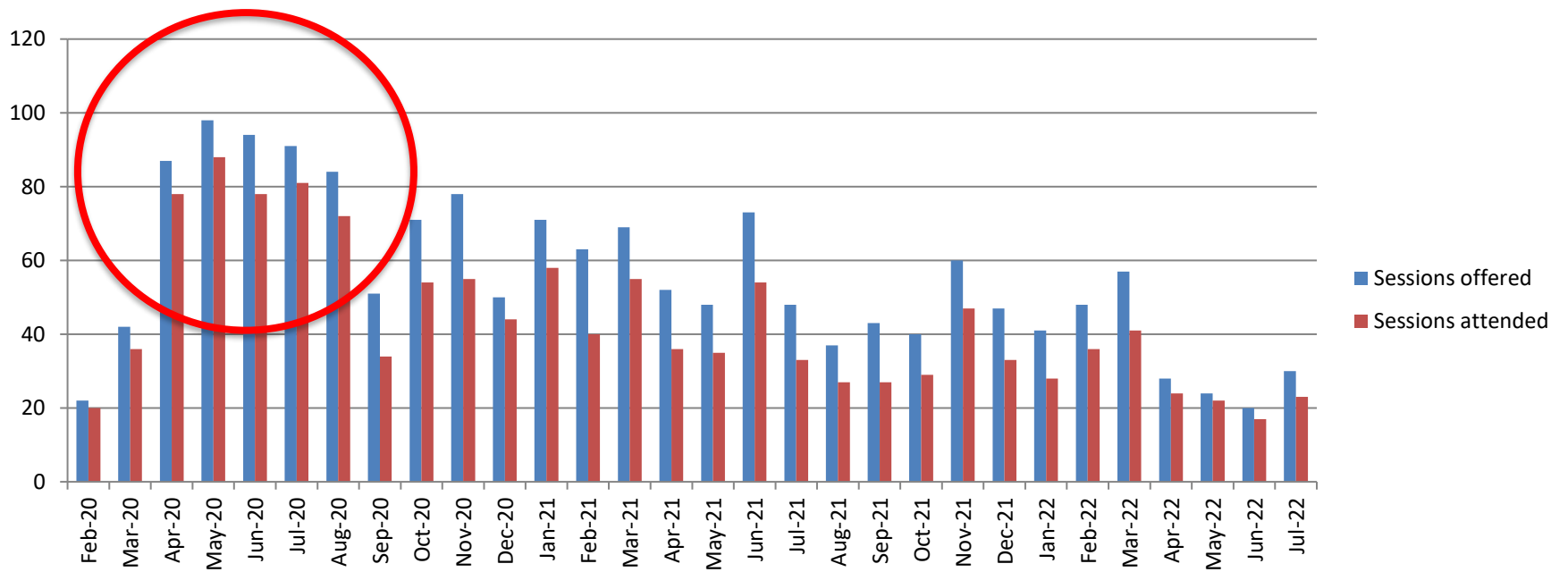
More staff, most of the time

Preventative

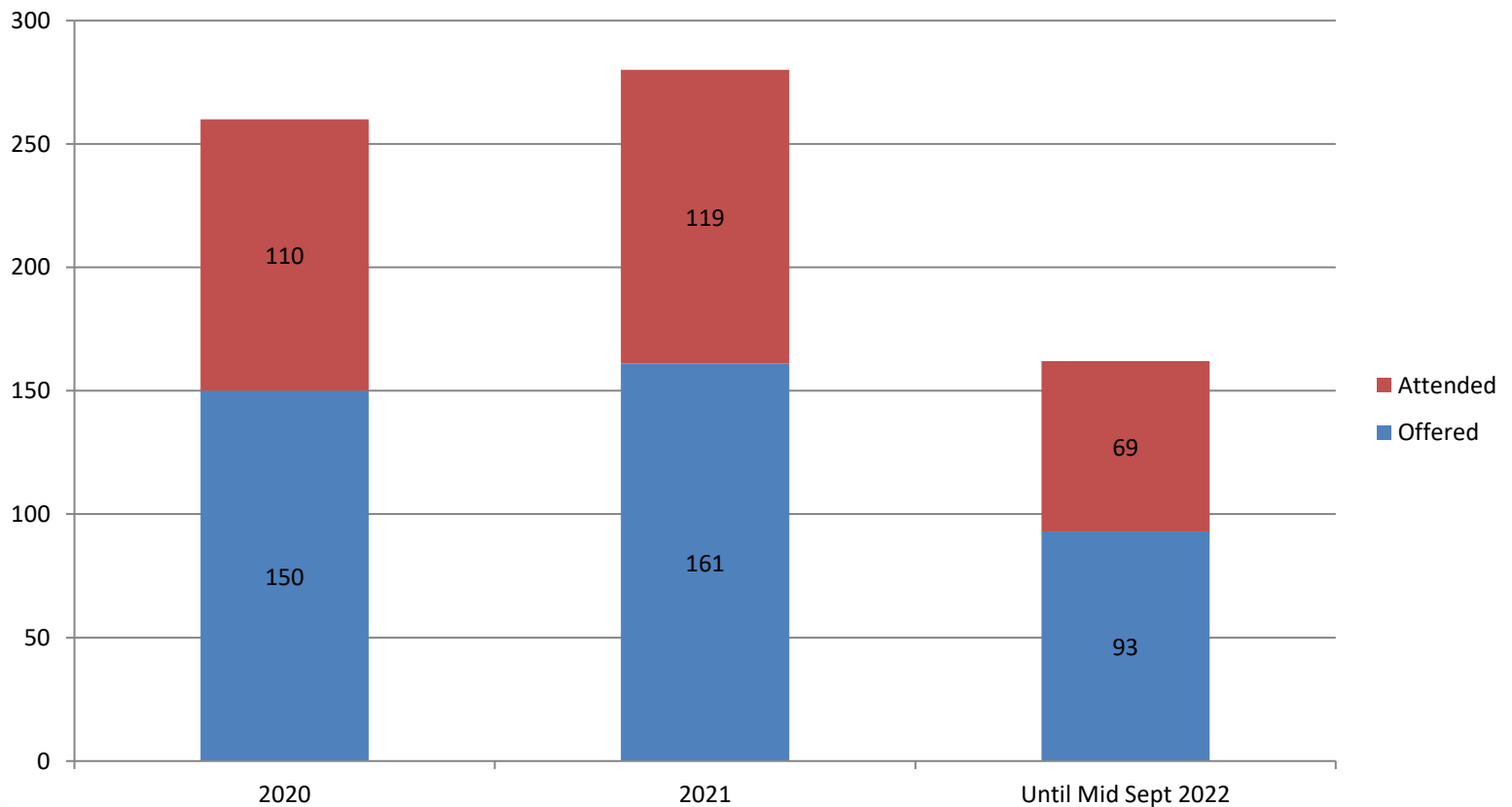
Uptake – individual sessions



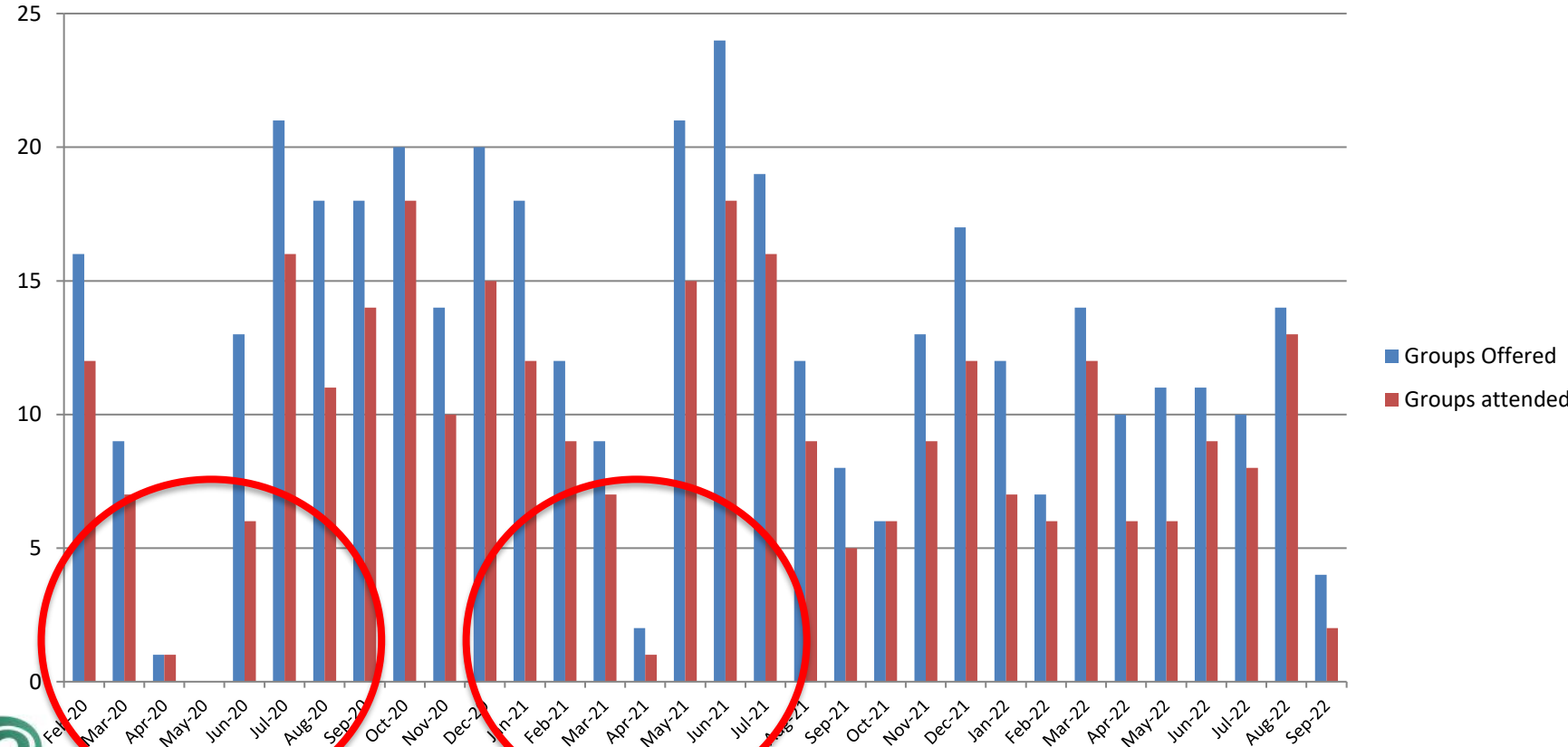
Uptake – individual sessions



Uptake – Group sessions



Uptake – Group sessions

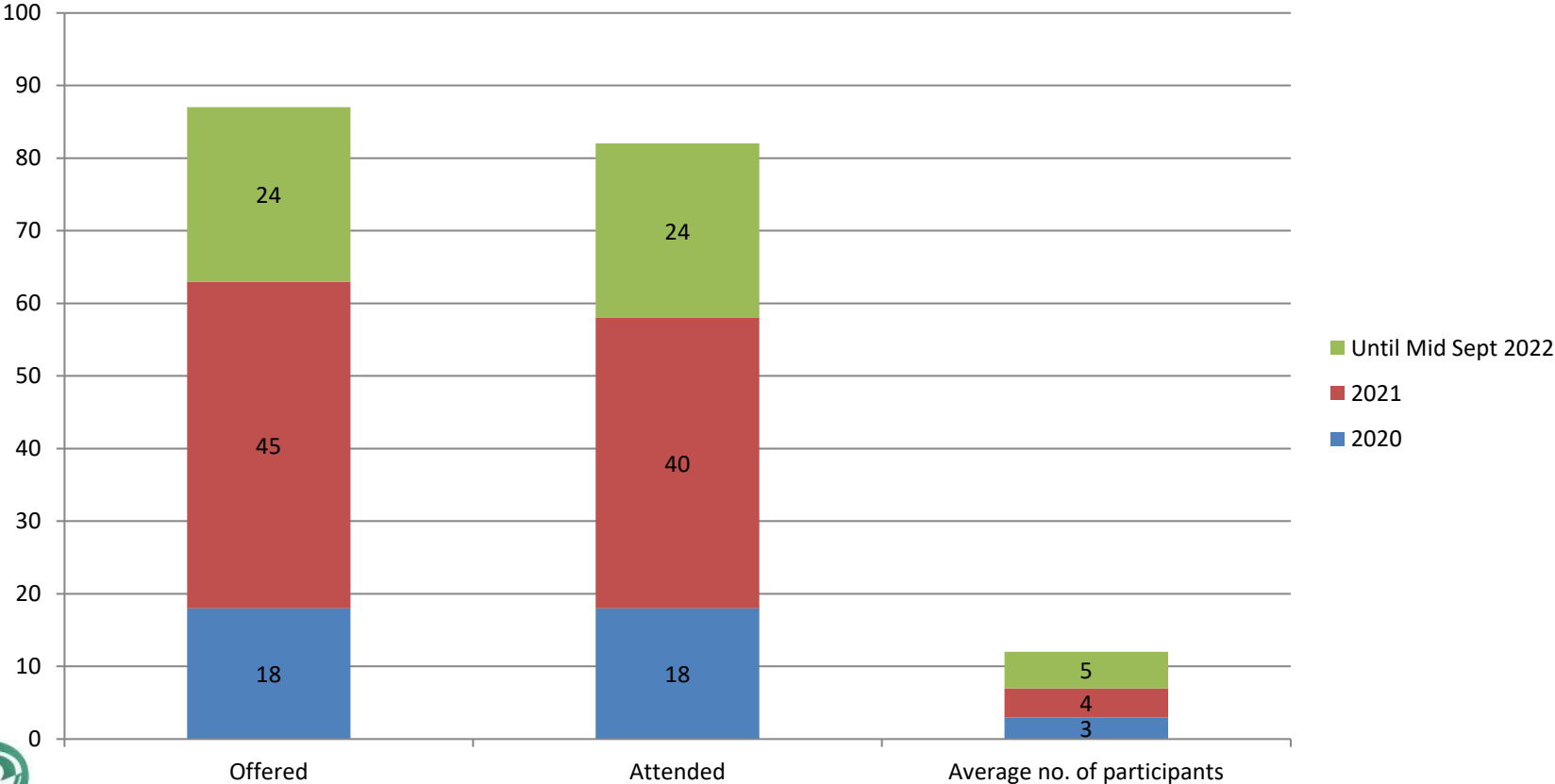


Uptake – Training

Virtual training and education courses, including

- Learning bursts (e.g., preparing to care for ourselves)
- Wellbeing skills training
- Supporting staff (for leaders)
- New starter introductory sessions
- End of life care and staff wellbeing

Uptake – Training



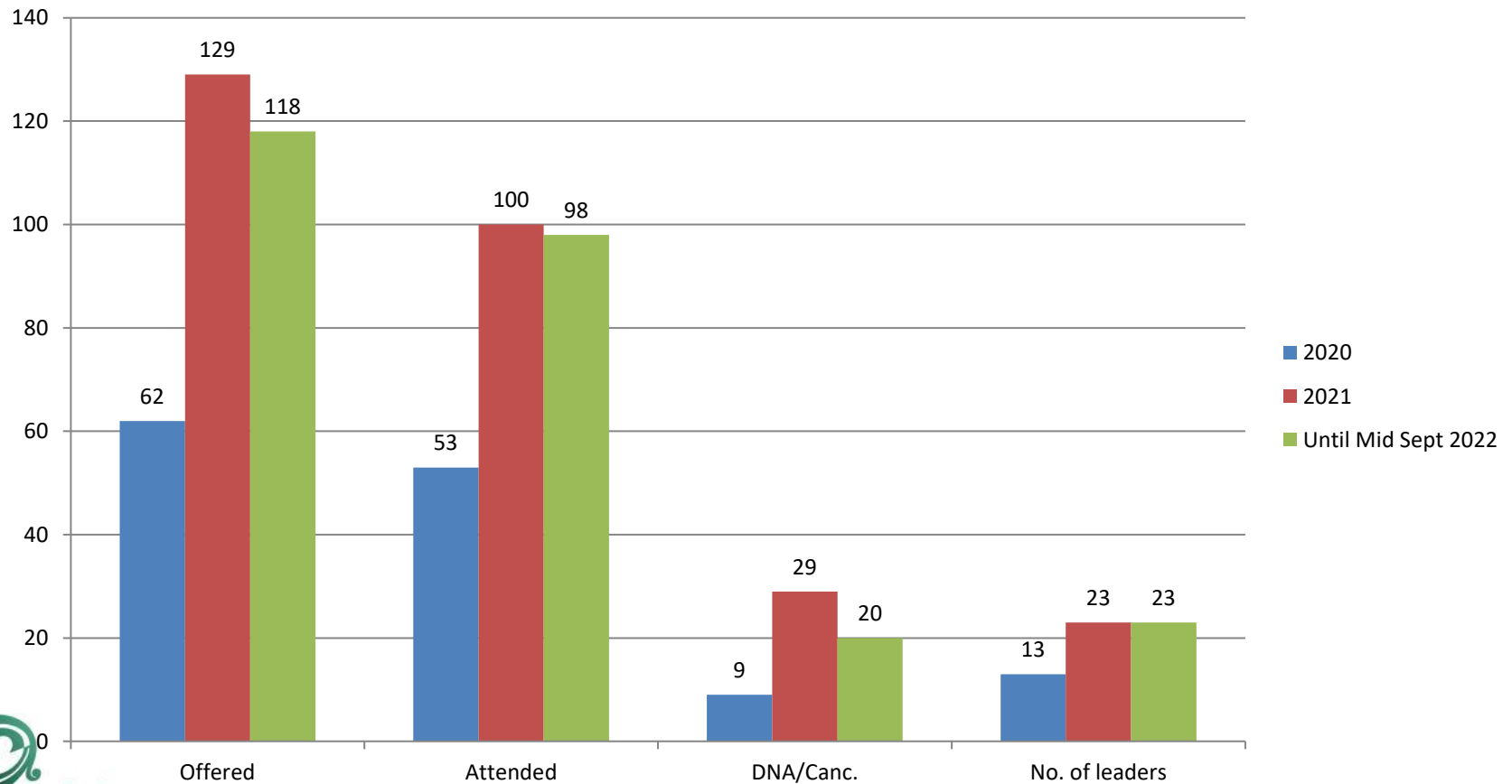
Service wide initiatives - examples

- Development of our Health & Wellbeing (HWB) MDT group (i.e., practical wellbeing initiatives)
- Professional Nurse Advocate (PNA) role – development and supervision of a pilot project; coordinating a service evaluation project
- Peer Supporters programme
- Research (e.g., experiences of group work; steering group member for the ReBoot coaching programme for CCNs)
- End of life care action planning – staff health and wellbeing
- Supporting the development of HWB ‘reset’ days

Leadership supervision and support

- Individual forums offered to leaders (B7+)
- A confidential space to reflect on the quality and effectiveness of work, training and development needs, and health and wellbeing
- An opportunity to consider team dynamics, challenges, progress and how to approach these
- Leeds Alliance in Supervision Scale
 - The supervision session was focused: 96/100 (49 responses)
 - My supervisor and I understood each other: 98/100 (49 responses)
 - The supervision session was helpful to me: 98/100 (48 responses)

Leadership supervision and support



Rewards

- Engagement
- Ownership
- Collaboration



Rewards - feedback

“It was great to have a place to talk about my anxieties with a neutral person but somebody who also understands the demands of critical care over the last year”

“Felt very supported, you understand the unique pressures of working in critical care, which I think is crucial, and valuable signposting to other resources.”

“Could not have had a better experience from this service. So helpful at one of the lowest times in my life, like drowning and being thrown a life jacket.”

“Stopped me from handing my notice in!!!”

“The help I have received has been life changing”

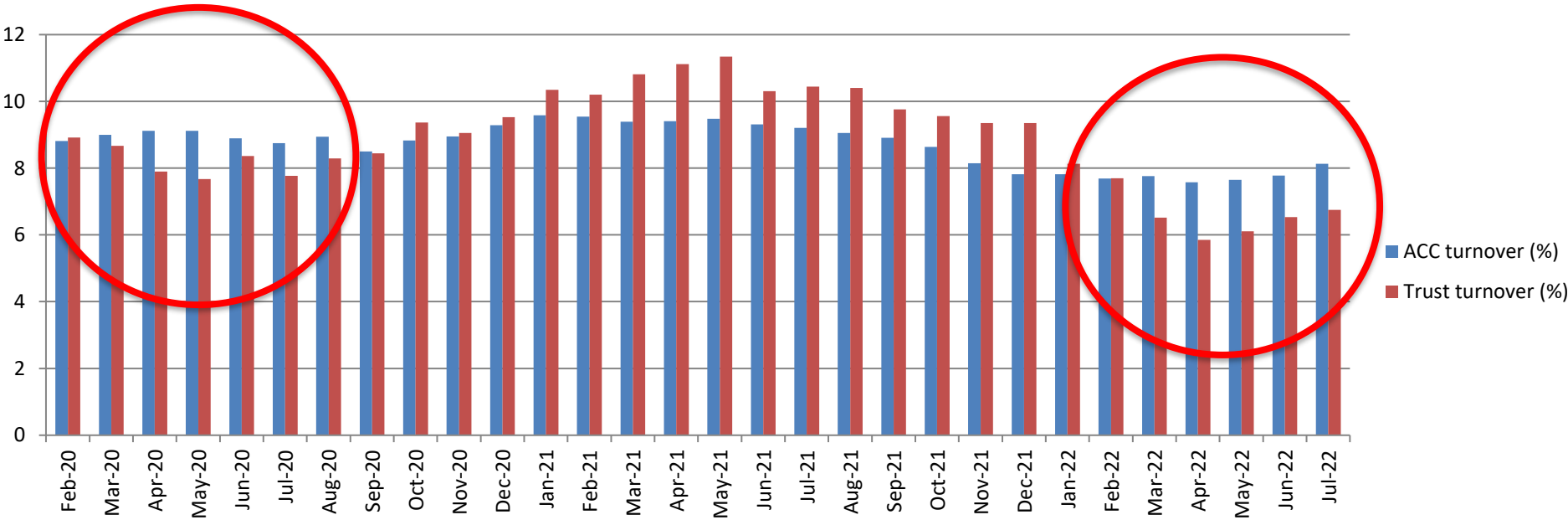
“Supervision has given me insight into more effective support for our wider staff team & really value having a soundboard for reflecting on past clinical situations.”

“Very helpful service that has enabled me to stay in work during an extremely stressful year”

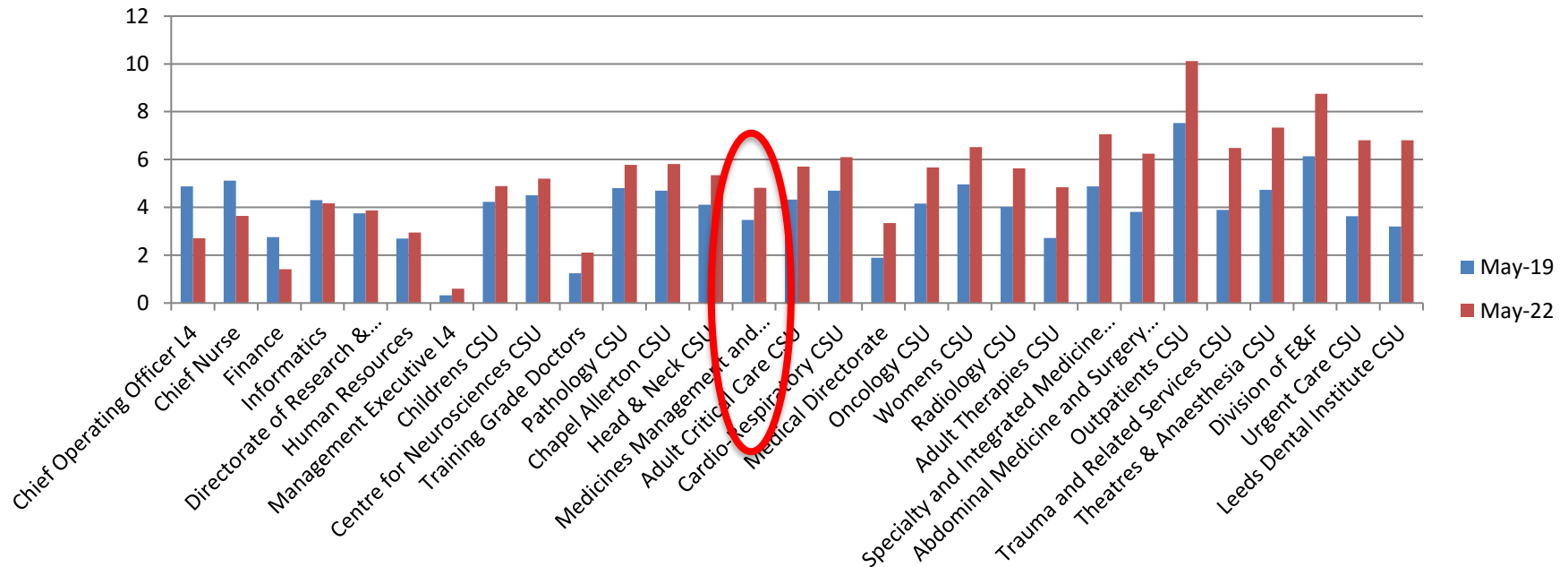
Challenges

- Debriefs/follow-ups after critical incidents
- Measuring the impact of staff psychological support on wider results/metrics, such as turnover, sickness, and staff survey results
- Impact of pandemic on outcomes (i.e., of the expansion of service)
- On-going occupational stressors across the NHS with a known significant impact on wellbeing (e.g., staffing shortages, high demands)

Challenges



Challenges



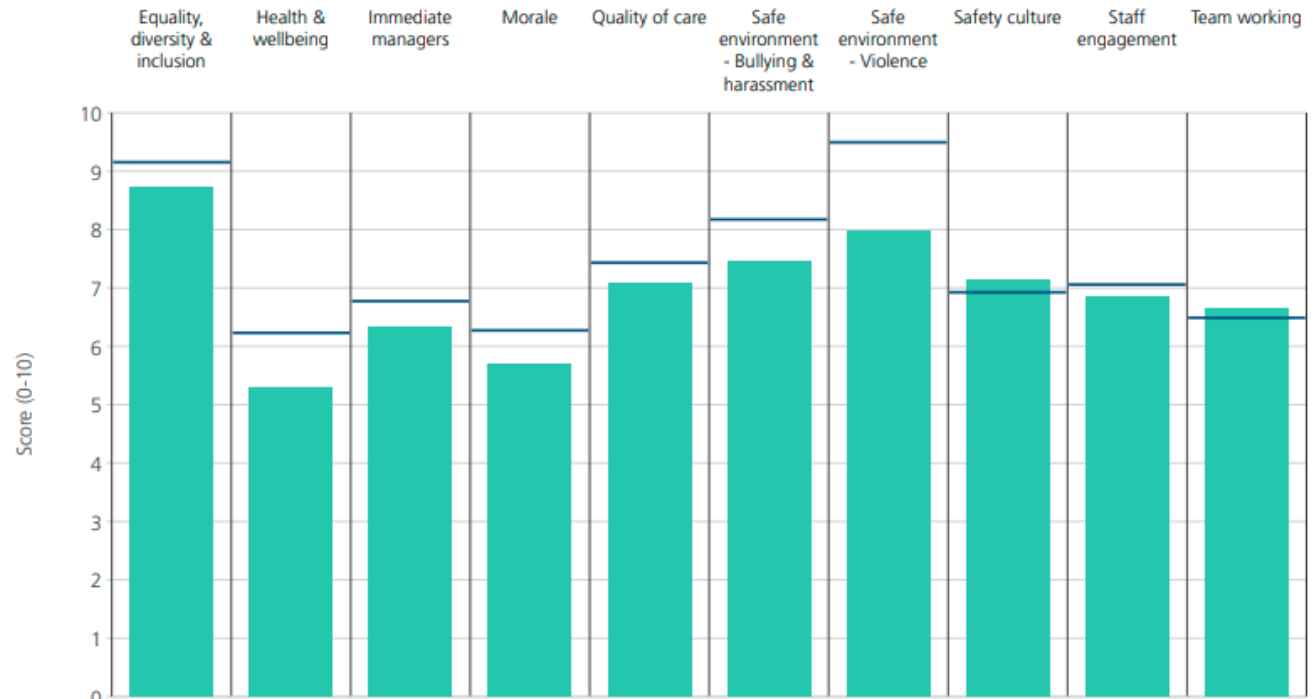
^1.3% (range -2.18 – 3.61)

Challenges

Survey
Coordination
Centre

2020 NHS Staff Survey Results > Directorates 1 > Adult Critical Care CSU

NHS
England



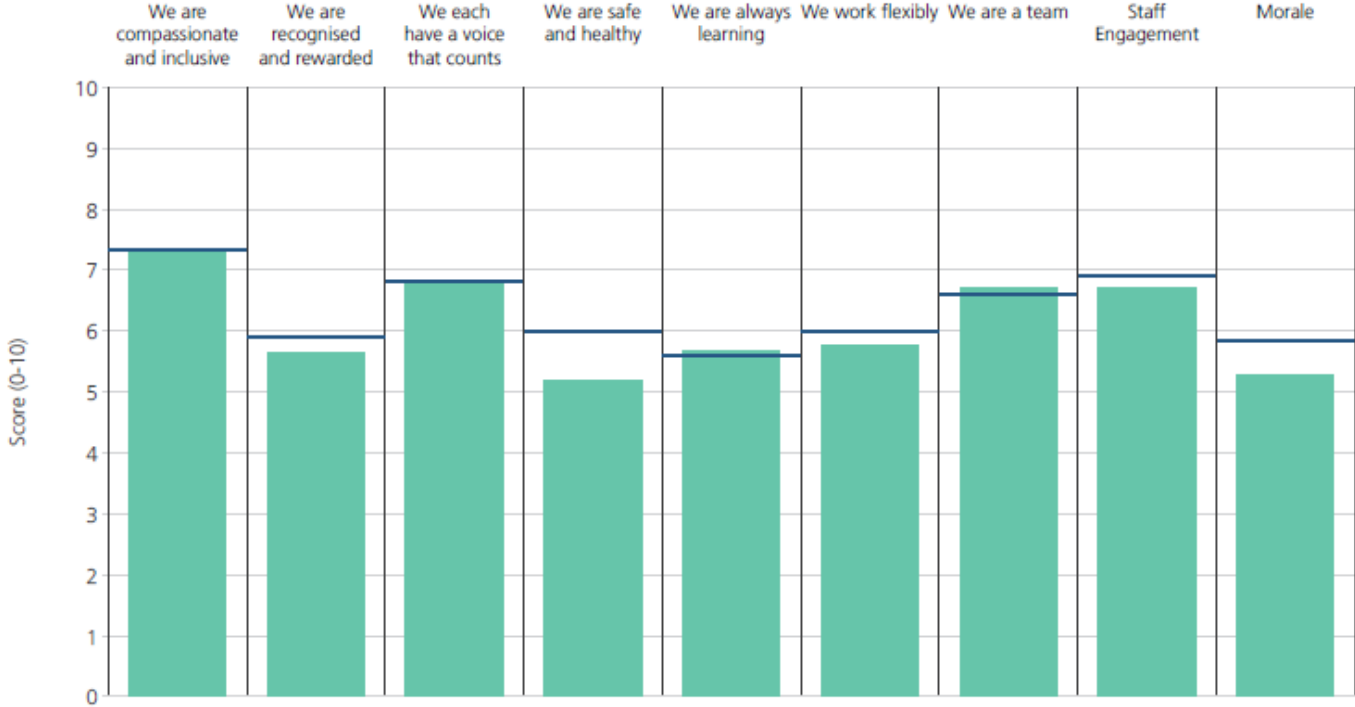
Directorate	8.7	5.3	6.3	5.7	7.1	7.5	8.0	7.1	6.8	6.6
Your org	9.2	6.2	6.8	6.3	7.4	8.2	9.5	6.9	7.1	6.5
Responses	151	152	154	149	149	148	150	150	156	156



Challenges

Survey
Coordination
Centre

2021 NHS Staff Survey Results > Directorates 1 > Adult Critical Care CSU



Directorate	7.4	5.6	6.8	5.2	5.7	5.8	6.7	6.7	5.3
Your org	7.3	5.9	6.8	6.0	5.6	6.0	6.6	6.9	5.8
Responses	325	331	317	323	316	328	327	332	330



Benefits

Individual session feedback, 2021-2022 (N = 51 responses):

- Setting up of appointment: 86% very satisfaction, 14 % satisfied
- Waiting time: 63% very satisfied, 31% satisfied, 2% neutral, 4% dissatisfied
- Effectively helped: 90% yes a lot, 10% yes a little
- Overall satisfaction level: 94% very satisfied, 6% satisfied
- Use the service again: 98% yes definitely, 2% yes maybe
- Recommend to a colleague: 100% yes definitely

Greatest benefit: 90% enabled to cope better with stress or anxiety

Other benefits: better understanding of self; prevented from going on sick leave; supported to continue in role; supported to return to work

Group sessions, 2020-2021 (N = 550 feedback forms)

- >8/10 average rating for how helpful the groups were and how able attendees were to engage

Benefits

Leadership supervision (N = 11)

- >80% helped with looking after own wellbeing
- >70% helped with supporting/leading the team
- >70% helped with managing reactions in situations as a leader

Check-in survey (N = 86)

- 94% reported service was helpful
- 100% easy to access (varying degrees)
- 56% reported helpful for continuing in role

Conclusions

- The rationale and need for this type of service are evident
- This type of service is acceptable and helpful to adult critical care staff, including nurses
- The covid-19 pandemic has influenced how this type of service could operate and develop
- This type of service can input at different levels of the Adult Critical Care department
- Measuring the impact on culture and organisational metrics (e.g., turnover) is much harder and needs further work within our service

References

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