BACCN: A statement and advice on staff wellbeing - April 2020

As the demands for critical care increase, so does the need for an increased, sustained and satisfied nursing workforce. The evidence suggests that NHS organisations with higher levels of staff satisfaction have better patient outcomes[i]. Staff wellbeing and burnout are associated with patient safety[ii] with staff wellbeing an antecedent not a consequence of patient wellbeing[iii]. BACCN recommend ways of caring for our staff that are both practical and evidence-based within three key areas: job design, team working and leadership.

1. JOB DESIGN:

- Teams should devise innovative ways of managing flexible working hours to work with the changes in demand
- The working day should be organised to balance demands but provide positive experiences with patients and families. For example, routines such as drug administration are built into the working day, but we need to also encourage the bedside nurse autonomy in decision making to flex with the patient need
- Staff appraisals should be undertaken annually and be meaningful, linked to both behaviour and performance such as the values-based appraisal approach
- Senior nursing and management staff are advised to maintain a workforce tracker to plan future workforce demand
- Encourage staff who have achieved their core training but are awaiting opportunity for promotion, to engage in project work and audits to increase their engagement and sense of belonging. The opportunity for professional development and autonomy influences staff retention[iv]
- Consider buddying and mentorship schemes. Coaching may be useful in developing nurses to take on leadership roles[v].
- Vicarious traumatisation is a high risk in the ICU, so training leaders in psychological trauma awareness and providing access to staff wellbeing services.

2. TEAM:

- The 24-7 nature of the ICU can disintegrate the sense of team, so regular unit meetings, with remote/dial in access, and sharing unit news are key. Try building in “protected learning time” for team meetings and training/updates.
- Providing regular formal and informal spaces to “debrief” or process the working day are essential. GPICS V2[vi] now recommends Reflective Rounds: one model of bringing teams together to reflect upon the impact of our work. Evidence suggests how reflective practice approaches such as Schwartz Rounds and Compassion Circles and team supervision can improve team relationships[vii]
- Building trust and civility[viii] in teams is important for patient safety. In a busy ICU environment, team relationships can disintegrate. Creating spaces to get together can help this. Safety huddles, simulation programmes, Quality and Safety meetings, Morbidity and Mortality meetings offer such opportunities.
- Leaders are encouraged to act on bullying behaviour[ix].
- Encourage a “just culture”[x] – *what went wrong, not who went wrong*- so that errors are considered learning opportunities rather than taking punitive action
- With limited opportunities for promotion, fairness and transparency of opportunities and processes are encouraged. Try sharing your processes with staff or inviting junior staff to shadow interviews or attend stakeholder panels. Try utilising values-based recruitment

3. LEADERSHIP

The greatest evidence base to sustaining staff wellbeing is linked to relationships with leaders[xi], and the strongest evidence base for effective leadership style is the transformative and compassionate based leadership research[xii].

- Select leaders for their behaviour and attitudes as well as their technical performance.
- Develop emotional intelligence and self-awareness. Encourage new leaders to engage in leadership development to include coaching and 360^0 appraisals.
- Leaders should support the team culture through a willingness to set the scene for psychological safety inviting continuous feedback, ask and listening at all opportunities, and being visible and available[xiii]
- Experienced critical care nurses who become leaders may have learned coping mechanisms to mitigate the impacts of the emotional workload. They however need to empathize with junior staff. Such staff need to achieve and promote adaptive coping mechanisms and recognising maladaptive or unhealthy coping styles[xiv].
- Enable middle level leaders to have authority and autonomy and beware autocratic culture from more senior tiers.

This statement was produced by BACCN in conjunction with guidance from Dr Julie Highfield, Consultant Clinical Psychologist in Critical Care.

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[i] Powell, M., Dawson, J., Topakas, A., Durose, J., Fewtrell, C. (2014) Staff satisfaction and organisational performance: evidence from a longitudinal secondary analysis of the NHS staff survey and outcome data,, Health Services and Delivery Research, Volume: 2 Issue: 50
[ii] Hall, LH, Johnson, J, Watt, I, Tsopa, A, O'Connor, D.B. (2016) Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. PLoS ONE 11(7)
[iii] Maben, J., Peccei, R, Adams, A et al (2012) Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing. NIHR Servcie Delivery and Organisation Programme
[iv] Khan, N., Jackson, D., Stayt & Walthall, H. (2019) Factors influencing nurses' intentions to leave adult critical care settings. British Association of Critical Care Nurses • Vol 24 No 1
[v] Williamson, C. (2009) Using life coaching techniques to enhance leadership skills in nursing. Nursing Times; 105: 8, 20-23
[vi] Intensive Care Society (2019) Guidelines for the Provision of Intensive Care Services - Edition 2
[vii] https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/
[viii] https://www.civilitysaveslives.com/
[ix] https://www.rcog.org.uk/underminingtoolkit
[x] https://www.merseycare.nhs.uk/about-us/just-and-learning-culture-what-it-means-for-mersey-care/
[xi] E.g. Frost & Black Report (2011) Health at work – an independent review of sickness absence in Great Britain
[xii] For a good overview of the compassionate leadership approach, please see Micheal West's work with the Kings Fund https://www.kingsfund.org.uk/about-us/whos-who/michael-west
[xiii] Edmondson, A (2019) The Fearless Organisation. Also see her Ted talk: https://www.youtube.com/watch?v=LhoLuui9gX8
[xiv] Maxwell, E, (2017) Good leadership in nursing: what is the most effective approach? Nursing Times; 113: 8, 18-21