Psychological Health Services

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Healthy teams COVID-19 edition

A framework to support managers to foster psychological wellbeing in their teams during the pandemic

Contents

Introduction …… 3

Supporting staff: a phased and stepped response……... 4

Supporting your team's wellbeing during COVID – Checklist 5

Psychological Safety ……..…….. 8

Moral Distress…….…….. 11

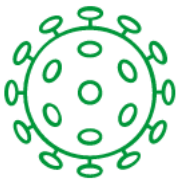
How to "huddle"…….. 14

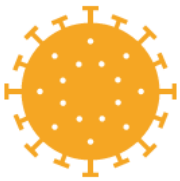
Huddle worksheet …….. 15

How to 'HELP' your team.…… 16

Wellness Action Plans…….. 19

Supporting staff who are working from home…….. 20





Introduction

This guide can be used on its own, or as an accompaniment to the e-learning 'Supporting your team during COVID-19'.

We know that the months ahead are going to be particularly challenging as the COVID-19 pandemic continues. As managers, you are likely to notice increased anxiety in staff members, and you may be anxious yourself about how best to support staff with work-based distress, loss and broader coping.

This document is a summary of some of the main areas you covered in the e-learning to help you in supporting your colleagues. The topics are likely to be useful for you to think about in relation to yourself too. You will need to take care of **your** wellbeing in order to support others and sustain compassionate leadership.

If you would like a discussion around any of these themes, please contact Psychological Health Services on **01173421700** or via email at generalpsychologicalhealthservices@uhbw.nhs.uk or the Staff Wellbeing team on wellbeing@uhbw.nhs.uk

We are here to help you.

All teams significantly impacted by COVID are welcome to get in touch with Psychological Health Services to discuss their staff support needs throughout these phases.

We are offering bookable telephone slots between 10-12pm Monday-Thursday for managers/clinical leads to discuss with a member of the psychology team how they can best meet the psychological needs of their team.

Supporting staff: a phased and stepped response

The support your staff will need will range from everyday challenges to possible trauma and grief responses. Many individuals will adjust well even in the face of difficult situations, particularly in the context of a strong workplace support network underpinned by psychological safety and compassion. For those that need more targeted support, the evidence suggests that an empathic line management relationship will be particularly important in the initial response.

The British Psychological Society COVID-19 Staff Wellbeing Group recommend a stepped approach to responsive staff support:

Level 1: Basic needs and physical resources
Level 2: Psychologically sound information
Level 3: Targeted support – what this is Guide is intended to help with
Level 4: Specialist Psychological Interventions

Following these principles, as a manager you can help by:

1. supporting your staff to take breaks to rest and eat and addressing any PPE concerns,

2. ensuring that they have information that is clear and measured and directing them to, for example, wellbeing or communications skills resources, as appropriate,

3. being available for compassionate guidance and setting a culture that lessens the impact of sustained stress and uncertainty (see the ideas in this guide on routine huddles, fostering psychological safety, and reducing the risk of moral distress *(page 11),*

4. having skillful conversations with your staff that enables supportive discussion if someone might benefit from specialist psychological interventions *(see the 'HELP framework', page 19),*

The needs of your team are likely to change as we move through the different phases of the pandemic, which are likely to cycle. It may be helpful to consider your teams' needs during each phase individually, (see the Checklist on the next page).

Supporting your team's wellbeing during COVID - Checklist

The tables below demonstrate the different 'phases' or time-periods of the pandemic; with advice on what challenges may arise unique to each phase, and what may be helpful to consider and do in each phase.

Preparation Phase

Staff Challenges	• Anticipatory anxiety • Planning and preparing
Staff individual actions	• Contingency planning, getting rest, flagging concerns • Planning for home and work challenges • Identifying what keeps you well
Interventions for staff check and plan	• Establishing new communications methods • Develop a service wellbeing plan. Establish where needed new roles and leadership • Commence start/ mid/ end of shift huddles* and regular team reflections**/team review meetings • Familiarise yourself and team with trust wellbeing resources and set up any new processes for additional support (face to face / virtual / access to resources online)
Your checklist and local 'to do' list	

Early Phase

Staff Challenges	• Heightened anticipatory anxiety • May feel overwhelmed or in denial
Staff individual actions	• Build new teams, learn new coping strategies • Develop personal wellbeing plans • Act within competencies • Flag concerns
Interventions for staff check and plan	• Develop buddy systems • Build opportunities for peer support. Continue shift huddles and regular team debriefs/team review meetings • Continue messaging regarding good self-care and expectation to talk to your lead/manager to share any concerns so early help and support can be accessed Ensure staff are familiar with wellbeing resources and options for further support.
Your checklist and local 'to do' list	

Mid-peak Phase

Staff Challenges	• May feel significant anxiety • Personal and team resources may be depleted • Some staff may feel “new normal” others on “overdrive”
Staff individual actions	• Prioritise food, drink, sleep • Consolidate supportive meetings • Use strategies identified in wellbeing plans • Avoid excessive caffeine • Consciously try and relax/sleep hygiene
Interventions for staff check and plan	• Build offload time where possible into each shift. • May benefit from access to one-to-ones or small group support from peers, managers or Psychological Health Services. • Continue shift huddles* • Access team reflections**/team review meetings if required • Continue to refresh advice re wellbeing resources to sustain physical and psychological wellbeing
Your checklist and local ‘to do’ list	

Tail of peak Phase

Staff Challenges	• Staff ‘running on empty’ • Many with burnout. Staff may experience ‘Moral Injury’*** • Potential retrospective guilt • Potential fear of reprisal relating difficult decisions
Staff individual actions	• Focus on supporting self and others • Use psychological and cognitive strategies when required. • Focus on compassion self and others • Potential fear of reprisal relating difficult decisions
Interventions for staff check and plan	• Regular supportive Team Review Meetings/Team reflections** • Watch and wait and refer/Occupational Health • Access more formal psychological help if and when required
Your checklist and local ‘to do’ list	

Post COVID-19 Phase

Staff Challenges	• Expect a delayed response • Potential retrospective guilt • Mitigate staff distress and/or burnout • Fear reprisal for difficult decisions
Staff individual actions	• Focus on supporting self and others • Focus on compassion for self and others
Interventions for staff check and plan	• Compassionate management • Plan team-building activities • Prioritise annual/study leave • Watch and wait/ refer to Occupational Health • More formal psychological help, if and when required
Your checklist and local 'to do' list	

Abridged version of Alys Cole-King (2020) Optimising staff preparedness, wellbeing, and functioning during the COVID pandemic 2019. Full version available to download from https://t.co/fkirmrBpjd

Shift Huddles *(page 14).

****Team Reflections/Wellbeing Debriefs**

Psychological Health Services are able to offer team reflections and wellbeing debriefs. These are an opportunity for teams, or small groups of professionals, to share experiences, engage in peer-to-peer support and focus on psychologically informed ways of supporting each other. The need for one may be triggered by a difficult event or a difficult period of time. Attendance MUST be optional for staff. (These are not psychological debriefs requiring re-processing of events or critical incident stress debriefs, which are contraindicated during the peak phase of the pandemic).
A leaflet about Wellbeing Debriefs can be downloaded **here**

*****Moral Injury *(page 11).***

Psychological Safety

Research has found that teams need psychological safety to be effective (Edmondson, 1999; 2003). This means that team members need to feel that they can engage in the new learning that comes with innovation and change without risking criticism, blame, judgement or loss of respect from their colleagues.

The more uncertainty the team is working within, the greater the personal risk involved in experimenting and the greater the need for team support. Psychological safety becomes even more important when team members are feeling unsure about “the right thing to do”. When external directives disrupt existing work routines, teams have to go through a learning process, making adjustments to how they think about their goals, how they approach tasks and how they relate to each other in order for new practices to be adopted.

This is very much the situation we find ourselves in during the COVID-19 pandemic; we are all rapidly trying to orient ourselves and our teams to a whole range of necessary changes at once. Psychological safety has been found to be critical to this process of embracing change because, as a mechanism to resolve conflicts and take risks within teams, it supports the rapid cycling of testing new ways of working and reflecting on the outcomes in a way that keeps team cohesion.

Taking risks in this context doesn’t mean ignoring infection control guidelines, being reckless with clinical decisions, or pressing “send” without checking your work. It’s not about being a maverick. It means having the courage to say “I have an idea that could solve the new problem we’re facing…” knowing that it may not be embraced by everyone or that it is likely to fail because it’s not been tested.

Environments where psychological safety can flourish need to be actively created and effective leadership communication is a critical aspect of this. In healthcare teams, these are some of the leadership behaviours that seem to foster psychological safety:

Creating opportunities for contained and constructive disagreement

- Provide brief, regular forums to allow staff to express their concerns and clarify issues
- Be clear about what you want from your team and clearly communicate the purpose of new or ad hoc “meetings”; signal clearly if an item is for ‘info only’ or if feedback, discussion or decision-making is being invited
- Explain the reasoning behind your decisions and invite the team to challenge your perspective and respectfully push back
- Acknowledge areas of agreement and disagreement, and be open to questions within the group

Being inclusive

- Solicit input, opinions, and feedback from your teammates with the genuine intention of learning
- Acknowledge and express gratitude for contributions from across the team
- Work harder to seek and publicly acknowledge input from team members when there may be systemic factors that add to the risk for them in contributing (e.g. ‘junior’ staff, women, BAME colleagues etc.)

Showing your own vulnerability as someone who must also take risks to learn

- Be human and approachable (this does not mean that you need to sacrifice authority)
- Share information about your personal learning style and approach to risk; encourage teammates to do the same
- Demonstrate risk-taking in your own work and encourage teammates to do the same
- Acknowledge mistakes and uncertainty; share your personal perspective on work failures (whilst showing confidence and conviction in a better way forward)

Demonstrating engagement, particularly when people "put themselves out there"

- Be present and focus on the conversation (e.g. don't try to also read emails during meetings)
- Provide verbal encouragement ("That makes sense; it might work…tell us more.")
- Don't interrupt or allow interruptions (i.e. ensure their idea is heard, particularly if their voice is not commonly represented)

Modelling non-judgmental language

- Avoid placing blame and criticism ("Why did you do this?") and focus on solutions ("How can we work toward making sure this goes more smoothly next time?", "Let's make a game plan together for next time?")
- Step in if team members talk negatively about another team member

Celebrating good faith ideas and attempts, regardless of outcome

- Acknowledge and represent the team's efforts (e.g. to senior leadership), giving credit where it's due, even if the result was not ultimately perfect, but focusing on what learning can be shared.

A psychological safety tip-sheet can be downloaded **here**

Sources

Edmondson, A. (1999) 'Psychological safety and learning behavior in work teams'. Administrative Science Quarterly, 44 (2), pp. 350–383;

Edmondson, A. C. (2003) 'Managing the risk of learning: Psychological safety in work teams' Ch. 13 pp. 277–296 In: M.A. West, D. Tjosvold and K. G. Smith (Eds.) International handbook of organizational teamwork and cooperative working, Chichester: Wiley.

Moral Distress

During this pandemic, you and your team will probably find yourself having to do things that you would *not* normally do and not do things that you *would* normally do, as guidelines rapidly change. Due to the specific challenges associated with caring for people with an infectious condition - possibly even redeployment -, you may feel at times that you no longer recognise the care that you would normally pride yourself on providing.

Any NHS employee, but especially frontline clinical staff, may feel that the changing situation requires them to make decisions that challenge their personal beliefs or moral code. They are also likely to feel that they have not had time to think through and discuss these challenges with their colleagues and manager.

Meanwhile, those having to self-isolate or take on restricted activities as a result of their own health needs or caregiving responsibilities, may feel compromised in delivering the care that they feel that they should be.

As a manager, you may also feel that the things you value about your role in healthcare are being challenged and stretched in new ways. Perhaps the re-evaluating you and your colleagues are needing to do is pulling you in different directions and you have a challenge to unify your team behind some common values-based goals, regardless of how shared your intentions were before the pandemic.

If you have to deliver care or not deliver care, in a way that goes against what you have held to as important in your working life, that you personally value, or that does not meet the standards you normally aspire to, you can experience “moral distress”, also known as “moral injury”. (Prentice *et al*., 2016; Williamson *et al*., 2018)

Moral distress is an understandable response to a difficult set of circumstance but experiencing it for sustained periods can have negative long-term consequences. There is some evidence to suggest that staff experiencing moral distress are at higher risk of burnout, anxiety, low mood and traumatic stress reactions.

These are some of the leadership behaviours and Trust initiatives that are likely to reduce moral distress:

Providing compassionate, visible leadership with clear lines of communication

- see psychological safety advice *(page 8).*

Swiftly addressing any concerns staff have around the care they have delivered or decisions that have been made

- see 'End of shift huddle' guidance *(page 14).*
- access a team reflection session, facilitated by a Clinical Psychologist from Psychological Health Services. These can provide invaluable opportunities to talk over challenging episodes of care, connect with colleagues and reconnect with why you do the job. Find out more **here**.

Facilitating buddy systems and formal and informal peer support (and making use of them as managers)

Welcoming back colleagues who have been self-isolating or taking leave:

Remember that staff coming back to work after self-isolating or being on leave may feel anxious about how colleagues will respond and feel guilt, or even shame, that they have not been "on the frontline". It might be tempting for colleagues to use humour around having "taken time off" but this may trigger guilt or shame responses and affect their sense of being trusted and valued as part of the team.

- Do not contribute to, or tolerate, any negative talk about team members who are on leave and remind staff that, to sustain care over the period of the pandemic, we all might need to take leave or self-isolate and work remotely at some point.
- Remind colleagues of the importance of openly welcoming colleagues back during briefings, meeting and huddles
- Discuss concerns with your own line manager/senior management, particularly if you have specific questions about how decisions were made or why.

- Book to speak with one of the Trust psychologists in their manager/senior staff consultation slots to consider the needs of your team.

Sources

Williamson, V., Stevelink, S. A., & Greenberg, N. (2018). Occupational moral injury and mental health: systematic review and meta-analysis. The British Journal of Psychiatry, 212(6), 339-346.

Prentice, T., Janvier, A., Gillam, L., & Davis, P.G. (2016). Moral distress within neonatal and paediatric intensive care units: a systematic review. Archives of disease in childhood, 101(8) 701-708.

How to “huddle”

Huddles are useful ways to check in at the start and end of each shift. They allow for better communication and looking out for each other’s wellbeing. They should be led by a senior clinician and should be multi-disciplinary. These should only take 5-10 minutes. It is an opportunity to quickly check in with each other, identify any issues that need acting upon, acknowledge the care given and support self-care. Whilst, ideally, they will be done at the end of shift, they can be done at any point that works best for your team. Coming together each shift can be hugely beneficial for team connectivity (a predictor of individual wellbeing and high team functioning).

Suggestions for the start of shift huddle:

1. “Briefly, how is everyone doing today?”
2. “Is there any learning or something positive from a previous shift we can use today?”
3. “How can we make today’s shift an okay shift for everyone?”
4. “If you need help today, how will you let me know?”

Suggestions for the end of shift huddle:

1. “So, just briefly, how has today been?” (open question to group)
2. “Are there any specific things we need to learn from today? Or think about doing differently tomorrow?”
3. “If there is anything that has particularly troubled you? Have a think about whether it is something that needs addressing or that you can let go of. If you feel it needs addressing, please do speak to a senior member of the team.”
4. “Take a moment to consider what’s gone well today? Would a couple of people like to share?”
5. “If I don’t see you before you leave, thank you for today; and once you leave do the best you can to switch off, rest and recharge.”

End of shift huddles

Consultant in charge: Ward sister:
Date:

To be led by the lead clinician or senior member of staff:

- “So just briefly, how has today been” (open question to group)?
- “Are there any specific things we need to learn from today? Or think about doing differently tomorrow?”
- “If there is anything that has particularly troubled you have a think about whether it’s something that needs addressing or should be let go off. If it needs addressing please speak to senior member of the team.”
- “Take a moment to consider what’s gone well today? Would a couple of people like to share?”
- “If it has been a hard day for you, remember the senior team are here for you.”
- “If I don’t see you before you leave, thank you for today; and once you leave do the best you can to switch off, rest and recharge.”

Actions:

An end of shift huddle tip-sheet can be downloaded **here**
A start of shift huddle tip-sheet can be downloaded **here**
A weekly team huddle tip-sheet can be downloaded **here**

How to ‘HELP’ your team

This is a simple but containing framework for conversations with staff in 1-1’s or as a team when you have space to explore how people are, particularly if you, or they, have concerns about their wellbeing, and to make a plan to support them. It draws on your skills in, and our other resources on, communication. Real conversations are more fluid than a four-step process - the two “stages” in the middle are, in reality, interwoven - but thinking of it in this way may help to focus your interactions in a helpful framework.

HELP: How will we think about how you are?

- Find somewhere private to talk. If you are using the telephone or an online platform, check that they have a private space from which to speak too. Check how much time you have together and arrange to keep this free from interruptions by bleep/telephone or other distractions, if at all possible.

- Open the conversation by briefly establishing what initiated this conversation. Assure them that this is their time to share how they are and to be heard and that your intention is to support them. Negotiate agenda, especially what all parties hope will come out of the meeting.

- Before you start, sensitively but clearly lay the terms of confidentiality (e.g. what would need to happen if you had concerns about safety to practice) and agree documentation.

“I wanted to talk to you about x because I’m aware that…”

“Tell me how I can help you most right now?”

“What would it be helpful for us to talk about…?”

“What were you hoping to get from this time together?”

H**E**LP: **Explore**

- Be gently curious to encourage them to safely share about the impact on their wellbeing and ability to practice safely around the issues raised by you or team member(s).

- Use advice or instruction sparingly. Avoid "if I were you"/"you should" type comments unless you feel someone's safety necessitates it. Your experience will be useful later when the situation is fully understood.

"What is the impact of x on you and those around you?"

"What do others not know that you feel that they need to about how things are right now?"

"I'm wondering how safe you feel in your practice right now …"

"Have you experienced feelings like this before? What helped or didn't help you then?"

"What are you doing to care for yourself/what works for you that we can build upon?"

HE**L**P: **Listen**

- Use your active listening skills to explore non-judgementally and without jumping to solutions yet. Saying nothing is helpful if you are focussed on your colleague's experience.

- Use empathy, reflection, checking-in and summaries to show them that they have been heard.

"Tell me if I have got this right…, I think what you are saying is…"

"Is there more? Go on…"

HEL**P**: **Plan**

- Summarise your understanding of the key points and check this fits with the person/group

- Make a plan together for addressing these issues. Support them to focus on what is in their control to manage.

- If you have a significant concern about their health, consider whether they are fit to be at work and ensure there are arrangements to access GP, Occupational Health etc. in place

- If it's a group situation and you have concerns about individuals, indicate that you'd like to follow up with them for individual support and follow the same framework on a 1-1 basis.

- Remember to set a check-in plan and keep to it (ensure this is handed over if you're off)

"I think lots of us are feeling just like you have shared right now…let's think together about what might be supportive for us to do now …"

"What might help you and the team right now? And in the future?"

"What could you do that's within your control?"

"What could I / the team/ the Trust do?"

"Would anything get in the way of this? What would help if that happened?"

"So let's just write down what we have agreed and how we will share this…"

"If the situation changes, please let me know."

A HELP framework tip-sheet can be downloaded **here**

Wellness Action Plans (WAPs)

A WAP is a document to support wellbeing in individual staff members. The WAP is an evidence-based system used worldwide by people to support their emotional wellbeing.

It is a personalised, practical tool to help people identify what supports their wellbeing at work, what hinders it and the support they would like to receive from their manager to boost their wellbeing, or support them to regain their equilibrium. The tool should not create additional work for managers, and in some cases can be a helpful reminder of boundaries where managers may be trying to do too much to support colleagues.

We can all use a WAP, whether we are struggling with our wellbeing or not, and whether returning from sick leave or still in work. Some of the ways they can be used are…

- to support someone who is experiencing mental health difficulties or a period of emotional distress, and wants to know more about how the workplace can support them

- as a proactive tool to promote and maintain wellbeing at work; with whole team, with new starters, or as and when appropriate

- as a return-to-work process when someone has been off for reasons linked to their wellbeing.

The guide for Managers can be downloaded **here**.

A guide for the employee whose WAP it is, can be found **here**.

The blank WAP template can be found **here**.

Supporting staff who are working from home

Make sure team members have the support and equipment they need. Ensure staff have what they need to enable home working. This includes any coaching they might need to use online systems or work remotely.

Agree ways of working. Set clear expectations about the way communications will be delivered and received throughout the working day. Make sure every team member is clear about how the team will work together remotely, how they keep each other updated and how frequently. This will help alleviate pressure and stress.

Have virtual huddles. This is important for keeping connected and to check in on each other's well-being and keep workflow on track. It also helps avoiding feelings of isolation and discussions of any additional support needed to fulfill roles from home. It need not be long, but regularity is good.

Foster relationships. Make time for social conversations as you would in the workplace and use video calling to maintain face-to-face contact. This increases rapport and eases communication between people who may not meet often. It also reduces feelings of isolation.

Set expectations. Be clear about mutual expectations and trust colleagues to get on without micromanaging. Focus on results rather than activity. Working relationships and well-being will both be improved by conveying trust.

Be kind. Remote conversations can easily be misinterpreted as it is harder to read body language, tone of voice and other visual and audio cues. Stay mindful of this when delivering difficult messages or feedback. Challenging times call for greater sensitivity and kindness.

Avoid presenteeism. If you are unwell, take leave and do your best to give an update or handover on urgent work. Staff are encouraged to take time off if unwell and managers should model this behaviour themselves.

Working time. Be clear on any requirements for availability during normal office hours and/or working a specified number of hours each day/week. There may be more flexibility over working hours in a work from home arrangement, but the Working Time Regulations still apply and should be complied with, including the working week and daily rest breaks. Be aware of signs of overwork.

Establish etiquette guidelines. Agree a system to give everyone a voice during video conferencing. Arrange 'hands up' signals to agree who speaks next and use chat functions to allow everyone to contribute.

Be clear in your communication. Conversing remotely removes a lot of that extra information so make communications clear and concise. Spell out clearly any actions that need to be taken from a remote meeting and by whom. Summarise meeting takeaways and circulate any notes promptly.

Stay in conversation. Contribute regularly to team chats/group emails and share what is on your plate. Being physically separated means you miss the normal day-to-day contact in the workplace so this is a means to keep informed. Keep calendars visible and maintain a virtual open door.

Encourage the sharing of information. Without normal day-to-day contact in the workplace, opportunities to pick up information in passing are more limited. Encourage teams to share appropriate updates and learning.

Tailor feedback and communications. People can be more sensitive if they feel isolated or anxious, so take this into account when talking or writing. Communicate regularly whether it is information, praise or criticism.

A tip-sheet on supporting staff who are working from home can be downloaded **here.**

Developed by Psychological Health Services
generalpsychologicalhealthservices@uhbw.nhs.uk
0117 3428168

Acknowledgments

With acknowledgment to:
The British Psychological Society
The Staff Wellbeing Psychology Team, North Bristol NHS Trust
The Newcastle upon Tyne Hospitals NHS Foundation Trust
Dr Alys Cole-King, Betsi Cadwaladr University Health Board

Version

V2: June, 2020