

TITLE OF PAPER: EVALUATION OF PERSONAL RESILIENCE TRAINING PROGRAMME FOR SAFEGUARDING LEADS AND DESIGNATED PROFESSIONALS

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1 INTRODUCTION

1.1 Rationale

National guidance for organisations and employers have increasingly emphasised the importance of supporting staff mental wellbeing in the workplace, for example, the National Health Service (NHS) England Five Year Forward View (2014) encourages NHS employers to provide effective workplace health programmes for staff, the National Institute for Health and Care Excellence (NICE) workplace health management guidance (2015) makes recommendations regarding how employers may achieve this, and the charity MIND has developed a number of resources to guide employers in promoting and protecting wellbeing in staff. Efforts and programmes to support the building of personal and organisational resilience are deemed appropriate responses to where there are acknowledged high levels of workplace stress in healthcare providers (Foureur, Besley, Burton, Yu, & Crisp, 2013). Importantly, resilience building has been shown to not only improve staff wellbeing but also subsequently improve the overall healthcare setting and quality of care provided (Jackson, Firtko, & Edenborough, 2007). There is significant research evidence to demonstrate that improved staff workplace experience equates to improved patient experience; a NHS Health and Wellbeing Review and a recent systematic review of research literature endorse this important link between staff wellbeing or burnout and patient safety and good quality health care (Boorman & Fellow, 2009; Hall, Johnson, Watt, Tsipa, & O'Connor, 2016).

The American Psychological Association defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.... such as workplace stressors... It means “bouncing back” from difficult experiences.... [It] is not a trait that people either have or do not have. It involves behaviours, thoughts and actions that can be learned and developed in anyone.”(APA). This definition demonstrates how resilience can be built upon, particularly by developing adaptive thoughts and behaviours.

1.2 Delivery Arrangements

As part of the remit of the NHS England National Safeguarding Steering Group budget allocations are fed down to regional and local safeguarding forums for proactive pieces of work aimed to make a difference to the quality of safeguarding work within NHS healthcare systems. The local East DCO safeguarding forum identified an increase in stress experienced by safeguarding leads, with a possible increased risk of burnout, vicarious or secondary trauma due to the nature, pressure and content of their work. In October 2017, a training programme was procured by the NHS England Regional Safeguarding Steering Group, which aimed to increase the personal resilience skills of designated professionals and safeguarding leads across the region. This training programme was developed and provided by an external facilitator. It was aimed that this would enable an approximate maximum of 165 safeguarding professionals across the region to access this training provision.

A private consultancy company was successful in the tendering process to provide this training. This company had a history of training provision for building resilience, supporting mental

health awareness, facilitating adaptive group work, mediating conflict, and leadership coaching, across a range of professionals and organisations. Two facilitators provided the training, who, in addition to their consultancy work, had professional backgrounds in Clinical Psychology (within the NHS) and drama. The Personal Resilience training programme designed for this current professional group was aimed to increase resilience skills, enable positive behaviour change, and increase staff understanding of secondary trauma and burnout. Each one-day course covered:

- Introductions and sharing of personal stories related to experiences which have caused distress at work
- Drama supported learning about vicarious/secondary trauma and burnout, and how this affects individuals and teams, and how to spot early warning signs
- Interactive exercises to explore tendencies and habits, and creative new ways of working
- Exploration of what resilience is, and how to build it using positive relationships, positive mindsets, coping skills, and having a clear meaning and value to one's work
- Practical techniques to put resilience model theories into action
- Development of plans to put learning into action

All attendees were informed about a pre- and post- course evaluation form which they were requested to complete, with consent forms for the summation and sharing of this course evaluation data. A summary of this is provided in section 3. The purpose of this evaluation was to assess the impact of the training provision on staff self-reported understanding of issues such as burnout and secondary trauma, their confidence in coping with work-related stress, and their overall rating of the training day, including whether it met their learning needs. This paper summarises the work done and aims to evidence whether this was an effective use of regional safeguarding funds.

2 COSTINGS

The overall cost of this training provision, including VAT, was £XXXX (this includes £XXXX spent on the venues). A total of 117 delegates attended the training, leading to a **cost per delegate of XXXX**. Considering the feedback received from delegates, particularly that which reflected a positive impact of the training leading to change in behaviour to better support their personal well-being, this training was arguably high value for money.

3 EVALUATION & FEEDBACK

3.1 *Format of evaluation*

All attendees were requested to complete one section of an evaluation form prior to the training day, which was emailed to them the week before their attendance. This first section gathered information on the attendees' job roles, and evaluated their pre-course self-rated understanding of secondary/vicarious trauma and burnout, their self-awareness of their own triggers for stress, and their confidence in their coping strategies to manage these difficulties. At the end of the course, they were asked to complete a second section, which asked these questions again to capture any learning or development of understanding and coping strategies. The post-course evaluation also asked for an overall rating of the course in meeting their learning needs, and provided a space for qualitative feedback.

3.2 Descriptive statistics

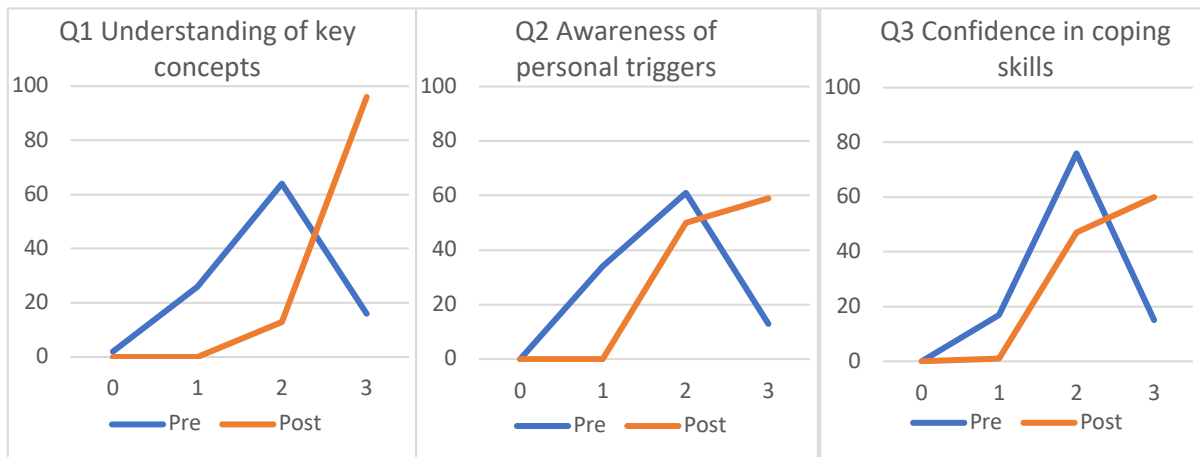
Eleven full day training courses were run between 15th December 2017 and 27th March 2018, with a range of 5-15 delegates attending each session. **A total of 117 delegates attended the training, and 109 completed the evaluation form (an impressive response rate of 93%)**. Information on their professional role was gathered from 108; the largest group of attendees were Designated Nurses with 46 (43%) attendees; 14 (13%) were CCG Adult Safeguarding Leads, 6 (6%) Designated Doctors attended, and 42 (39%) categorised their professional role as 'other'. This group may have included Named GPs, Heads of Safeguarding, and those in safeguarding roles within NHS England.

Table 1 below summarises the responses given on the pre and post course evaluation forms. Each question had a response scale ranging from 0 to 3; mean ratings demonstrate how much each item was endorsed pre and post the course. The frequency of responses summarises how many attendees endorsed each response to each question.

Evaluation form question	Pre- course rating		Post- course rating	
1. Understanding of key concepts (burnout, secondary or vicarious trauma)				
Mean rating	1.9		2.9	
<i>Frequency of responses:</i>				
0. None	2	(2%)	0	(0%)
1. Vague awareness	26	(24%)	0	(0%)
2. Some understanding	64	(59%)	13	(12%)
3. Good understanding	16	(15%)	96	(88%)
2. Awareness of own personal triggers for stress				
Mean rating	1.8		2.5	
<i>Frequency of responses:</i>				
0. None	0	(0%)	0	(0%)
1. Some idea	34	(31%)	0	(0%)
2. Good awareness	61	(57%)	50	(46%)
3. Fully aware	13	(12%)	59	(54%)
3. Confidence in personal coping strategies to manage stress				
Mean rating	1.9		2.5	
<i>Frequency of responses:</i>				
0. None	0	(0%)	0	(0%)
1. Little	17	(16%)	1	(1%)
2. Fairly confident	76	(70%)	47	(43%)
3. Very confident	15	(14%)	60	(56%)
4. Overall course rating				
Mean rating			2.7	
<i>Frequency of responses:</i>				
0. Poor			0	(0%)
1. Ok			2	(2%)
2. Good			29	(27%)
3. Excellent			78	(71%)

The frequency graphs below illustrate the distribution in how much each item was endorsed by attendees before (blue) and after (orange) the course. **All graphs illustrate that for all questions, a higher number of attendees gave more positive ratings following the training day; before the training, most responses were in category two for all items, and after the training, most responses were in category three, and fewer responses were in the lowest categories one and two. This**

suggests that understanding of key concepts, individual awareness of personal triggers for stress or burnout, and individual confidence in coping skills improved as a result of the training day.



3.3 Analysis of change

To statistically assess whether these suggested improvements were significant, paired samples t-tests were run. A paired sample t-test assesses whether there is a significant difference between mean scores before and after the training, whilst accounting for the fact that ratings on each item were paired by respondent (each attendee gave a pre and post course rating).

These analyses indicated that there was a statistically significant difference¹ between pre- and post- course ratings of understanding of key concepts ($t(107)=-15.19, p<0.0001$), ratings of awareness of personal triggers ($t(107)=-10.97, p<0.0001$), and ratings of confidence in personal coping strategies ($t(107)=-9.75, p<0.0001$). Firstly, this suggests that there was a significant overall increase in attendees understanding of 'burnout', 'secondary trauma' and 'vicarious trauma'. Secondly, there was a significant overall increase in their awareness of their own risk factors or triggers for experiencing difficulties like burnout, secondary or vicarious trauma, as a result of the difficult nature of their work. Finally, there was evidence for a significant overall increase in their confidence in their resilience and coping strategies to navigate the difficult work content whilst looking after their own well-being. The significant change in the latter two questions are particularly important, as they demonstrate the attendees' ability to apply the knowledge to their own personal circumstances and understand how to make a difference for themselves.

3.4 Themes from feedback written about the course

Qualitative feedback was gathered from attendees by providing space for them to write free text comments, reflections or suggestions for the training. Overall themes of this feedback are summarised below. The evaluation forms were collected by the training facilitators after each

¹ Statistical significance (assessed here at the 0.05 level) demonstrates that if the test was done multiple times over, the same result would be found 95% of the time, and so there is only a 5% chance that the alternative (null hypothesis) conclusion is actually true, i.e. that there is no significant difference. This gives an estimation of how certain we can be that the result of the analysis reported is reflective of a true result and not due to statistical error.

session, therefore, they had sight of this feedback to provide opportunity for adjustment of the training in response to any feedback.

Positive messages:

- Overall it was an “excellent”, “very good”, “fantastic”, and “enjoyable” day
- The course facilitators were “excellent”, “engaging”, and “knowledgeable”
- The style of engagement and learning was described as interactive, “promoted discussion”, “not talk and chalk”, which was appreciated.
- Positive feedback was given with regards to the use of drama to aid learning and reflection.
- The course was described as thought provoking, and the “time to reflect” on their work, pressures, and meaning of their role, was appreciated.
- Some noted the benefit of the development of personal action plans, having “tools to take away”, and the generation of ideas to increase resilience, or to notice that they already use helpful coping strategies.
- A “balance of directed and reflective material”
- A few attendees reported that this was the best training day they had attended, one described it as “life changing”, and another later reported that they had significantly altered their work-related behaviour as a result of the training, in order to better protect their wellbeing.

Suggestions and critiques:

- Some attendees requested more information on how to support a team member who may be struggling with burnout.
- Some suggested a greater focus on coping strategies to try.
- Suggestion for a follow up of action plans “to affirm the implementation of goals set from the training day”, or a later evaluation of the impact of the course.
- Suggestion that this training would be a good team building session, attendance by the facilitators at team meetings, or provision of one-to-one sessions.
- Only one individual reported that they were not sure if it had met their expectations for the day, and noted the need for clinical supervision from a psychologist for their work.

4 LESSONS LEARNT

- One venue, despite being centrally located, was found to not be a popular location and as such was poorly attended, causing one planned day to be cancelled due to no sign-up, and one day was run with a very small group. However, the training days at this venue were some of the early dates organised, therefore there may have been a further complication that delegates did not yet have the diary availability to attend then. It may be advisable to carefully consider the use of this venue (Burton) for future regional training provisions, and consider how to best fill early dates for training.
- The value of this training appeared to be significant for attendees. Feedback regarding the impact of it suggested that for some it has been enormously powerful, leading to some making significant changes to their behaviour. It may be fair to have expected that this cohort of professionals are generally adept at coping with work related stress and distress, however, the feedback on the experience and impact of this training provision

would suggest that this is not wholly a coping profession. Therefore, it is arguable that this training provision was relevant and necessary for this group.

- It may be that the number of places needed or likely to be taken up on this training was overestimated, as 71% of the possible places were filled. However, there was also a period of bad weather which may have also affected attendance.
- We recommend that it may be helpful for other forums and organisations within the wider NHS to consider other areas of the workforce which may benefit from this type of training provision.

5 PROPOSED AREAS FOR NEXT YEAR AND SHARED LEARNING

Considering the wide availability of this training provision across the region, and good attendance by safeguarding leads, it may not be required to run this training again in 2018. However, it may be helpful to provide this again next year, to any current staff who did not attend this time, to new staff, or as a 'top-up' session. Reviewing the feedback provided by attendees indicates that some individuals felt it would be beneficial for teams to receive this type of training together, which may require more individualised consideration of context, systemic dynamics and team rather than individual resilience. Others suggested a benefit of one-to-one sessions, and clinical supervision; this reflects a possible need for more person-centred, individual and ongoing support for work-related resilience. Finally, there was also some suggestion for the benefit of following up the impact of the training, or prompting attendees on the use of action plans, to ensure that learning from the day is not lost. In the first instance, access to this type of training by individuals, or many individuals from a team, may be the most cost effective and equitable (widely accessible) provision of support to improve staff wellbeing and resilience.

This paper will be shared with other regional safeguarding teams, the National team, and Health Education England to share the outcomes and impact of this training provision, and share learning with regards to its evaluation.

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