Summary of evidence and insight: Staff wellbeing

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1. Introduction

This paper provides a summary of evidence and insight about staff wellbeing from Building Connections Fund (BCF), Fulfilling Lives, Help through Crisis (HtC) and Women and Girls Initiative (WGI). The content focuses upon the following:

- defining wellbeing and explaining why it is important
- burnout
- vicarious trauma
- staff wellbeing and Covid-19
- steps to support staff wellbeing.

2. What is wellbeing and why is staff wellbeing important?

The New Economics Foundation (NEF) Dynamic Model of Wellbeing in relation to work highlights the different features of wellbeing and the relationships between them (Thompson and Marks 2008):

> Wellbeing is a complex and dynamic process of internal and external factors which come together to influence how we live our lives. The external conditions experienced by an individual, and personal resources they can draw upon, influence how well a person functions in the world around them. This, in turn, influences an individual's feelings and overall evaluations of life. A person's overall experience of life feeds back into their personal resources. People who feel competent and connected to others in their workplace or where they live are more able to take an active role in influencing their external conditions.

People who achieve good standards of wellbeing at work are less likely to suffer from stress which, in turn, can lead to more serious mental or physical health problems. Employees with good levels of staff wellbeing are:

> Likely to be more creative, more loyal, more productive and provide better customer satisfaction than those with poor levels of wellbeing at work. (Jeffrey et al 2014, 14)

Impaired staff wellbeing can not only be detrimental to individual staff but can also impact negatively on staff performance and on those who use services. Significant workload and stress may also create the conditions for serious mistakes to happen and have a detrimental effect on beneficiaries.

3. Burnout

The HtC Learning Support and Evaluation (LSE) team review of literature addressing staff wellbeing in crisis support (2019) provides a description of burnout and how it can affect those working in crisis support. Burnout is a state of being worn out due to excessive demands placed on an individual's personal resources and consists of emotional exhaustion, depersonalisation, and lowered work productivity (Maslach 1982). It is often understood as resulting from ongoing stress in the workplace that, over time, results in poor mental health and impairs functioning on the job and in the individual's personal life (Stalker and Harvey 2002).

High levels of burnout signify that workers possess insufficient resources to deal with the demands of their job, leading to impaired job performance at work. Employee burnout has been correlated to reduced commitment to the organisation and repeated absenteeism and turnover (Stalker and Harvey 2002). Studies have also found that people who are burnt out often attend work when they are unfit and unwell (Boorman 2009). 'Presenteeism' is greater in those who work long hours and experience managerial pressure to return to work (Ibid). Presenteeism can lead to errors being made, that put clients and beneficiaries at risk (Garrow 2016; Farmer and Stevenson 2017; Mental Health Foundation 2017).

Causes of job-related burnout

The HtC LSE team (2019) identify how causes of job-related burnout can be grouped into the following three categories:

1. *Personal characteristics*

While there is no conclusive evidence to suggest links between certain personality attributes and higher levels of burnout, some studies have shown people that with less experience in the workplace tend to have a higher expectation of themselves leading to higher burnout. Personal coping mechanisms can also have an impact on an individual's level of burnout. For example, 'active coping strategies', such as talking to a friend, partners or family members, are associated with less depersonalisation and increased personal accomplishment (Leiter and Harvie 1996). Passive coping strategies such as using alcohol were positively correlated with emotional exhaustion and associated with high depersonalisation and lower personal accomplishment for staff (ibid).

2. *Job-role characteristics*

The characteristics of an employee / client relationship are a critical antecedent to burnout (Cordes and Dougherty 1993; Stalker and Harvey 2002). Burnout is highly likely in a context where staff are working with people in distressing and emotionally charged contexts: 'especially with individuals who are suffering, angry, or difficult to help' (Stalker and Harvey 2002). Studies have shown how the level of staff caseloads is associated with a higher level of burnout across a variety of occupations (Cordes and Dougherty 1993; Lee and Ashforth 1996; Stalker and Harvey 2002). Role conflict or ambiguity are also associated with higher burnout when there are incompatible or unclear expectations between an employer and employee. (Cordes and Dougherty 1993; Stalker and Harvey 2002).

3. Organisational characteristics

Organisational-environmental factors related to burnout include an excessive workload, role conflict and a lack of autonomy (Morse et al 2012). There are significant associations between high levels of burnout with low autonomy of workers and high levels of control by management (Savicki 1993; Leiter and Harvie 1996). One of the defining factors for higher burnout is when workers believe they cannot influence organisational sources of stress (Stalker and Harvey 2002). Conversely, those who believed that they could affect change in their organisation, and were successful in their efforts to do so, reduced the likelihood of burnout and stress (ibid).

Impact of burnout on staff

Burnout is associated with numerous conditions. Several studies on the impact of burnout on health and overall wellbeing, primarily focusing on healthcare professionals, show employees who experience burnout often experience impaired emotional and physical health and a diminished sense of wellbeing (Stalker and Harvey 2002). Burnout has been associated with increased depression, anxiety, sleep problems, impaired memory, neck and back pain, and alcohol consumption (Peterson et al 2008). High levels of burnout, particularly emotional exhaustion and depersonalisation were related to greater reports of flu-like symptoms and symptoms of gastroenteritis (Acker 2010). Individuals with mild burnout were 3.3 times more at risk of having major depressive disorder, and those with severe burnout were 15 times more likely to have major depressive disorder (Ahola et al 2005).

Burnout in crisis support staff

Staff who work with vulnerable people may be at an increased risk of higher levels of burnout. Higher burnout amongst those working with vulnerable people is not necessarily due to the nature of their role alone but coupled with other factors such as the provision of inadequate resources (Stalker and Harvey 2002); the primary drivers of burnout for crisis intervention workers can involve structural problems within the workplace.

Good practice approaches and prevention of burnout

The HtC LSE team (2019) recognise that interventions designed to tackle burnout have been conceptualised within the following three broad categories (Morse et al 2012):

1. Interventions focused on the individual

Most burnout programmes have focused on the individual to improve burnout, typically with the goal of reducing work stress by improving individual's coping skills. Evaluations of individual-level interventions suggest that coping skills programmes are often effective for reducing burnout, especially emotional exhaustion. Some of these programmes also have led to positive physiological results (Awa et al 2010 cited in Morse et al 2012). For example, providing training in mental health awareness in workplaces is helpful in reducing stigma and changing people's attitudes about mental health and wellbeing, thus increasing staff confidence in seeking help. In addition to this, studies have shown that practices in meditation and mindfulness to reduce stress can improve mood and communication skills (Morse et al 2012). However, interventions targeted at individuals have been found to be an

unsustainable way of addressing burnout. Some studies have shown that the significant improvements in burnout that accrued from individual-focused interventions often disappeared six to 12 months after the completion of the intervention. Changes are not sustainable unless booster sessions are included in the programme (Awa et al 2010 cited in Morse et al 2012).

2. Interventions focused on organisations

Evidence suggests possible changes in organisational practices may help decrease or prevent burnout, including:

- increasing social support for employees, especially by teaching communication and social skills to supervisors (Burke and Richardsen 2000; Halbesleben and Buckley 2004);
- increasing individual employee autonomy and involvement in decision-making (Burke and Richardsen 1993);
- reducing role ambiguity and conflicts for employees (Stalker and Harvey 2002);
- providing regular supervision, including peer supervision (Morse et al 2012); and
- decreasing workloads and promoting self-care as a value within the organisational culture (Feingold 2008).

3. Interventions that focus on the individual and the organisation

A small number of studies have examined interventions that targeted change strategies at both the individual and the organisational level:

A 1998 study (van Dierendonck et al) described how the interventions targeted at individual workers were cognitive-behaviourally oriented and involved modifying staff's thinking and behaviour. This included assertiveness training. Workers were encouraged to look at their situation in a different way and see opportunities for personal growth. Alongside this, training about burnout was provided that included the risk factors to burnout and how it applied to their work.

In addition, a parallel intervention was introduced for supervisors providing training to improve their communication and social skills.

Results showed that absence, and deprived feelings diminished compared with the study's control groups. The most profound effects were among participants who could draw on social resources, such as support from supervisors and colleagues.

Interventions targeted at the organisational level, such as leadership style, perceived support from management, provision of structure and clear expectations about roles, and involvement of staff in decision-making seem to be associated with a reduced incidence of burnout (Stalker and Harvey 2002). Prevention and intervention strategies at the organisational level, in the areas of organisational culture, workload, work environment, education, group support, supervision, and resources for self-care, can be effective (Bell et al 2003). Interventions at the individual level, such as co-worker support and quality clinical supervision, are critical to staff wellbeing. In addition, an environment where there is shared power also benefits staff wellbeing:

That is, respect for diversity, mutuality, and consensual decision making - provides better protection for advocates than more traditional, hierarchical organisational models. (Slattery and Goodman 2009)

4. Vicarious trauma[1]

The HtC LSE team literature review (2019) addresses how vicarious trauma impacts upon staff wellbeing. Vicarious trauma takes place in the individual as a result of empathic engagement with traumatised individuals and reports of their traumatic experiences. It can be defined as 'the negative effects of caring about and caring for others' (Perlman and Maclan 1995). Symptoms of vicarious trauma include: increased absenteeism; increased illness or fatigue; reduced motivation; lowered self-esteem and sense of work competence; loss of sense of control over work and life in general; difficulties with boundaries; and reduced productivity. Factors that usually contribute to vicarious trauma can be grouped into two categories (Slattery and Goodman 2009):

i) individual contributors such as an individual's degree of exposure to traumatic experience; and
ii) workplace contributors such as the quality of workplace social support (co-worker cohesion), clinical supervision (quality) and access to power (shared power) within the organisation.

Possible impacts of vicarious trauma are not only detrimental to an individual's wellbeing but can also affect their work. For example, vicarious trauma can lead to a decrease in concern for beneficiaries which often leads to a decline in the quality of their care (Trippany et al 2014). As a result of experiencing vicarious trauma, workers may develop negative coping mechanisms such as victim blaming, detachment in order to dissociate from others and their situation, and non-empathic distancing to deal with beneficiaries' traumatic experiences (Bercier and Maynard 2015). In turn, this may lead to beneficiaries feeling emotionally isolated and detached from those working to help them (ibid) which has a negative impact upon their recovery. Professionals affected by vicarious trauma are also at higher risk of making poor professional judgements (Bride et al 2007).

5. Staff wellbeing and Covid-19

Increased workloads stemming from the pandemic presents challenges to staff wellbeing. Monitoring data from the start of the pandemic reveals that BCF projects recognised that staff and volunteers would likely be 'more exhausted than ever' and organisations would need to consider how to manage this and provide 'respite opportunities' (Kumar 2020).

Addressing high level of constant work challenges in the home can be detrimental to staff wellbeing because of the difficulties in maintaining boundaries between work and home.

[1] Trauma results from an actual or perceived threat to life or physical and/or psychological integrity that overwhelms an individual's coping mechanisms.

While some staff are suited remoted to remote working, it can negatively impact upon staff wellbeing due to lack of contact and support from colleagues (Smeaton et al 2020). Areas of concern relating to digital remote working include the impact upon staff privacy and maintaining other boundaries while using video conferencing technology in the home. WGI projects have expressed concern about the emotional impact upon staff of working in isolation from home. This relates to staff supporting vulnerable women and girls in precarious situations while staff themselves have increased stressors in their lives and less daily support from colleagues.

In recognition of these concerns, partnership and projects from Fulfilling Lives, HtC and WGI are supporting staff wellbeing by: prioritising self-care by encouraging staff to reflect upon how they are feeling and know that they can seek support; providing casual remote support for staff including opportunities for peer support; encouraging a culture of reflective practice; and increasing formal support (Cheshire et al 2020; Smeaton et al 2020). The following examples from WGI reveal steps taken by grantholders to adapt their support to staff in lockdown (Stradling et al 2020):

Trevi House instigated more frequent catch ups and supervision sessions for staff alongside an 'open door' policy so that staff knew they could contact managers or other colleagues to gain additional support as required. In recognition that Covid-19 impacted on some staff's mental health, all staff were made aware that they have direct access to additional therapeutic support via Trevi House's Clinical Lead. Additionally, staffing policies, including sick pay entitlement, have been reviewed to ensure staff are well supported if they cannot work because of Covid-19 related symptoms. Bromley and Croydon Women's Aid established brief daily open calls for staff, to enable informal connections, as might happen in a staff kitchen. Senior management also hosted small staff support groups to provide space to talk and mutual support. Women@TheWell have provided training around boundaries to support staff with maintaining a distinction between work and home when working remotely, including calls from someone who is distressed in home spaces.

The HtC learning, support and evaluation (LSE) team have produced a factsheet on staff wellbeing (2020) providing resources to support staff wellbeing during Covid-19, and beyond, including how self-care practice can prevent vicarious trauma.

6. Steps to support staff wellbeing

This section of the paper outlines evidence and insight relating to the steps that can be taken to support staff wellbeing, focusing upon: considerations for funders and organisations; how trauma-informed practice can prevent and aid recovery from vicarious trauma; and the benefits of both self-care and reflective practice.

Considerations for funders

The HtC LSE team (2019a) outline how funders can support staff wellbeing by requesting that organisations explain in detail, in grant applications, their approach to supporting staff wellbeing. By being explicit that receipt of funding requires support of staff wellbeing, funders can set an expectation that staff wellbeing is embedded in programmes and projects and is adequately resourced. The HtC LSE team also note the potential for funders

to provide training and promising practice to enable organisations to understand and develop their approaches to staff wellbeing.

Considerations for organisations

A range of approaches are necessary to meet individual needs to support staff wellbeing. Drawing upon knowledge built upon individual and organisational experiences and evidence-led practice about staff wellbeing, it is possible to develop what works for an individual organisation (Stradling et al 2020). Key is ensuring 'the basics' are in place such as clear contracts and job roles alongside terms and conditions that include flexible working and caring responsibilities (Stradling et al 2020). A supportive environment will be fostered by open communication and dialogue alongside flexible management expectations that allow staff to have some autonomy in their working practice (Hansel et al 2020). There is also merit in paying attention to organisational culture around staff wellbeing and self-care. For example, if self-care is valued in words but not included in agendas or missed due to heavy workloads, it is worth considering how this can be interpreted by staff and what messages this communicates (Stradling et al 2020).

Organisations, partnerships and projects can improve staff wellbeing by: 1) providing training on issues related to burnout including risk factors, how it applies to staff's work and coping mechanisms; and 2) ensuring organisational culture promotes self-care and provides self-care resources for staff, management and beneficiaries including quality supervision and support (Help through Crisis Learning Support and Evaluation team 2019). The WGI Impact and Learning Services Team (Child et al 2020) reference how The National Workforce Skills Development Unit (2019) provide some useful pointers for organisations to address and promote staff wellbeing.

Trauma-informed practice[2]

Evidence and insight from both the HtC LSE team (2020) and the WGI Impact and Learning team (Child et al 2020) emphasise the strengths of incorporating trauma-informed practice to support staff wellbeing. For example, organisations, employers and managers can reflect upon implementing trauma-informed principles and support individual workers' safety, empowerment, choice, collaboration and trust. Individuals can prevent and manage vicarious trauma through self-care and self-protection (Smeaton 2019), including ensuring a balance between work, rest and socialising with family and friends, challenging negative beliefs and transforming negative experiences by staying connected to meaning and hope in both life and work (Pearlman and McKay 2008).

[2] Trauma-informed practice recognises that individual's responses are a way of adapting and coping with symptoms of trauma. It requires understanding of the effects of trauma, recognising trauma triggers and trauma responses and integrating trauma-informed practice into professional conduct and/or a programme of work.

Self-care

Creating a culture of self-care includes providing staff with opportunities to look after themselves (Hansel et al 2020). Role-modelling by leaders and organisational efforts to create space for self-care and reflection can help staff prioritise their own self-care (Stradling et al 2020). Initial steps to self-care include the following (Stradling et al 2020):

Self-care takes practice and it may be difficult to find a routine at first. Taking a few moments for this (at the beginning of a staff meeting, before and after meeting a client) can support help self-care to become an integrated part of working life. Breath work is recognised as helpful as is doing something physical, playful, reflective and / or creative.

The WGI Impact and Learning Services Team have provided guidance on self-care practice.

Establishing reflective practice

Reflective practice can support building resilience amongst staff either through regular reflective meetings between staff or independently through, for example, independent journal writing (Hansel et al 2020). Reflective groups provide space for staff to consider and express feelings about work:

> People are supported to make connections between their life experiences, work, their organisations and the broader context that they are working in, getting under the surface of what is going on for themselves and their teams and helping make sense of it… it can be beneficial for staff to understand when emotions and experiences are held in common with colleagues, which arise from the work they are doing and which they can then work through collectively. It may also be that the internal dynamics within or across teams are a result of powerful group dynamics which they are not aware of on a day-to-day basis. (Stradling et al 2020)

7. Summary of key points

Wellbeing supports individuals to be productive, feel competent and connected to those they work with – colleagues, clients and beneficiaries - and to take an active role in influencing what takes place around them. Both burnout and vicarious trauma can have a range of negative impacts upon individuals including mental and physical wellbeing and affecting the quality of care they provide to others. Covid-19 has presented challenges to staff wellbeing; there is evidence that grantholders are taking steps to promote this. There are additional steps that both funders and organisations can take to support staff wellbeing. These include incorporating trauma-informed practice, creating a culture of self-care and establishing reflective practice.

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