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Maintaining resilience through restorative clinical supervision during the Covid 19 pandemic within acute mental health services in Wales, United Kingdom

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Worldwide, governments and healthcare providers have pledged to bolster support for frontline workers as they continue to engage with the Covid 19 pandemic (World Health Organization, 2020). During the on-going pandemic nurses have been required to move to different roles outside of their usual clinical responsibilities during unprecedented times. This paper reviews a pilot initiative entrusted to the author to provide clinical supervision within an acute mental health hospital which had undertaken a re-allocation of clinical remit to meet the needs of older people diagnosed with mental illness and vulnerable to covid-19. This requirement meant that healthcare workers, including nurses had to trial a new model of care and to enhance their clinical skill set to meet the needs of a different client group. Snowdon et al. (2017) advocates the use of clinical supervision to create a positive impact on the quality of care provided by healthcare workers and their underlining well-being. Responsive and proactive to the increasing demands and emerging stresses on the healthcare workers within an acute mental health hospital, the author was tasked to embed himself within the clinical setting to initiate a program of clinical supervision to maintain and enhance resilience within the workforce.

Keywords: clinical supervision, resilience, covid 19 pandemic, healthcare workers well-being.

INTRODUCTION

Due to the on-going concerns of the impact on the well-being of front-line staff tackling the pandemic a pilot project was implemented to provide bespoke clinical supervision support to staff within a mental health service. The clinical environment that the project supported was an adult acute mental health hospital in Wales. The hospital comprised of two acute adult mental health wards, two older persons mental health wards (OPMH) and a Psychiatric Intensive Care Unit (PICU). In March 2020, a global pandemic was declared resulting in the possible threat to life due to COVID-19 within the older people's population

with certain physical health conditions. A progressive and reactive response to this threat was initiated by the Mental Health and Learning Disability (MHL) Division with a bespoke treatment pathway created within the in-patient hospital. The clinical evidence at that time suggested that to minimize risks of infection and transmission of COVID-19, a single point of admission for adult and Older People Mental Health (OPMH) should be provided which could establish an adaptive response to the needs of a cohort of patients at high risk due to Covid-19.

In early 2020, the decision was taken to utilize the adult acute hospital as an OPMH only service for admission and on-going treatment. This

resulted in relocating adult patients to another regional adult acute hospital and using the existing wards to increase beds for OPMH with functional diagnosis and a dedicated ward for patients with an organic disorder. The primary adult acute hospital had five OPMH wards so there was a significant change to the role and function and the skills and competencies required by healthcare staff.

Vincent, et al. (2019) reports that prior to the Covid-19 crisis, approximately one-third of UK intensive care staff were at high risk of burn-out. A survey conducted within the National Health Service (NHS) during the pandemic identified increased working pressure with 44% of staff claiming to feel unwell as related to work related stress. This research indicates a 40% increase from post-pandemic data (NHS England & NHSI, 2020). As a proactive response, a nurse consultant (author) was appointed for a short-term project to provide clinical supervision to all healthcare support workers, qualified staff and allied healthcare practitioners.

Purpose of the Clinical Supervision

To provide a support mechanism for healthcare staff by enhancing mental well-being and improved resilience.

- 1) To provide insight into the key themes identified through the course of the project to support a proactive response to staff needs.
- 2) To highlight areas for strategic enhancement to support staff development and future in-patient care.

Clinical Supervision

The supervision undertaken aligned with the particular NHS policy. This policy has not been listed here in order to maintain anonymity. The author sought to adopt clinical supervision as a method over managerial supervision as it effectively facilitates a reflexive approach between practitioner and supervisor to review practice, understanding professional challenges and to identify solutions to existing clinical challenges. This is of importance given the impact of the pandemic and healthcare workers exposure to clinical practice. Greenburg et al. (2020) identified potential mental health impact for ICU staff (n=709) 59% reported good well-being; 45% with potential clinical significance related to: PTSD (40%), severe anxiety (11%) severe depression (6%) or alcohol intake (7%). As yet there is limited research on the impact of mental health healthcare workers working during covid-19.

Restorative Clinical Supervision was selected as a method by the author to support as it establishes the healthcare workers narrative within the clinical setting and their positionality within the clinical reality. Restorative supervision seeks to reduce stress experienced by healthcare professionals and leads the supervisor to use their previous personal and professional experiences for solution-focused discussion (Wallbank, 2010). From the clinical supervision sessions, narratives provided both a practical and holistic approach to collect information about the healthcare workers clinical practice which aided the formulate decisions based on the healthcare workers' perceived reality. According to Bochner (2015), allowing individuals to tell their narrative enables them to make sense of their experiences and to create a tangible form. Atkinson (1998) concurs when explaining that narratives allow for the generation of rich subjective meaning that allows individuals to present their experiences (clinical) as they wish them to be presented.

The author's intention was to create a thematic map of pertinent issues and to then create a strategic response to support the workforce. This plan was made apparent to the workforce receiving the clinical supervision. The process of establishing themes allowed the staff to articulate these experiences into meaningful themes via thematic analysis (see 4.0). The supervisor selected to use the framework of Proctor's Model of Supervision (2004). The model uses three aspects of the tasks and responsibilities of supervisor and supervisee; Normative, Formative and Restorative (establishment of a strategic response). The author was made aware of the recent challenges of an adopted model of care to support OPMH patient cohort within the unit and therefore sought to include aspects of restorative clinical supervision). The rationale was for an apparent need for compassion-focused therapy (Gilbert, 2010) which could be incorporated within the clinical supervision sessions. The use of the practitioners narrative within this selected framework would support 'resilience' as understood to be the practitioners innate ability to overcome adversities, recover and move on (Garmezy, 1974; Miller & Plant, 2003) within their clinical practice whilst reflecting and learning from the experience and empowering a source of strength via a supervisor well-versed within mental health practice.

The identification of themes within this method enables an empowering approach to refocus practice for operational staff at the point of the interim report and to make suggestions for clinical

leadership realignment.

Sampling

The author met with all ward managers and operational staff as their roles as gatekeepers was pivotal and as a strategy to ensure that all clinical staff were included. The sampling of practitioners was through purposive sampling using a snowballing strategy.

A snowballing sampling method was chosen as a recruitment strategy as this sample technique provided a purposive approach to overcoming the problems associated with sampling a population on different shift patterns and with fluctuating clinical demands. Lee (1993) explains that the snowballing technique is particularly useful when attempting to access participants who may be initially reluctant to share their narrative. Vogt (1999) highlights that a snowballing approach is an appropriate technique when attempting to access hard to reach populations. The author relied upon the assumption that a bond or link exists between the initial sample and others in the same target population, which allowed for a series of referrals to be made to the supervisor from within a circle of acquaintances as advocated by Berg (1988).

All wards within the hospital were covered and healthcare support workers (Band 1-3), registered nurses (Band 5-7), occupational therapists, agency registered nurses, psychologists, medical staff were provided with clinical supervision with a 92% coverage of all healthcare workers employed at hospital.

Thematic Analysis and Identified Themes

Thematic Analysis is described by Braun and Clarke (2006) as a process of analyzing narratives. It was selected by the author due to its flexible and straightforward technique that created an evidenced theoretical framework, which could provide insight into the lived clinical experiences of the practitioners. Morse (1994) explains that a benefit of this approach is that it centres on the particular experience of each individual. There was a need to identify common structures of these experiences within the sample as a whole, so that a greater understanding could be created from the perspective realities as understood by all members of the multidisciplinary team. The emergent themes were as follows:

1. Clinical re-alignment due to Covid
2. Adaptive need for mental health clinical skill set
3. Increased Bank/Agency Staff
4. Staffing Levels

5. Pandemic home life challenges and balancing professional requirements
6. Exhaustion – establishing and reasserting locus of control
7. Safeguarding
8. Paperwork requirements
9. Resilience and adaptive and proactive approaches to care
10. Practitioner valuation and appreciation
11. Career aspirations
12. HCSW's student nurse education
13. Exploration and discussion of healthcare workers concerns and desire to create solution focused care
14. Work-life balance and delegation of responsibility across all multi-disciplinary teams
15. Allied health care solutions and multi-disciplinary team holistic approaches to solution focused care
16. Formulation of pro-active refocusing of current adaptive model of care
17. Identification of resources to support holistic care approaches
18. Opportunities for identification of and future successful overcoming of maladaptive strategies.

All supervisees within the multidisciplinary team were informed that through the process of thematic analysis themes would be created to aid identification of immediate needs and areas for change as highlighted and presented through the participation of the clinical supervision. All supervisees were keen and motivated to engage and the author was often on site long after scheduled hours. These themes give testimony to the healthcare workers ability to create a restorative and reflective practice to enhance coping mechanisms and therefore resilience during the covid 19 pandemic. The World Health Organization (2020) has declared that the mental-health of all front-line has been recognized as a priority during the pandemic. The pilot project highlights that emergent themes can be created from clinical supervision. These 18 identified themes were used to empower staff-led initiatives to progress change and enhances healthcare service once reflexive practice had been undertaken.

Outcomes through Reflexivity

As discussed the author aimed to support mental health services via a process of direct restorative clinical supervision and through creating reflexivity of practice and healthcare workers needs. This framework would lead to a proactive and empowering process to support

standards of care and healthcare staff well-being. Finlay (2002, p 532), describes reflexivity as “thoughtful conscious self-awareness”. He goes on to state:

“continual evaluation of subjective responses, inter-subjective dynamics, and the research process itself. It involves a shift in our understanding of data collection from something objective that is accompanied through detached scrutiny of “what I know and how I know it,” to recognize how we actively construct our knowledge.” (Finlay, 2002 p.532).

The proposed clinical supervision and reflexive framework established an appropriate progressive model that was inclusive of innovation and was empowered and led by the healthcare workforce that it sought to support. This person-centred approach established a paradigm shift within the current pandemic clinical status quo and created a positive outcome and impact on the multi-disciplinary teams’ sense of being valued.

The 18 emergent themes from the clinical supervision with the multi-disciplinary healthcare support workers were used to establish 6 sub-themes that represented a strategic path-way to over-come challenges being encountered and promote person-centered care.

1. Mobilization of Healthcare Assistants to Qualified Status
2. Identification and Promotion of Progressive Staff with an Aligned to Professional Practice Accreditation.
3. Healthcare Digitalization - Developing the Health & Social Care Clinical Digital Professional
4. Recruitment & Retention work Plan (Mental Health Directorate) – Career Pathway
5. Inpatient Consultant (Dedicated Senior Lead – Nurse or Medical)
6. Staff Wellness Resource Centre

CONCLUSION

The pandemic has created an escalated need to address healthcare workers mental health and resilience to work-related stress. Within England it has recently been announced that there is an intention to create the Professional Nurse Advocate (PNA). This scheme aims to train 1500 nurses across England to undergo a level 7 accredited program to become PNA’s (NHS England & NHSI, 2020). Once trained the PNA’s will provide restorative supervision to peers in order to provide psychological support throughout the covid-19 pandemic. Whilst the pilot project in Wales can be said to have preempted this need, it is encouraging that a national strategy is clearly

being progressed within England. Clinical supervision was provided within all clinical services, across all shifts and 7 days a week. This level of coverage meant that a detailed proactive, responsive and anonymized insight could be identified for areas requiring focus and alignment. These suggestions were always listened to and the author felt that action was immediate from management and that the effects were positive for patient care but also staff morale. This was noticeable throughout the length of the supervision as the staff collective conscious began to acknowledge that they were being listened to and that there was an empowering agenda to enhance healthcare worker well-being and to ensure quality organizational clinical governance. This was achieved in the reflexive review of the emergent 18 main-themes from the clinical supervision and the establishment of sub-themes that aligned to the immediate needs of the mental health service.

The author wishes to end this paper on the following point. The healthcare staff at the anonymized mental health service performed beyond all expectations required of an adult acute hospital during the pandemic. Due to the need to care for an aging cohort of patients within that region, the staff were tasked with adapting their clinical expertise during a national pandemic. No transition can ever be said to be seamless and the need to transform healthcare practice due to the pandemic, created a forced progression of professional development within the healthcare workforce. Patient care and well-being was always at the forefront of the multi-disciplinary teams aims and objectives, regardless of enhanced challenges being faced by the individual on a professional or private basis. The workforce were representative of the multi-disciplinary teams one might expect but crucially they were also...mothers, fathers, sisters, brothers, sons, daughters etc. and had to navigate anxieties outside of the healthcare setting as well as responsibilities within. The anonymized mental health service was and is a shining example of how the NHS has coped, overcome and excelled during a national crisis.

CONFLICT OF INTEREST

The author declared that the identified project and subsequent paper was undertaken in the absence of any conflict of interest.

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AUTHOR CONTRIBUTIONS

The author wrote and approved the final version.

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