Understanding complex systems: A reflective account of promoting wellbeing within health and social care

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This paper offers an insight into the approach utilised by two Clinical Psychologists in the NHS Lanarkshire Psychological Therapies for Older People team, in their attempt to understand, and respond to, resident and staff wellbeing within the complex care home system during the pandemic. We highlight relevant staff wellbeing literature with a focus on those in health and social care. We then describe our approach which has been informed by various theories, such as compassionate leadership, organisational change, and psychological safety. We define our ideas for improving staff and resident wellbeing at a systems level, framed in psychological theory and quality improvement goals. We offer our reflections throughout, which we hope will be useful to others working in similar complex systems.
Keywords: *staff wellbeing; care home; complex systems.*

Introduction

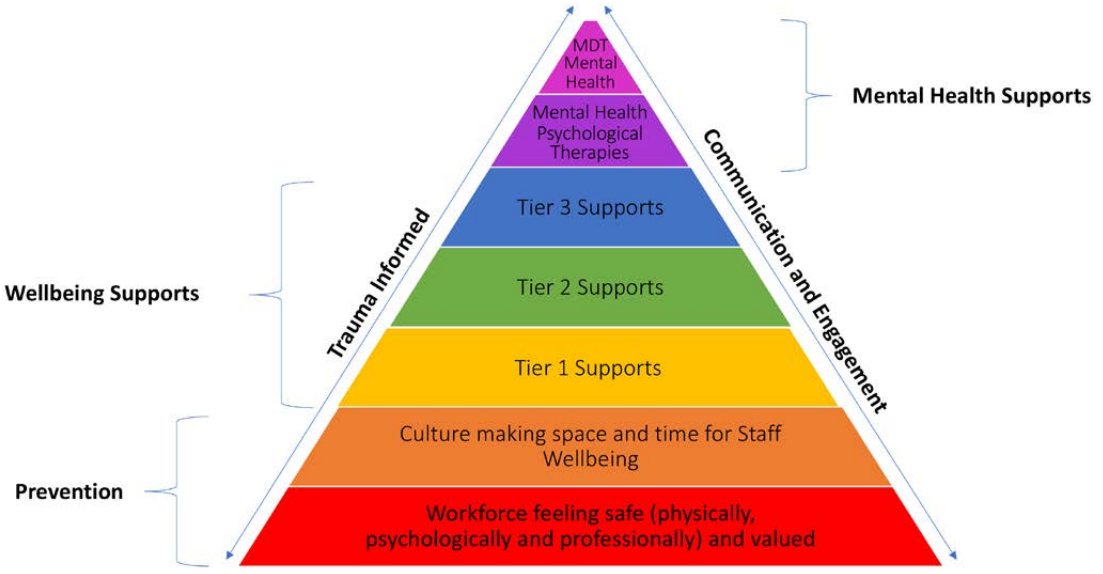
IN THE UK a recent House of Commons Health and Social Care Committee report (House of Commons, 2021) highlighted the worryingly high levels of burnout across staff in NHS and Social Care roles. These groups are also at an increased risk for developing future negative mental health outcomes following their roles during the pandemic (Boden, 2021), and they will continue to be under significant pressure as the UK sets out to recover from Covid-19.

Burnout in healthcare was of growing concern even before the Covid-19 pandemic (Montgomery et al., 2019) with experts calling for a shift from individuals holding responsibility for managing burnout, to an organisational response to the problem (Montgomery, Van der Doef, Panagopoulou & Leiter, 2020). For instance, a pre-pandemic meta-analysis investigating interventions for physician burnout highlighted strong evidence for organisation-directed interventions, yet such interventions were noted to be uncommon (Panagioti et al, 2017). Fleuren et al.'s (2021) recent narrative review progressed this cause and provided helpful strategies for healthcare organisations to consider in sustaining staff wellbeing, both during and beyond the pandemic. Given patient outcomes are linked to healthcare staff burnout (Montgomery et al, 2020), addressing the mental health needs of health and social care workers is a priority for governments across the UK.

The Scottish Government focuses on staff wellbeing, and their NHS Recovery Plan 2021–2026 (Scottish Government, 2021) highlights various methods, such as increased funding, to target staff wellbeing in health and social care. A particular focus is envisioning novel ways of supporting staff in specific roles within a whole system approach based on lessons learned from the pandemic. For instance, Covid-19 triggered health, local authorities and care homes to work more closely, and the government's goal would be to sustain such integrative ways of working. It is therefore important for leaders to understand the myriad of experiences of staff during the pandemic.

Care homes have been through an

Figure 1: Staff wellbeing at work.



extraordinary journey in their response to Covid-19. A recent systematic review of care home staff wellbeing during Covid-19 highlighted evidence of anxiety, depression, exhaustion and PTSD (Gray et al., 2021). Care home staff have shown tremendous resilience in their efforts to support residents in the face of extreme, and continuous, stress. This has sadly impacted staff wellbeing, with many choosing to leave the profession. The Scottish Government's (2022) strategic plan for living with Covid-19 highlights the delicate balancing act of aiming for better resident outcomes whilst maintaining flexibility across local systems to allow tailored responses to future outbreaks. Thus, maintaining the wellbeing of all staff who work in care homes, and those within the related systems, is crucial. The question then arises, how best this may be achieved, and what role can psychology play?

Wellbeing supports during the pandemic have drawn on the work of Maslow to identify the hierarchy of staff needs to match intervention (e.g. see Figure 1 for our local example), while others have suggested a more dynamic framework better explains human needs (see Taylor & Seager, 2021). The remainder of this reflective article will focus on our supportive role with the care home sector.

Local care home system – reflections

Lanarkshire's 93 care homes sit within the boundaries of North and South Health and Social Care Partnerships (HCSPs). The lead author was employed as a Band 8b Clinical Psychologist in February 2021 with a two-fold task, firstly, supporting the local Mental Health Care Home Liaison (MHCL) team in their remit of caring for residents with complex mental health needs and those experiencing distress in dementia. The second focus was completing a needs assessment of the overall care home system to understand where psychology may be best placed to help.

The initial approach utilised was learning how to work with care homes in the ongoing restrictions, alongside accepting referrals for direct/ indirect psychological input for residents which included: one-to-one assessment and intervention with residents; consultation with families/ carers, care home staff, social work, and other allied health professionals; and staff training where identified as a need. The clinician also joined a multi-professional 'Care Home Staff Wellbeing Group' that

Box 1: Case Example, Mr P., care home resident.

Mr P was referred to the MHCL team in summer of 2020 with a diagnosis of late stage Alzheimer's Disease. He was experiencing increasing distress as his dementia progressed. The care home team had tried various psychosocial interventions, but were struggling to find one to lower his distress. A full assessment by the MHCL team, which included medical assessment via psychiatry, was completed and appropriate medication adjustments were made. These had little positive impact. The care home requested ongoing input from the MHCL team at which point a referral to psychology was made with a request to review the psychosocial approaches utilised in his care plan to date. Assessment by psychology indicated the approaches and interventions previously used were appropriate within an unmet needs model of understanding distress in dementia. Yet, this did not resolve the systemic need of the care home who continued to seek support from MHCL. Psychology accompanied the MHCL nurse to the care home for an MDT meeting. During this meeting the narrative and high expressed emotion indicated that the care home staff were not actually struggling to support Mr P, but were in fact unable to navigate and communicate with the relevant systems involved in Mr P's care. This was due to multiple factors, such as blurring of professional boundaries, feeling abandoned by health and social care, unrealistic family/ carer expectations, and feeling their voice was not being heard. The care team felt unsafe and unsupported within the complex systems they were part of.

met fortnightly. This group was jointly formed by the second author, a Consultant Clinical Psychologist who leads Lanarkshire's Psychological Services Staff Support Team (PSSST), following their experience in providing local staff wellbeing support. The formation of this group was a key factor in creating a safe space where stakeholders involved in a supportive role to the local care home system were able to meet regularly and discuss systemic pressures on both themselves and the care home workforce.

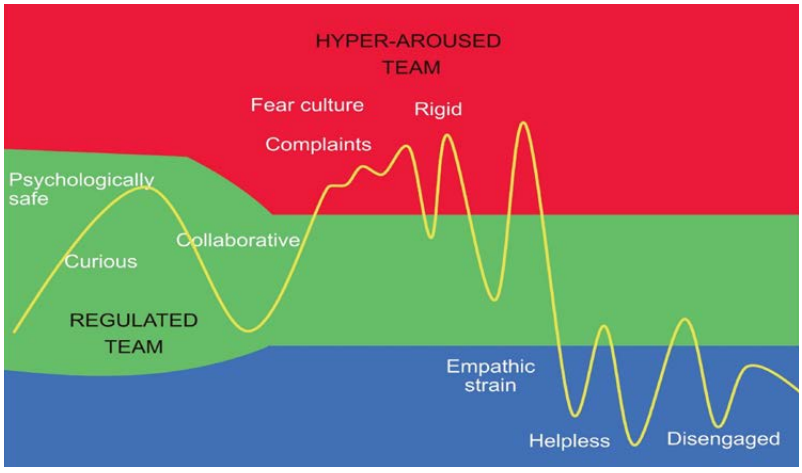
When the UK emerged from lockdown in April 2021 care homes were tasked with multiple stressful challenges on an already exhausted workforce. Challenges included: struggling to keep abreast of the ever evolving infection prevention and control guidance; visiting rules consistently changing in line with Covid-19 restrictions, creating anxiety for staff in relation to the risk of virus transmission to residents after they had worked hard to keep them safe; care home staff reported a lack of visibility of other professionals, including health and social care representatives; care homes generally felt abandoned and misrepresented in national narratives; the increased control/ monitoring from NHS and local authorities inadvertently decreasing the autonomy of care home staff; and communication disruption due to the need for remote working. Over time the lead author observed similar themes underlying systemic frustrations (see Box 1 for a typical example). The authors began developing a systemic formulation to better understand these processes.

Systemic formulation

In order to formulate the factors at play across the care home system we utilised various concepts including psychological safety (Edmondson, 2018), compassionate leadership (de Zulueta, 2016), and the window of tolerance in organisations (NES, 2019). We reflected on these concepts in supervision to understand the system.

It was clear that the strain of the pandemic was negatively impacting any sense of psychological safety within and across all stakeholder groups involved with care homes. Edmondson (2018) broadly defines psychological safety as a culture in which staff are comfortable expressing themselves, and share concerns and mistakes without fear. Given the impact of the pandemic on care homes, and the sheer level of scrutiny they received, both within professional

Figure 2: Window of Tolerance in Organisations*.



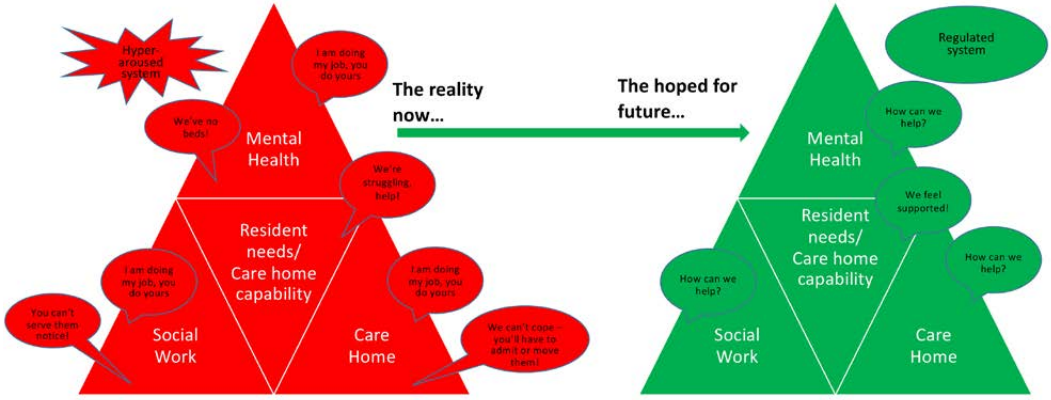
systems and via negative portrayals on UK national media platforms, it is no surprise there seemed to be a lack of psychological safety within and across the system. This was concerning as people tend not to speak up when psychological safety at work is missing, which could potentially lead to negative outcomes for patients and residents in Health and Social Care arenas.

Furthermore, de Zulueta (2016) highlights blocks to compassionate leadership in NHS settings, one being the unhelpful application of the metaphor of the NHS organisation as 'a machine with hierarchical command and control' structures in place. For instance, viewing staff in organisations as automaton, or cogs in a wheel, negates the emotional impact of the work they carry out and ultimately contributes to burnout. The NHS, local authority and care home worlds were forced to collide in response to the pandemic and the ongoing emotional impact on staff was apparent in their interactions with each other. There was a theme of hunkering down into one's professional role and doing what was needed to purely survive the day – this was ultimately leading to a severe communication breakdown with no reflexive capacity available in the system for professionals to come together compassionately. In practical terms this was reflected in the high number of referrals to the MHCL team, the increase in Adult Support and Protection cases, requests for hospital admission, and increased care home staff turnover. As such, a need identified was to find an appropriate tool in which to convey the above formulation to the relevant stakeholders in the care home system.

The Window of Tolerance (Siegel, 1999) model of autonomic arousal suggests there exists an optimal arousal state between sympathetic hyper-arousal and parasympathetic hypo-arousal in which individuals are able to process complex emotions, solve problems, and make sense of their realities. This model has been applied in various therapeutic contexts and recently NHS Education for Scotland (2019) used it to make sense of organisations, with compassionate and productive organisational behaviours being seen in the optimal, or green, zone of tolerance. Unhelpful organisational behaviours are conceptualised as being in the hyper (red) or hypo (blue) state of arousal with behaviours specific to each zone, (see Figure 2).

This tool, along with the above two concepts of psychological safety and compassionate leadership, were used to convey a psychological understanding of the system (see Figure 3) in two ways. Firstly, we reflected on our roles within the system, and how our efforts may have inadvertently pushed others into 'red' or 'blue' states of arousal, and how we at times also found

Figure 3: Systemic Formulation: A clash of systems, simplified.



ourselves in these states. We shared these reflections using the Window of Tolerance tool via direct work with care home managers and a few key stakeholders to test the acceptability of the formulation, and to help identify interventions in moving forward. Secondly, communicating these concepts wider was the next step in influencing the system, and the vehicle for that collaborative sharing was our local Care Home Staff Wellbeing Group.

Care Home Staff Wellbeing Group

This local group is made up of representatives from North and South Lanarkshire HSCPs, NHS Lanarkshire (including nursing, psychology, and communications), Scottish Care and members of the front-line care home workforce. The group's purpose is to ensure the complex and diverse workforce in care homes is understood, and to develop appropriate supports. This ranges from the provision of simple wellbeing supports to those who require mental health assessment and intervention. Working from a trauma informed perspective, the group is aware that supporting the wellbeing of care home staff crucially protects the workforce and leads to better quality/safer care which impacts resident outcomes. The group provides a safe and reflective space for members of the care home workforce, and those in roles supporting the sector, to discuss the evolving wellbeing needs of care home staff and consider how best to respond. A few practical outcomes of the group's approach include the development of pocket wellbeing cards for care home staff, weekly wellbeing newsletters, and a focused communication approach highlighting the positive ongoing work in local care homes to challenge the negative media coverage noted above.

The primary driver for the development of the group was Covid-19 and the impact of changes the pandemic imposed on routine practice within care homes and across HSCPs. The secondary driver to this work has been the National Trauma Training Programme (NHS Education Scotland, 2019). The group recognises that the care home workforce continues to experience significant trauma in their daily roles. A trauma lens has been applied to our engagement, needs assessment and responses/activity of the group, with all actions being trauma informed, aiming to promote trust, choice, collaboration, safety, and empowerment. This is offered in the context of validation of the prevalence and impact of traumatic experiences – often the impact of activity is in the process not the action as the group tends to

the emotional needs.

A key issue addressed by the group was attempting to overcoming systemic barriers to positive partnership working. The systemic formulation above has been a key development of this work and is now feeding back into the system by bringing a sensitivity to the lived distress of staff with a motivation to alleviate it, and offers the immeasurable impact of compassionate systemic regulation. The group processes nurture psychological safety through creatively tackling ongoing issues in supporting staff wellbeing, such as navigating the overwhelming feeling of system strain, addressing splits in and across systems, and identifying gaps in knowledge. This sense of psychological safety can then spread across systems.

Systemic intervention

Our direct work to date has been informed by all of what has been so far described. We are now at the point of trying to influence the whole system to hold our systemic formulation in mind, rather than psychology holding and leading with the formulation. In this manner, everyone in the system is then free to make use of the formulation within their own spheres of influence.

We decided to further test the acceptability of our formulation by sharing with key stakeholders (e.g. private providers, health and social care leaders) when situational factors provided opportunity. For example, a local independent care home experienced significant numbers of staff leaving. This impacted the overall level of experience in the team and the MHCL team began receiving increased referrals from this particular care home. The lead author provided training to staff from the care home, only to find many left post soon afterwards. The author reflected on this in supervision as it felt like a frustrating waste of resource, but also highlighted the incongruence of training staff in a system without psychological safety – staff vote with their feet if they do not feel supported. The author met with the provider to share the above formulation, focusing on the Window of Tolerance states of hyper- and hypo- arousal and how providers can engage with staff/ systems when in these states. The provider engaged well and discussed how they could apply the formulation to engage with their workforce across all their care homes in Scotland.

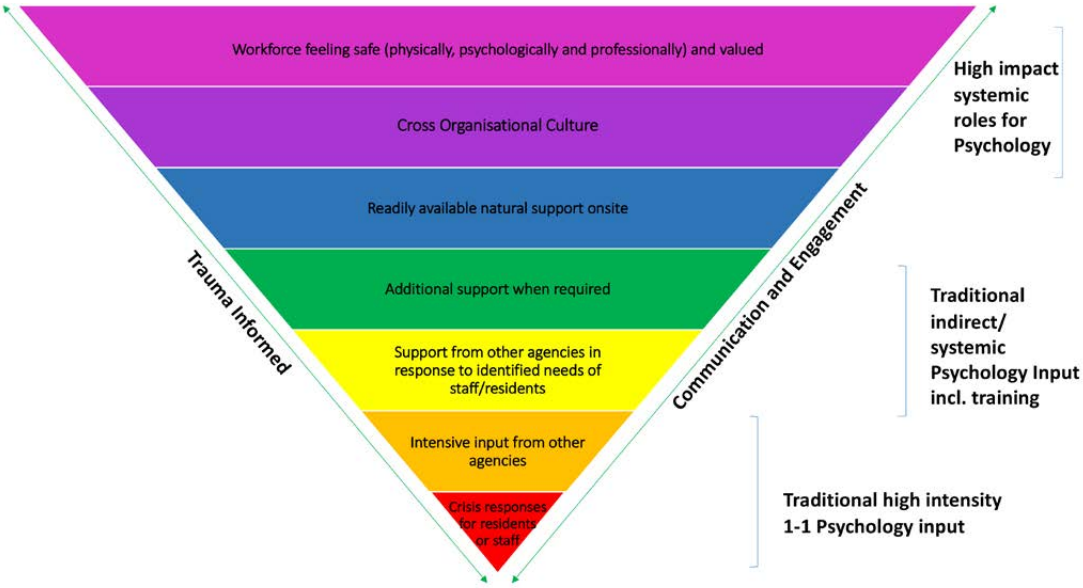
This experience led us to write a Situation, Background, Assessment, Recommendation (SBAR) report to help the system understand that many requests for training were actually 'red' behaviours reacting to arising situations. In such requests we need to firstly ask, is there a need for knowledge and skills learning, or is there another need to address? For example, are staff finding themselves in the conditions needed to be able to approach their caring role with the reflection and creativity required to apply their knowledge and skills? If we do not ask such questions, we react rather than respond and inadvertently become part of a blame culture whereby systemic problems are pinpointed at staff and a lack of training, whereas in reality, if systems lack fundamental resource and conditions, no amount of training will help.

Other such examples led the authors to believe that the formulation was acceptable. The next challenge was considering if psychology could use this formulation to create further active change.

Flipping our thinking

It felt overwhelming to think of ways to influence the care home sector. The authors reflected with humility on the goal of influencing culture change in such a complex system. The key ingredients in our approach described above lay not in offering a tiered specialist service for residents, and training for staff, but in using psychological theory to communicate the system's need from a compassionate stance. Figure 4 flips the traditional pyramid on its head to highlight the importance of striving to ensure staff and residents feel physically, psychologically and professionally safe and that they matter.

Figure 4: Targeting interventions.



We consider ongoing psychology intervention is best placed at the first three layers using the systemic formulation as described above but with a further aim of using quality improvement goals to create future change.

NHS Lanarkshire is committed to improving outcomes for patients and key goals are set out in the local 'Quality Approach to Achieving Excellence 2018–2023'. A key strategic objective is partnership working that is focused on person centred, safe and effective care. The local quality improvement management governance group has set out a further specific goal of '…leaders promoting a culture of safety at all levels…psychological safety, staff wellbeing, systems for learning…'. The authors considered the formulation fits into this aim and could be used as a communication tool to bring different professionals together in their role of supporting care homes. We consider this approach to be soft influencing.

The lead author continues to use this formulation tool as an intervention with the system when opportunity knocks. For example, it has been used in understanding the complexities in adult support and protection cases, with the aim of creating a sense of safety across professionals to bolster creative thinking (i.e. a shift from blame culture to one of learning). Local buy in for this approach has been positive and there is an appetite across systems of working in partnership to create psychological safety and meet the wellbeing needs of staff, and hopefully begin a shift in culture. We hope this would have a positive knock-on effect for residents.

Concluding reflections

The authors are aware that different systems require different approaches. We are also acutely aware that the above approach may only play a small part in helping to improve the wellbeing of staff and residents in and around care homes. However, the goal of this article was to share our experience with the hope it may be of some value to others working within similar systems. If the last two years have taught us anything, it is that systems need to constantly evolve in response to unforeseen circumstances. Compassionately addressing this need does not occur simply by imposing change on what people do – rather it happens when people are able

to be people, with humanity and creativity. It is important that psychology be adaptive and creative in our response, sharing ideas where appropriate. This approach lies in the heart of the above formulation – compassion, respect and curiosity are everyone's tools in working towards recovery from Covid-19.

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References

Boden, M., Zimmerman, L., Azevedo, K.J. et al. (2021). Addressing the mental health impact of Covid-19 through population health. *Clinical Psychology Review, 102006.*

de Zulueta, P.C. (2016). Developing compassionate leadership in health care: an integrative review. *Journal of Healthcare Leadership, 8*(1).

Edmondson, A.C. (2018). *The fearless organization: Creating psychological safety in the workplace for learning, innovation, and growth.* John Wiley & Sons.

Fleuren, B.P., Stephenson, A.L., Sullivan, E.E. et al. (2021). Even superheroes need rest: A guide to facilitating recovery from work for health-care workers during Covid-19 and beyond. In *The Contributions of Health Care Management to Grand Health Care Challenges.* Emerald Publishing Limited.

Gray, K.L., Birtles, H., Reichelt, K. & James, I.A. (2021). The experiences of care home staff during the Covid-19 pandemic: A systematic review. *Aging & Mental Health,* 1–10.

House of Commons Health and Social Care Committee (2021). Workforce burnout and resilience in the NHS and Social Care. Second report of session 2021–2022. Available from: https://committees.parliament.uk/publications/6158/documents/68766/default/

Montgomery, A.J., Van der Doef, M., Panagopoulou, E. & Leiter, M.P. (2020). Connecting health care worker well-being, Patient Safety and organizational change: The Triple challenge. In *Connecting Healthcare Worker Well-Being, Patient Safety and Organisational Change* (pp.1–7). Springer, Cham.

Montgomery, A., Panagopoulou, E., Esmail, A. et al. (2019). Burnout in healthcare: the case for organisational change. *BMJ, 366.*

NHS Education for Scotland (2020). National Trauma Training Programme (NTTP) https://transformingpsychologicaltrauma.scot/

NHS Education for Scotland (2019). National Trauma Training Programme (NTTP) Trauma Informed Organisations and The Window of Tolerance. Available from: https://vimeo.com/377760761

NHS Lanarkshire (2018). *The Quality Approach to Achieving Excellence.* Available from: www.nhslanarkshire.scot.nhs.uk/download/quality-Strategy/?ind=1544796544130&filename=Quality-Strategy.pdf&wpdmdl=4253&refresh=626bfc811e9c01651244161

Panagioti, M., Panagopoulou, E., Bower, P., Lewith, G. et al. (2017). Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. *JAMA Internal Medicine, 177*(2), 195–205.

Scottish Government (2021). *NHS Recovery Plan 2021–2026.* Available from: www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/nhs-recovery-plan/documents/nhs-recovery-plan-2021-2026/nhs-recovery-plan-2021-2026/govscot%3Adocument/nhs-recovery-plan-2021-2026.pdf

Scottish Government (2022). Covid-19. Scotland's Strategic Framework Update. February 2022. Available from: www.gov.scot/publications/evidence-paper-accompany-coronavirus-covid-19-scotlands-strategic-framework-update-february-2022/

Siegel, D.J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience.* Guilford Press.

Taylor, L. & Seager, M. (2021). Maslow revised: How Covid-19 highlights a circle of needs, not a hierarchy. Accessed 29/04/22. Available from: www.pjp.psychreg.org/wp-content/uploads/2021/06/15-lynne-taylor-116-127.pdf