

# Meaningful work



A team of counsellors and psychologists in the NHS wanted to improve psychological health and resilience among staff. Using acceptance and commitment therapy (ACT), they delivered experiential training to promote wellbeing. **Teresa Jennings, Elaine Whipday, Kath Egdell, Simon Pestell and Paul Flaxman** share their findings

We are a team of three psychologists and a counsellor, providing a range of staff support services to employees of Northumbria Healthcare NHS Foundation Trust (NHCT). In 2012, in collaboration with Dr Paul Flaxman (an occupational health researcher based at City University, London) we trained as trainers in order to deliver an innovative training programme designed to promote staff wellbeing and resilience. Based on the principles and practices of acceptance and commitment therapy (ACT), the training is facilitated in group format and introduces two core psychological and behavioural skills: mindfulness and the pursuit of values-based action. Results from evaluation of the initial groups were so promising (and replicated in later findings) that we have continued to roll out the training, which remains an established intervention offered by our service. We gain great satisfaction from facilitating the training, we know it is benefitting our workforce, and it is very popular with staff.

This article provides some information about our organisation and the staff support service. This is followed by an overview of ACT, and how this therapeutic approach has been adapted into a training programme for workplace settings. We summarise the key findings from evaluations conducted by Dr Flaxman and his team, and from our own service evaluations. At the end of the article, we provide further resources and contact information for readers who may be interested in implementing the ACT approach with staff groups.

## About the organisation

NHCT covers one of the largest geographical areas of any health trust in England, and provides care to 500,000 people living in Northumberland and North Tyneside. The Trust's 9,500 staff provide hospital and community-based care, including adult social care in Northumberland. The Staff Psychology and Counselling Service is part of the wider occupational health team.

NHCT has a comprehensive health and wellbeing strategy in place, following national guidance from reports such as the *NHS Health and Wellbeing review final report*<sup>1</sup> and *NICE public health guidance in the workplace*, which links staff wellbeing with good patient outcomes.<sup>2</sup> Research by Professor Michael West, an expert in organisational psychology, has highlighted the association between staff engagement and positive patient outcomes.<sup>3</sup> Similarly, Jill Maben, a professor of nursing research, proposed that staff wellbeing is an antecedent of good patient experience.<sup>4</sup>

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As in many organisations, illness due to poor mental health is one of the main reasons for absence from work, with both financial costs for the Trust and health implications for our staff. Furthermore, absence impacts on team members remaining at work, who are left with depleted resources, at higher risk of work-related stress and with negative outcomes for patient care. The occupational health department already has in place an early intervention triage system (including psychological assessment and therapy provided by the Staff Psychology and Counselling Service) for helping staff who go on sick leave to be seen as soon as possible in order to facilitate an early and successful return to work. For many years we

have provided counselling and other psychological interventions for staff experiencing difficulties; however, we were keen to introduce a preventative earlier intervention in terms of improving staff resilience and reducing the likelihood of prolonged stress and burnout. Potentially, over time, we hoped this would lead to a reduction in sickness absence and also benefit the wellbeing of staff at work, thus ameliorating presenteeism (staff who are present at work but unable to function effectively, with negative implications for performance and patient care).

**What is acceptance and commitment therapy?**  
Acceptance and commitment therapy (ACT) is one of a new generation of mindfulness-based intervention approaches to have emerged within the wider field of cognitive-behavioural therapy. Similar to other mindfulness-based approaches, ACT is designed to help people relate more skilfully (or non-judgmentally) to difficult thoughts, feelings, and sensations. ACT differs from more meditative protocols, such as mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), in that it explicitly cultivates mindfulness and acceptance skills in order to help people become more effective at pursuing patterns of action that are consistent with their personal values. An important aim of the ACT approach is to help people clarify personally meaningful life values, and to use those values as an increasingly prominent guide to daily behaviour.

**Background to ACT in the workplace**  
Dr Paul Flaxman, an organisational psychologist at City University London, has (along with his colleagues) developed a brief workplace training programme based on acceptance and commitment therapy.<sup>5</sup> In short, the programme operates on a 2+1 model, in which staff are invited to attend two half-day group sessions with one week between each session, and one further session four to six weeks later. Home practice is encouraged between sessions to help staff develop some basic mindfulness skills. In addition the training helps staff clarify their most important personal values, and to look for ways to bring those values to life using small everyday actions. Dr Flaxman had already implemented and evaluated this approach with our staff back in 2010, with some very encouraging results. The findings of great interest to us were that the ACT training led to significant improvements in general psychological health for the staff involved. In collaboration with Dr Flaxman and utilising an initiative

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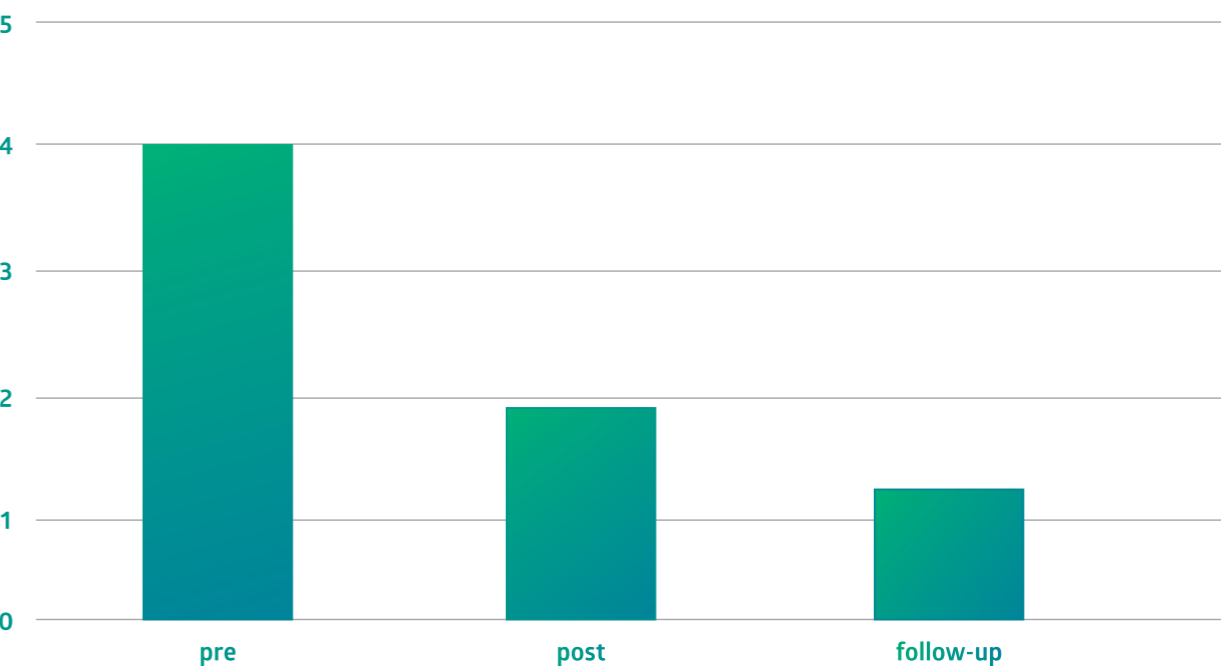
supported by funding from the Economic and Social Research Council (ESRC), we trained as trainers in order to pilot the training and, if successful, continue to roll it out across the Trust.

**Our resilience training**  
In 2012 we decided to pilot the programme for 60 members of staff (10 members for each cohort) with two of us sharing the training for each group. With the success and popularity of the pilot (see research findings), we continued to roll out the groups and, as our confidence grew, one trainer facilitated groups of up to 12 trainees, so that more members of staff could attend the training at a reduced cost to the service. We discussed a title which would encourage attendance and decided that ‘Improving your resilience’ represented the programme most effectively. We advertised through NHCT communications bulletins or by word of mouth. The initial pilot incorporated some of our clients and some who had never previously accessed our service. Any member of staff could access the training for the general groups, but later, in addition, we targeted specific staff populations: for example, managers and senior leaders, teams undergoing organisational change, and staff with repeated or prolonged absence due to stress-related illness.

**Research findings**  
Dr Flaxman and other researchers have already shown in several studies that ACT can be an effective approach when delivered in workplace settings.<sup>5</sup> To assess the impact of our own ACT intervention, we invited our participants to complete self-report questionnaires just before beginning the training, at a midway point (after a month) and three months later. The questionnaires included the well-established General Health Questionnaire (GHQ-12) – a screening device for identifying minor psychiatric disorders and, in its shorter form, a useful research tool; and various measures of work and general life functioning. The initial findings were analysed by Dr Flaxman and his team and presented at our workforce committee meeting. The findings exceeded even the researchers’ expectations. Analysis of the GHQ scores showed that many of our participants were experiencing a clinical level of psychological distress prior to the training. At the one-month follow-up, the symptoms of psychological distress were reduced so that most staff were within the non-clinical range of the population. This finding was maintained at three-month follow-up. In fact, many of

those who attended the training were exhibiting a level of psychological functioning that was better than average. The results also showed significant increases in other variables including mindfulness skills and work functioning. Further findings from later groups showed similar improvements in mental health. This strongly suggests that the earlier positive results were not merely due to chance, but were replicated again in further training sessions.

**GHQ-12 findings from a combined sample of staff pre (before training), post (one month later) and at three-month follow-up**



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This graph shows the combined findings, using GHQ scores based on 100 staff who completed measures at pre and post, and 60 who completed at follow-up. Before training, a large percentage were within the clinical range of the population and moved to the healthy range of the population after one month of training (that is, after the second half-day of training.) The improvement was maintained at three-month follow-up. The overall results from the full sample showed significant improvements in the following variables: mental health, mindfulness skills and psychological flexibility. After three months, these effects were maintained and there was also a significant improvement in staff levels of behavioural activation.

All staff completed a qualitative feedback form at the end of the training. Comments from the forms are captured in this summary: staff felt very positive that NHCT offered them this training and that they could benefit from it both at work and in their personal lives. Many felt it helped them develop coping strategies for managing challenging situations eg being more able to pause and ‘step back’ before choosing how to respond to a situation. They appreciated the opportunity to share in a safe environment and were recommending the course to colleagues. Since rolling out the training we have noticed some positive organisational changes; for example, improvements in staff engagement scores on the staff survey and the perception that the Trust cares about staff health and wellbeing, to which this training may have contributed.



Our experience of facilitating ACT training

We learned much from the course as trainees and as trainers. As trainees we immersed ourselves in the experience of ACT and noticed the changes. We engaged in mindfulness (over and above the basic eight-week course recommended) and learned what a powerful motivator it can be to use our values as a guide and direction in life. As trainers, we learned from our colleagues, who participated in the training, the importance of compassionate self-care and how moving it can be for those in the caring professions when the realisation dawns that this is the first time their own needs have been prioritised.

Our trainees appreciated the experiential nature of the groups, which is so unlike the usual ‘chalk and talk’ training on offer. While it is explicitly presented as a skills training course (rather than therapy), it is not unusual for staff members to be affected by the experience, and to report both small and large changes in their lives. We were aware that it is important for anyone who delivers this type of training to have the ability and experience to manage sometimes difficult emotional content in a group setting. It was hugely different for the staff involved – but ultimately highly rewarding for both participants and trainers alike.

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The groups were a great leveller – participants came from all parts of the organisation: nurses, consultants, healthcare assistants, managers, porters, and domestics all worked together in the groups to share experiences of the exercises and the challenges of living a personally valued life. Many staff reported this element of sharing in groups to be a positive experience. As trainers, we also shared our chosen valued actions and the barriers to achieving them, and staff found this person-centred approach reassuring (ie that it was not ‘them and us’ as trainers and trainees). We took pleasure in seeing staff become more empowered in following their valued life directions; from what might seem, to some, a small action (someone choosing to eat with their family again after a long period of depression), to others signing up for zip wire challenges, and a participant who was finally able to sit for, and pass, professional exams. These examples bring to life the goal of ACT as described by Russ Harris, a world-renowned trainer in ACT: ‘The goal

of ACT is to create a rich and meaningful life, while accepting the pain that inevitably goes with it.’<sup>6</sup> It has indeed been a powerful experience for both participants and trainers.

Conclusion

This type of ACT training is to be recommended: it is an attractive option for staff who choose to be proactive about their psychological health; it is cost-effective and it increases staff engagement with the organisation (our staff reported how positive they felt that the Trust offers this type of training). In addition, there is convincing evidence for the efficacy of the programme.

This year, we have been successful in an application for funding to enable us to facilitate groups targeting senior nurses, midwives and health visitors across the Trust. This staff group were targeted because they are in front-line leadership roles and their wellbeing impacts on their team members’ performance as well as patient experience. Dr Flaxman and his team are helping us to evaluate this extension of the project.

**Top tips for implementing ACT training with staff groups**

- When advertising, explain about mindfulness and values-based action and the positive research evidence relating to staff groups.
- It is beneficial for trainers to engage in mindfulness training prior to running groups and to be experienced enough to handle sometimes difficult emotional content in a group setting.
- Ensure support from managers and HR so that staff can attend all three sessions.
- Administrative support is needed.
- It is a good idea to include all members of staff when advertising for the groups, so that those who are interested can attend (and staff do not feel that they have been sent because they are seen as not coping).

**Further resources and contact details:**

Readers interested in the ACT approach to workplace wellbeing can contact Dr Paul Flaxman at City University London (Paul.Flaxman.1@city.ac.uk). Dr Flaxman and his colleagues have recently published an account of their use of ACT in workplace settings: Flaxman PE, Bond FW, Livheim F. The mindful and effective employee: an acceptance and commitment therapy training manual for improving well-being and performance. Oakland, CA: New Harbinger; 2013.

The book recommended for participants on the programme is: The Happiness Trap, by Russ Harris<sup>7</sup>

Readers interested in finding out more about the authors’ experiences with ACT can contact: kath.egdoll@northumbria-healthcare.nhs.uk or teresa.jennings@northumbria-healthcare.nhs.uk

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Your feedback please

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