

Institution: Anglia Ruskin University (ARU)		
Unit of Assessment: 3 – Allied Health Professions, Dentistry, Nursing and Pharmacy		
Title of case study: Developing compassion and compassionate resilience in health care workers and family carers.		
Period when the underpinning research was undertaken: 2014-2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HE
Andrew McVicar	Professor of Stress and Health Sciences	1995-present
Ann Pettit	Senior Lecturer in Health Visiting	2012-present
Ceri Wilson	Senior Research Fellow	2013-present
Pamela Knight-Davidson	Research Fellow	2016-present
Period when the claimed impact occurred: 2014-present		
Is this case study continued from a case study submitted in 2014? NO		
1. Summary of the impact (indicative maximum 100 words)		
<p>Prolonged delivery of compassionate care may, over time, result in carers' compassion fatigue and subsequent risk to care quality and to their well-being. Research at Anglia Ruskin University by Pettit and McVicar contributed to and supported new national frameworks of compassionate resilience for Health Visitors and Midwives by leading to a unique mandatory education/training for health visitors, and changes in the practice of practitioners. It has been adopted by NHS managers for staff development.</p> <p>In an intervention study, Wilson and Mental Health NHS Trust colleagues raised the level of compassionate care for patients by sustainably reducing the physical restraint of patients by up to 81% in some specialist units. It raised patient satisfaction levels to 88%. The intervention has also been adopted by the Czech Republic Ministry for Health as guidance for their mental health strategy.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>The research was initiated in response to the Francis Report (2013) that identified poor standards of care provided by an NHS Trust and subsequent risks to patients. The Report prompted calls for more compassion in healthcare generally, and in mental health care notably by reduction in the physical restraint of patients (Mind, 2013; Department of Health, 2014). Compassionate care enhances the quality of patient experience and increases practitioners' resilience to emotional and physical exhaustion (compassion fatigue) as a consequence of long-term caring so supporting their personal well-being. Promoting compassion in carers is now mandated (Department of Health, 2015; Health Education England, 2019) but how this is done remains debatable. This case study reports research at Anglia Ruskin University that developed and successfully applied a unique educational model, and research in collaboration with a Mental Health NHS Trust that engaged all levels of care staff, and managers and service users, in an initiative that produced pronounced decline in the use of physical restraint.</p>		

This case study presents two strands of work. The studies contributed to an evolving focus of the School within the 'Sustainable Health Care' priority area of ARU's Research and Innovation Strategy 2018-2022. Each body of work translated the principles of self-compassion into a change in practice.

In 2013-2014 **Pettit** (Senior Lecturer in Health Visiting, ARU) led a national consultation with health visitors, funded by the Department of Health, Health Education England (HEE) and Institute of Health Visiting (IHV), considering the development of a framework for compassionate resilience in practitioners, and compassionate leadership by managers **[R1]**. It informed subsequent research by **Pettit** and **McVicar** (Professor of Stress and Health Sciences, ARU) exploring how the Compassionate Mind Model (CMM) developed by Gilbert (2011, 2013), an established model for therapists, could be applied for the first time to a mandatory post-registration educational setting for Health Visitors. Applying a unique post-registration curriculum, **Pettit, McVicar** and colleagues studied the promotion of self-compassion as a vehicle for better compassionate working and for boosting students' compassionate resilience, a phenomenon considered instrumental in reducing compassion fatigue and burnout **[R2]**, that was contributing to documented decline of compassion in practice. The research identified that application of a CMM-focused curriculum actualised practitioners' suppressed personal compassion attribute, reduced the risk of them having compassion fatigue **[R2, 3]** and demonstrated its capability to improve practice and practitioner health.

Wilson was a key contributor to a collaborative, co-production project between ARU and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), funded by CLAHRC, East of England, (NIHR), in which academics, mental health patients, psychiatrists, nurses, support workers and managers worked together to co-create a service change, notably reduction in physical restraint of patients with mental health problems or learning difficulties **[R4]**. This was in response to reports (MIND 2013; Department of Health, 2014) that set out the expectations for mental health services to extend compassionate care by reducing levels of physical intervention in mental health care.

Individual interviews and focus groups documented staff and patient experiences of physical restraint to identify what proactive care should entail on the front line, leading to an innovative intervention strategy for a more compassionate service. The study **[R5]** showed it was possible to effectively reduce physical restraint by a. improving the practice and learning environment making it conducive to improved compassion, b. improving communication and relationships between staff and patients, and c. managing staffing by recruiting more front-line staff and freeing up more patient-facing time. A governance framework was established to ensure quality standards of delivery **[R6]**. The intervention formed the basis of an initiative, "PROactive Management of Integrated Services and Environment" (PROMISE), which was applied across the Mental Health Trust and made a positive change to its ethos and culture.

3. References to the research (indicative maximum of six references)

The body of research represented below meet the two-star threshold for underpinning research since they have been published in peer reviewed journals, received 42 citations, attracted peer reviewed funding from NIHR and won an award from Patient Experience Network:

1. **Pettit, A.**, Stephen, R., Nettleton, R. (2015) Developing Resilience in the Workforce: A Health Visiting Framework Guide for Employers, Managers and Team Leaders. A report for the Institute for Health Visiting, Health Education

England and the Department of Health. Documented by Workforce Information Network at http://www.ewin.nhs.uk/tools_and_resources/developing-resilience-workforce-health-visiting-framework-guide

2. **Pettit, A., McVicar, A., Knight-Davidson, P.,** Shaw-Flach, A. (2019) Releasing latent compassion through an innovative compassion curriculum for Specialist Community Public Health Nurses. *Journal of Advanced Nursing* 75 (5):1053-1062. <https://doi.org/10.1111/jan.13928> Submitted in REF2.
3. **McVicar, A., Pettit, A., Knight-Davidson, P.,** Shaw-Flach, A. (2020) Promotion of professional quality of life through reducing fears of compassion and compassion fatigue: Application of the Compassionate Mind Model to Specialist Community Public Health Nurses (Health visiting) training. *Journal of Clinical Nursing* (published online October 2020) <https://doi.org/10.1111/jocn.15517>
4. **Wilson, C.,** Rouse, L., Rae, S., Kar-Ray, M. (2017) Is restraint a 'necessary evil' in mental health care? Mental health inpatients' and staff members' experience of physical restraint. *International Journal of Mental Health Nursing* 26 (5), 500–512. <https://doi.org/10.1111/inm.12382>
5. **Wilson, C.,** Rouse, L., Rae, S., Kar Ray, M. (2018) Mental health inpatients' and staff members' suggestions for reducing physical restraint: A qualitative study. *Journal of Psychiatric and Mental Health Nursing*. 25,188–200. <https://doi.org/10.1111/jpm.12453>
Note: this paper was awarded the JPMHN paper of the year.
6. Lombardo, C., Van Bortel, T., Wagner, A.P., Kaminsky, E., **Wilson, C.,** Rae, S., Krishnamoorthy, T., Rouse, L., Jones, P.B., & Kar-Ray, M. (2018) PROGRESS: The PROMISE governance framework to decrease coercion in mental healthcare. *BMJ Open Quality* 7 (3): e000332. <http://dx.doi.org/10.1136/bmjopen-2018-000332>

4. Details of the impact (indicative maximum 750 words)

The beneficiaries of the research findings include NHS Trusts, the Care Quality Commission, health visitors, midwives, nurses and managers, private providers, voluntary sector organisations, and patients. The findings also informed developments in the Czech Republic.

The impact can be summarized under two headings: 'Professional guidance for managers and practitioners', and 'Increased compassionate practice and emotional resilience'.

Professional guidance for managers and practitioners

Through her work (2013-2014) with NHS Trusts across England supported by the Department of Health, Health Education England (HEE) and the Institute of Health Visiting (IHV), **Pettit** promoted compassion and compassion resilience for health visitors and midwives as a vehicle for better compassionate working, leading to a novel model of compassionate resilience [R1] and publication of key national guidelines for England by the Institute of Health Visiting (IHV) for practitioners and for managers (2015) [E1]. This work also contributed to new guidance from NHS England (2017) relating to better midwifery supervision and practice and commended by the Chief Nursing Officer for England [E2]. These activities were instrumental in subsequent research by **Pettit** and **McVicar** [R2, R3] which translated into workshops on Compassion Focused Therapy to

train managers, clinicians and health and social care practitioners to promote compassion and increase compassion resilience. The training is being adopted by unit managers for their staff CPD training, for instance into Perinatal and Child Units at Mid-Essex Hospital Trusts [E3].

From **Wilson's** work with colleagues at Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), endorsed by the NIHR, the Care Quality Commission (CQC) highlighted how PROMISE has created a positive and therapeutic culture across mental health wards at Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). PROMISE was cited in recommendations in guidance to the Mental Health Act, and features as a CQC example of good practice to help mental healthcare providers improve support for patients [E4] and has provided a significant contribution to a blueprint for compassion and dignity for mental health patients. The report also identified that the success of PROMISE underpinned a Trust-wide mapping exercise in 2015-2016 that identified 200 ideas and new initiatives that were disseminated across the Trust by managers to ensure that they were owned by frontline staff. The report noted that changes to practice resulted in high overall satisfaction scores across the adult inpatient wards.

In 2016 PROMISE was integral to the global launch of PROMISE Global at the World Psychiatric Association conference in Cape Town and established in South Africa, Australia, Czech Republic, and USA [E5]. In 2019 it informed the main source of evidence regarding restraint in Acute Mental Health Care in the Czech Republic's national mental health care plan [E6].

Increased compassionate practice and emotional resilience

Based on the work leading to the NHS guidance [E1, E2], and subsequent research [R2,3], **Pettit** has delivered training workshops in the NHS Eastern region including, since 2015, Homerton University Hospital NHS Foundation Trust, Mid Essex Hospital Services NHS Trust (now Mid and South Essex NHS Foundation Trust), Essex Partnership University Trust (EPUT), NE London NHS Foundation Trust, and Essex Clinical Commissioning Groups, and also through private training providers Virgin Healthcare and Karitane. Attendance, booked through the University, identifies 50+ attendees per year [E7(i)] and has included psychiatrists, psychologists, nurses, social workers, and practice managers. The workshops apply the reflective approach utilised in the research by focusing on mindfulness and self-compassion, underpinned by the Compassionate Mind Model (CMM). Outcomes have been adopted by practitioners [E7(ii)] and by staff development managers in NHS Trusts. For example in the Perinatal and Child Unit of Mid- and South Essex Partnership Trust the Unit Manager has promoted a compassion-focused strategy for her staff [E3].

The significance to educationalists of **Pettit's** work on promoting compassion has also been recognised by leading figures in the field, in the UK (Associate Professor, Learning & Teaching, University of Hertfordshire) and in the USA (Professor of Postsecondary Educational Leadership, Faculty of Administration, Rehabilitation, & Postsecondary Education, San Diego University) who have promoted the work through an International Compassion network of over 60 universities worldwide [E8] leading to collaboration in curriculum developments and delivery.

Wilson's research findings [R4-R6] underpinned the delivery of the Proactive Management of Integrated Services and Environments (PROMISE) programme at the CPFT which resulted in improved compassionate mental health management of patients with mental health problems or learning disability, an impact referred to by the CQC as "huge" [E4; p15]. In 2018, data presented from 4,500 patients [E9] identified that

physical intervention across the entire Cambridge & Peterborough NHSTrust was reduced by 35%, and reduced further in specialist mental health care units. The 48 interventions in the Learning Disability Unit for 2015/16 reduced by 81% to 9 in 2016/17. Similarly, in the Psychiatric Intensive Care Unit (PICU) another 81% reduction took the numbers from 44 to 8 over the same time period.

Reductions for prone restraints were proportionately greater [E9]. In the Learning Disability Unit, 16 prone restraints in 2015/16 decreased to zero in 2016/17, while in the PICU, the change was from 13 in 2015/16 to 2 in 2016/17. In 2016 and 2017, the Specialist Personality Unit and Low Secure Unit of the Cambridge & Peterborough NHS Trust were prone restraint-free for 23 and 20 (of 24) months, respectively. The initiative was central to the Trust changing its practice of physical interventions with in-patients who have mental health disorder or learning disability, from a baseline (2014-2015) of 328 incidents of prone/physical restraint to 124 in 2016-2017, so reducing risk to patient wellbeing [R6].

Patient satisfaction measured at 85-88% between 2014 and 2017 with related respect and dignity arising mainly from changes in physical restraint identified by 96% of patients. The change has been sustained [E9]. In 2015, PROMISE won the Strengthening the Foundation award from the Patient Experience Network [E10].

5. Sources to corroborate the impact (indicative maximum of 10 references)

Evidence 1: Stephen & Pettit: Developing resilience in the Workforce. A Health Visiting Framework Guide for Employers, Managers and Team Leaders.

Evidence 2: NHS England (2017). A-EQUIP – a new model of supervision (for midwives): See Clinical Supervision (restorative), Box 1 (page 7) and narrative, in <https://www.england.nhs.uk/wp-content/uploads/2017/04/a-equip-midwifery-supervision-model.pdf>

Evidence 3: Supporting impact statement by Unit Manager, for translation into perinatal and child units, Mid-Essex Hospital Trust.

Evidence 4: Care Quality Commission 2017: Mental Health Act: A focus on restrictive intervention reduction programmes in inpatient mental health services. pp13-15. Example 4: Providing person-centred care.

Evidence 5: PROMISE Global website <http://www.promise.global/>

Evidence 6: Email from Director, Centre for Mental Health Care Development, Prague.

Evidence 7: Supporting statements for recruitment to, and practitioner outcomes from, Pettit's workshops: (i) CPD Co-ordinator Anglia Ruskin University; (ii) Therapist, Homerton NHS Trust.

Evidence 8: Email from Associate Professor, Learning & Teaching, University of Hertfordshire, confirming Pettit's national/international contribution to compassion education.

Evidence 9: Email from Consultant Psychiatrist, with details of Cambridge & Peterborough NHS Trust impact of the PROMISE initiative.

Evidence 10: CPFT newspaper promoting the Patient Experience Network award for PROMISE.