

The Importance of Developing Compassionate Resilience in Health Visiting

Resilience is becoming a key area of focus across a range of organisations both at an individual and a collective level.

In funding a health visiting project to explore this, Health Education England (HEE) has demonstrated its commitment to developing resilience and, with that, improved mental health and wellbeing.

In developing this support framework it is important to consider the context of health visiting practice, and adopt a preventative, strengths-based, systems approach in creating resilience-promoting environments.

Stress and health visiting

The NHS survey (2013) found that 41% of health visitors had felt unwell in the last 12 months as a result of work-related stress. There is a need to address the structural and contextual sources of stress as there is a link between staff wellbeing and patient quality of care (The National Nursing Research Unit 2013). Resilient cultures start with compassionate leaders who build resilience individually and organisationally (Dutton et al 2014, White 2013).

There is a mixed national picture in terms of how organisations are supporting staff (iHV Practitioner and Provider surveys 2014). Whilst 54% of practitioners said their organisations provided a supportive environment, others felt differently. Practitioner comments included “In theory the organisation ticks the boxes and will say that it provides supervision and resilience training. However, in practice, meeting targets and ensuring we cover absences takes priority over that” (health visitor anon 2014).

The continuous and unique exposure that health visitors have in managing high caseloads of vulnerable families means their experience of stress, pain and suffering is significant. The Department of Health (2012) has acknowledged the stress of health visiting practice.

Unique Stresses in health visiting

The unique stresses in health visiting practice include:

- Confused and often conflicting roles which impact negatively on professional identity.
- Lack of academic leadership and infrastructure within the profession.
- Need for health visitors to be better prepared in terms of training.
- The long-term work with complex families, safe guarding and child protection issues.
- Increasing client needs such as poverty, mental ill health, domestic violence and substance misuse.
- Having enough time to build relationships and discuss practice.
- Mobile working leading to the loss of designated work spaces and a reduction in informal support.
- A significant number of inexperienced staff, and experienced staff retiring.
- The target driven culture and transfer of commissioning to Local Authorities in 2015.
- The economic climate and tendering processes leading to service reductions Vincluding in CAMHS and voluntary groups.
- Increasingly high thresholds for referral to CAMHS and Social Care.

All these factors are stressful because they stir up negative emotions such as fear, anxiety, helplessness and hopelessness which when uncontained contribute to increasing stress, sickness levels and compassion fatigue. This then compounds challenges with recruitment and retention. Yet the role can be rewarding and most health visitors remain in the profession. Understanding what contributes to the development of effective and resilient practitioners is important in creating an effective support framework.

Getting resilience right for health visiting

It is possible to develop resilience defensively by refusing to see problems and shutting off to the suffering of others. However, developing compassionate resilience characterised by iconic figures such as Nelson Mandela is congruent with the values of health visiting. Compassion is an essential health professional attribute identified in the NHS Constitution and is one of six key nursing values, the '6Cs' (DH 2013).

What is compassionate resilience?

Compassionate resilience is the ability to respond compassionately to adversity, using effective coping strategies. It incorporates two components:

1. Self-compassion, as a key to resilience
2. Learning how to maintain resilience in order to sustain compassion, even in challenging situations. (De Zulueta 2014, p 2).

Developing compassionate resilience to maximise health outcomes

Neff (2011) and Gilbert (2010) have demonstrated that compassion for others is strengthened and sustained principally through understanding the science of compassion and developing compassion for one's self. Developing self-compassion in staff at all levels in an organisation is important. Supporting the development of compassionate resilient leaders and practitioners will facilitate the creation of compassionate resilient cultures. Adopting this systems approach is an effective way to support the development of compassionate resilient health visitors. This will contribute to maximising health outcomes and experiences for children, families and communities and building their resilience.

This project will develop a support framework for health visitors for delivery by March 2015.

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