Background information PROSOCIAL:

PROSOCIAL is an evidence-based method using the latest findings from evolutionary, behavioural and social sciences to improve the wellbeing, resilience, motivation, and productivity of teams, the individuals within those teams, and the relationships between teams. We have a recognised expertise in working with this model in D&G.

 PROSOCIAL practice is embedded within parts of the organisation. Indeed, D&G is innovative and unique in that we are the first, and at time of writing, only, health board to provide this approach in the world, giving us a high profile nationally and internationally for this work. This has the potential to deliver transformational change of a greater scale and breadth than has been achieved, consistent with current drivers to support staff, and further raising the profile of our HSCP and region.



This diagram illustrates how the PROSOCIAL method directly impacts upon and connects the two main arms of the service (1:1 input and Teams), and also influences the wider organisational culture. It balances the needs of the individual, the team, and the wider organisation.

PROSOCIAL begins by using the ACT Matrix, which is a tool designed to enable people to continue to behave in ways that that have value and meaning to them, even in the presence of difficulties. The tool is designed to increase ‘psychological flexibility’, which is a term used to describe the processes connected to wellbeing and vitality.   This tool is well-known in D&G as it has been the cornerstone of over 60 workshops delivered by Psychology to staff during the current pandemic. With regards to links with the 1:1 aspect of the service, some staff will develop their ‘psychological flexibility’ and others may need additional input, but will already be socialised into psychological approaches.  Patterns of referrals for 1:1 input may suggest which teams could benefit from team input.

The same tool is then used at a team level to create a clear sense of shared purpose, while building psychological safety and trust. Then the 8 ‘Core Design Principles (CDPs)’ are explored to ensure the group can cooperate together effectively to achieve their shared purpose. Clear goals are then agreed by the team, and progress monitored.  These goals can vary and may address safety and trust, team culture, specific CDPs, or additional team support / education sessions to move a team towards its shared purpose. During the current pandemic, one team identified ‘supporting colleagues’ as one of their shared purposes and to this end organised psychology staff to deliver workshops on managing stress, responding appropriately to distressed relatives etc. Better teams support the majority of their staff so that the 1:1 part of the service is able to focus on those needing additional support beyond what a team intervention can offer. Better teams are the culture of an organisation and are the interface between the broader, strategic aims of the board, and the application of these ideals in real-world settings.

PROSOCIAL is a framework that clarifies *what* principles and processes teams need to attended to, and supports teams to develop their own *how* to do this.  It therefore supports, complements and most importantly co-ordinates approaches already used by, for example, ODL, QI, Spiritual Care, third sector organisations, and occupational health. The resulting overview then places the service in a strong position to take a confident strategic, coordinating and leadership role in staff welfare.

**Case studies/Staff Stories**

We are about to undertake focus groups to gather staff stories and experiences during covid-19. We have some case studies and staff stories below from those who have accessed staff support psychology service or been part of prosocial team work:

**Team working**

A Senior Charge Nurse, contacted team about how the ACT Matrix workshops had impacted on her team.  In the days that followed, the duty charge nurse received a call from a member of the team.  This person was calling from home and described feeling too anxious to attend work.  The SCN gently questioned the person about what was going on and encouraged them to come in.  This was accepted by the member of staff who attended, completed their shift and reported an improvement in their psychological symptoms.   They remained in work.

SCN said ordinarily this situation would have resulted in a week-long absence from work for this staff member.    Instead, thanks to emotional wellbeing being more on the agenda for the team following the workshop, these colleagues were able to openly discuss what was going on and reach an agreeable plan that prevented absence.

**1:1 support**

Case A

Following a complaint, which was found to have no basis, a medic was experiencing anxiety about making decisions, experiencing terror and panic at work and feeling a sense of fear and dread that they would ‘make a mistake’. This left them with an overwhelming sense of anxiety as they were going into work each day. The realisation that confidence had been severely eroded grew, and a sense that they needed to escape was all consuming. The ability to access appropriate therapy at the right time was greatly appreciated.

Following 1-1 therapy, that involved understanding the life events that had shaped the individual, and the underlying ‘rules for living’ that had developed, things greatly improved. At post therapy follow-up, the medic reported that they were not only functioning confidently, but enjoying their role. Having addressed the underlying causes of distress, that had been triggered by the complaint, had allowed them to re-discover the ability to  enjoy work and life in general. They reported that life has now moved into place, such that thoughts of ending their life or needing to escape had completely abated.

Case B

Another medic sought out therapy for unbearable stress and a feeling that they were in ‘burnout’, stating that they had a letter of resignation ready to act upon. On working at depth with the individual, it became clear that unresolved grief at the loss of a significant person several years ago, was a trigger to distress that had never been addressed.  Following therapy to both address the loss and to understand the schema that had formed a barrier to addressing loss, and that had created patterns of behaviour leading to a sense of burnout, things became more manageable. Feedback at follow-up was that they now intended to remain in role and that they in fact had got rid of the letter of resignation and were now looking forward to their future in medicine.

Case C

Finding themselves feeling unsupported in their role and experiencing a deep sense of ‘loneliness’, one social care worker reported that they had sought out therapy in order to understand their distress, which was manifesting itself in extreme anxiety, sleepless nights, and a constant feeling of being overwhelmed and being in fear of failing. Individual therapy allowed them to explore the underlying beliefs and rules for living developed as a result of bullying in their teens and the loss of a parent in their early life, and to understand how these rules for living or schema were being triggered by current work pressures. Once these connections were made, and the feelings they were experiencing could be better understood and managed, they were able to engage with the challenges facing them in their working life. This resulted in better relationships with colleagues and family members, which again resulted in them reporting increased levels of enjoyment such that they now see themselves as fully committed to their role for the first time in many years.

**Senior Clinician Feedback**

My experiences of using the PROSOCIAL model in the COVID crisis:

I am a doctor who has working in DGHB for >30 years. In recent years the pressures on our staff had built progressively.

This is a complex multi-factorial problem including the following factors

* Increasing patient numbers
* Complexity of individual cases with multiple co-morbidities
* Reduction in bed numbers
* Difficulties with the provision of social care
* Scottish Government Waiting Time Targets
* Staff vacancies

High levels of staff absence and also, perhaps more concerning, ‘presenteeism’ have only added to the pressures on the dedicated staff working to provide the highest quality of care they can, despite these pressures.

The culture has at times not supported individuals adequately and as often happens when people are under strain their compassion for their colleagues suffers.

The 2019 Sturrock Report into the culture in NHS Highland highlighted the effects of many of these things and Sturrock made several recommendations in that report. In February there was a day event aimed at finding and prioritising a local set of actions to be taken in response to that report. Those included trying to improve civility in the workplace and have psychological support easily accessible to staff, delivered in a way that they would find helpful.

And then came COVID 19…

Staff from all disciplines set to in response to this threat in an amazing way. Conflict was put to the side as we all had a shared aim- to ensure that the local system was as prepared as it could possibly be in such a short time to respond effectively to this threat and the potential it had to cause significant suffering, illness and death.

Systems were redesigned, staff were redeployed and our workplace was rejigged to meet the challenge. Everyone worked together. Each member of staff was a small but significant part of the larger team. The psychology department, having learned from experiences with COVID elsewhere in the world made the decision to prioritise staff psychological support and redeployed their team in order to achieve that aim. The clinical psychologists with the support of the spiritual care lead and myself delivered “psychological prehab” in the form of team and individual, drop in and formal sessions. In these sessions staff were encouraged to learn to use the Acceptance Commitment Therapy (ACT) Matrix to help them to navigate the uncertainty, fear and anxiety related to the pandemic. Staff were made to feel valued and nurtured. They were given places and times of psychological safety to allow them to share their feelings and help and support their colleagues and friends to work together toward their shared aims.

Those shared, facilitated sessions were really valued by staff who attended them. They shared their feelings with their old teammates and their new “redeployment mates”. They learned about each other and how each person responds to stress. They felt stronger for the experience and for that improved understanding of themselves, their responses, their colleagues and their shared values.

The PROSOCIAL model worked for our staff. It is easy to understand and to use. It encourages us to reflect on our own humanity and that of our colleagues and patients. There is definitely an appetite to do more work based on this model that we now understand.

PROSOCIAL and its application to our organisation could be the framework around which we work together to a better place. It is simple and the staff already have experience of it and trust the model. It aims to help individuals work as part of teams and small teams to work as part of larger teams. In essence that is what D&GHSP needs. The evidence is there from the literature that using the PROSOCIAL model can transform an organisation and improve the wellbeing of its staff. It would allow and facilitate the current work that is done by several parts of the organisation.

As someone who had no experience or knowledge of PROSOCIAL before, I can honestly say that this has been a revelation. I have never seen our staff so engaged with and enthusiastic about a new process. I think this is an opportunity to build on the foundations that have been laid in the past 3 months and to use the PROSOCIAL model and its tools to really transform the workplace culture and to make D&GHSP a place that makes its employees feel valued, engaged and resilient as we move into the future together with the shared aim of providing the highest quality patient care possible to the population of D&G.