

# An evaluation of an Acceptance and Commitment Therapy (ACT) in the workplace course for staff

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# 1 Introduction

## 1.1 Service evaluation context

This service evaluation project was commissioned by Dr Joanna Farrington-Exley, Senior Clinical Psychologist, within Leeds Teaching Hospitals NHS Trust. The evaluation aimed to explore the impact of the staff personal resilience course and explore how it may be improved to make it more beneficial for staff. The course was initially set up for staff working in the neonatal service and paediatric intensive care unit, however, it was later opened up to staff covering the whole of Leeds Children's Hospital. A previous evaluation exploring the immediate impact of the course in 2019, suggested that staff who completed it had improved well-being, reduced burnout, but no change in mindfulness after attending the course (Carter, 2019).

## 2 Literature review/background

### 2.1 Context of NHS

The National Health Service (NHS) is the biggest employer in Europe, and also the world's largest employer of highly skilled professionals (NHS long term plan, 2019). The NHS Long Term Plan recognised that the key to the performance of the NHS, was the staff that it employs, and therefore committed to improving the health and wellbeing of staff within it. However, it has been found that, at times, staff can be left feeling undervalued and powerless (The National Workforce Skills Development Unit, 2019). The current climate with increasing financial pressures, and trying to do more with less, has had a major impact on NHS staff (Wilkinson, 2015). A key finding from the NHS staff survey in 2019 showed that 40.3% of staff reported feeling unwell in the previous 12 months due to work related stress; this has been steadily increasing since 2016 (NHS staff survey, 2019). Similarly, sickness absence rates across NHS providers was 4% in mid 2020 (NHS digital, 2020) compared to 2.0% of those working in the public sector (Office for National Statistics, 2019).

## **2.2 Staff wellbeing and burnout**

Wellbeing can be defined as the presence of positive emotions, with the absence of negative moods, whilst feeling fulfilled and satisfied with life, and functioning positively (Centers for Disease Control and Prevention, 2018). Due to the challenging nature of the roles of healthcare staff, particularly nursing staff, as well as the current pressures of working within the NHS, staff are at high risk of developing burnout (Garrosa, Moreno-Jiménez, Rodríguez-Muñoz, & Rodríguez-Carvajal, 2011). Both acute and chronic stress have been found to affect staff members psychological and physiological health (Ravalier, McVicar, & Boichat, 2020), often leading to staff sickness absence.

Epp (2012) reported that burnout incorporates emotional exhaustion, depersonalisation, lack of personal accomplishment and cynicism. Furthermore, Espeland (2006) suggested that the emotional exhaustion from burnout may also cause further interpersonal difficulties, such as a lack of compassion and empathy for others, poor communication and detachment.

Research has also found that poor wellbeing and burnout can be associated with poor patient safety outcomes (Hall, Johnson, Watt, Tsipa, & O'Connor, 2016) and poor patient care (Panagioti et al., 2018). However, in the former paper, due to a lack of prospective studies included within the systematic review, causality cannot be concluded, and the majority of the papers used self-report measures of patient safety, which could have been at risk of social desirability effects.

Following a literature review, Epp (2012) suggested that managers should create a supportive work environment, as well as staff supporting each other and implementing self-care strategies as a way of reducing burnout. However, this was based on staff working with adult populations. Helping staff develop skills in resilience has also been found as a way to not only reduce burnout, (Jackson, Vandall-Walker, Vanderspank-Wright, Wishart, & Moore, 2018) but also to retain and support staff, and help them develop coping strategies within stressful environments (McAllister & McKinnon, 2009).

## **2.3 Resilience**

Although subject to different definitions depending on the discipline, resilience has been defined as the ability to function healthily in the face of adversity (Bonnano, 2004).

Rees, Breen, Cusack and Hegney (2015) suggested a model for understanding psychological resilience in the workplace for health professionals. They suggested that the key constructs for understanding this were self-efficacy, coping and mindfulness. Self-efficacy related to their belief in their own ability to perform a task, coping related to being able to adjust following a difficult event, and mindfulness involved being able to focus in the moment on an experience, accepting it in a non-judgemental way. However, this model did not consider environmental factors. Cusack et al. (2016) aimed to develop a further model incorporating environmental factors to promote and understand psychological resilience in nurses. They suggested that these were related to nursing staff support, such as interventions that nurture and enable nurses to manage pressures in the workplace, and staff development. This included interventions to empower nurses and enhance their potential. Both themes were further broken down into professional, practice and personal support, and professional, personal and practice development. This model is limited to and based on nursing literature, as opposed to all healthcare staff, highlighting possible limitations and therefore generalisability to other healthcare staff. Despite this, Brennan (2017) also suggested that the development of resilience and therefore an improvement in wellbeing can be aided at both an individual and organisational level.

A systematic review by Cleary, Kornhaber, Thapa, West and Visentin (2018) found that interventions to promote resilience may be of benefit to health professionals, particularly those with a longer session length and duration. Furthermore, training that created self-awareness and greater understanding of the need for resilience was particularly effective. However, a limitation highlighted a lack of consistency in how resilience was constructed or measured, and so the studies may not have been measuring the same thing. Other research has found that resilience can mediate the impact of the three dimensions of burnout; emotional exhaustion, depersonalisation and reduced personal accomplishment (Arrogante & Aparicio-Zaldivar, 2017) and enhance job satisfaction in nurses (Brown, Wey, & Foland, 2018). Brennan (2017) suggested that supporting and enhancing the wellbeing and resilience of staff can therefore have a positive effect, not only on staff members, but also for patients and the organisation.

#### **2.4 Leeds Children's Hospital: Personal resilience course**

The personal resilience course delivered to staff at Leeds Children's Hospital is based on the Acceptance and Commitment Therapy (ACT) in the workplace course for staff (Flaxman, McIntosh & Oliver, 2019). This programme aims to deliver ACT-based skills training to hospital staff. The personal resilience course is a four-week course with two hourly sessions, led by facilitators.

The main aims of ACT are to teach people how to manage painful thoughts and feelings effectively through psychological skills, as well as being able to clarify what is important and meaningful to them (Harris, 2009). It aims to increase psychological flexibility through six processes; defusion, acceptance, self as context, present moment awareness, values and committed action (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

Research has begun to explore ACT as an intervention in the workplace. Wersebe, Lieb, Meyer, Hofer and Gloster (2018) found an ACT intervention decreased workplace stress and increased wellbeing. However, this study relied on self-report measures which may have resulted in social desirability effects. Furthermore, the study took place in Switzerland and so the results may not be generalisable to the United Kingdom (UK).

Research has also found ACT to be beneficial within healthcare. A meta-analysis by Reeve, Tickle and Moghaddam (2018) found that ACT was effective at reducing psychological distress, but that there was no statistically significant effect on the amelioration of burnout. This study was limited to staff working in mental health and learning disability services. Furthermore, Barrett and Stewart (2020) found that an online ACT intervention led to significant improvements in social and healthcare workers perceived stress, burnout, mental health and work-related psychological flexibility from baseline to post treatment. However, only 42 staff members took part in the study, who were also self-selecting, which may limit the generalisability of the results. It may also suggest possible bias of those taking part, as they may have been more motivated to do so than others. Further support has found staff members to have significantly decreased levels of stress and burnout and increased general mental health compared to a waiting control list group (Brinkborg, Michanek, Hesser, & Berglund, 2011), as well as increased mindful awareness and decreased experiential avoidance (Frögéli, Djordjevic, Rudman,

Livheim, & Gustavsson, 2016). The above studies would suggest, although with some qualifications, that ACT appears to have a positive effect on the wellbeing and resilience of healthcare staff. It would also appear that limited research has explored the impact of ACT interventions on healthcare staff through qualitative means.

### **3 Aims**

The current evaluation aimed to explore the impact of the course on staff, and if and how the course may be improved to be of further benefit.

## **4 Method**

### **4.1 Design**

A qualitative methodology was used for this service evaluation project. One to one semi structured interviews were conducted over the telephone with staff members. These lasted approximately 20-30 minutes each. Within the service, a quantitative method has previously been used to explore the effectiveness of the course, using outcome measures routinely collected. It therefore felt appropriate to use alternative qualitative methods for this project in order to gain richer, and more in-depth material and therefore explore in more detail the impact of the group on staff.

### **4.2 Participants**

Around 91 staff members from Leeds Children's Hospital have attended the course overall. All staff that had completed the course were invited by email to take part in the evaluation by the researcher. In total, 14 members of staff were happy to proceed with the project. 3 did not reply to follow up emails and so 11 participants took part in the interview process. Participants came from a range of professions, either within the nursing profession (n=5) or other allied health professionals (n=6). All participants attended the course between March 2018 and December 2019 and all participants attended all four sessions of the course.

### **4.3 Data collection**

An initial email was sent out to all staff members that had completed the course. For staff members that expressed an interest, the participant information sheet and consent form were sent for further information (Appendix 1 and 2). For those that were happy to proceed, interviews were arranged. As not all the participants returned consent forms, but stated they would like to take part, consent was gathered for those at the beginning of the interview. Interviews took place between June and July 2020. All interviews were audio recorded by Dictaphone and transcribed by the researcher. An interview protocol was put together by the commissioner and researcher to guide the interview (Appendix 3).

### **4.4 Data analysis**

Interviews were analysed by thematic analysis following the process as outlined by Braun and Clarke (2006), in order to establish common themes from within the data (see table 1 for further details). Thematic analysis was chosen due to its flexibility and ability to summarise and describe large data sets in rich detail (Braun & Clarke, 2006). An inductive approach was taken to identify the themes, therefore using a data driven approach, as opposed to being driven by the researcher's theoretical interest.

Elliott, Fischer and Rennie (1999) presented a set of evolving guidelines to conduct high quality qualitative analysis. This includes credibility checks of the analysis. For the purpose of this evaluation, the commissioner also examined codes, subthemes and themes for face validity. Elliott et al. (1999) also recommended owning one's own perspective, both in advance and as they become apparent within the research. This will be explored further in the discussion. See appendix 4 for example theme, subthemes, codes and quotations.



Table 1: Braun and Clarke's (2006) phases of thematic analysis

Phase	Description of the process
1. Familiarising yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas
2. Generating initial codes	Coding interesting features of the data in a systemic fashion across the entire data set, collating data relevant to each code
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic 'map' of the analysis
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research questionnaire and literature, producing a scholarly report of the analysis.

#### 4.5 Ethical considerations

Consultation with the LTHT research and development department took place prior to the project commencing. Ethical approval was sought and granted by the University of Leeds Faculty of Health and Medicine Research Ethics Committee

(DClinREC19-007) on 21<sup>st</sup> May 2020. Informed consent was gained in written or verbal format, depending on whether consent forms were returned. Recordings were transcribed and immediately deleted. Participants were informed that they could withdraw their data up to one-week post interview. All recordings and transcripts were stored on a secure drive, and participant numbers have been used to maintain anonymity throughout the report.

## **5 Results**

Six themes were generated from the data (please see figure 1) which will be detailed and discussed below. Table 2 shows themes, subthemes and example quotations.

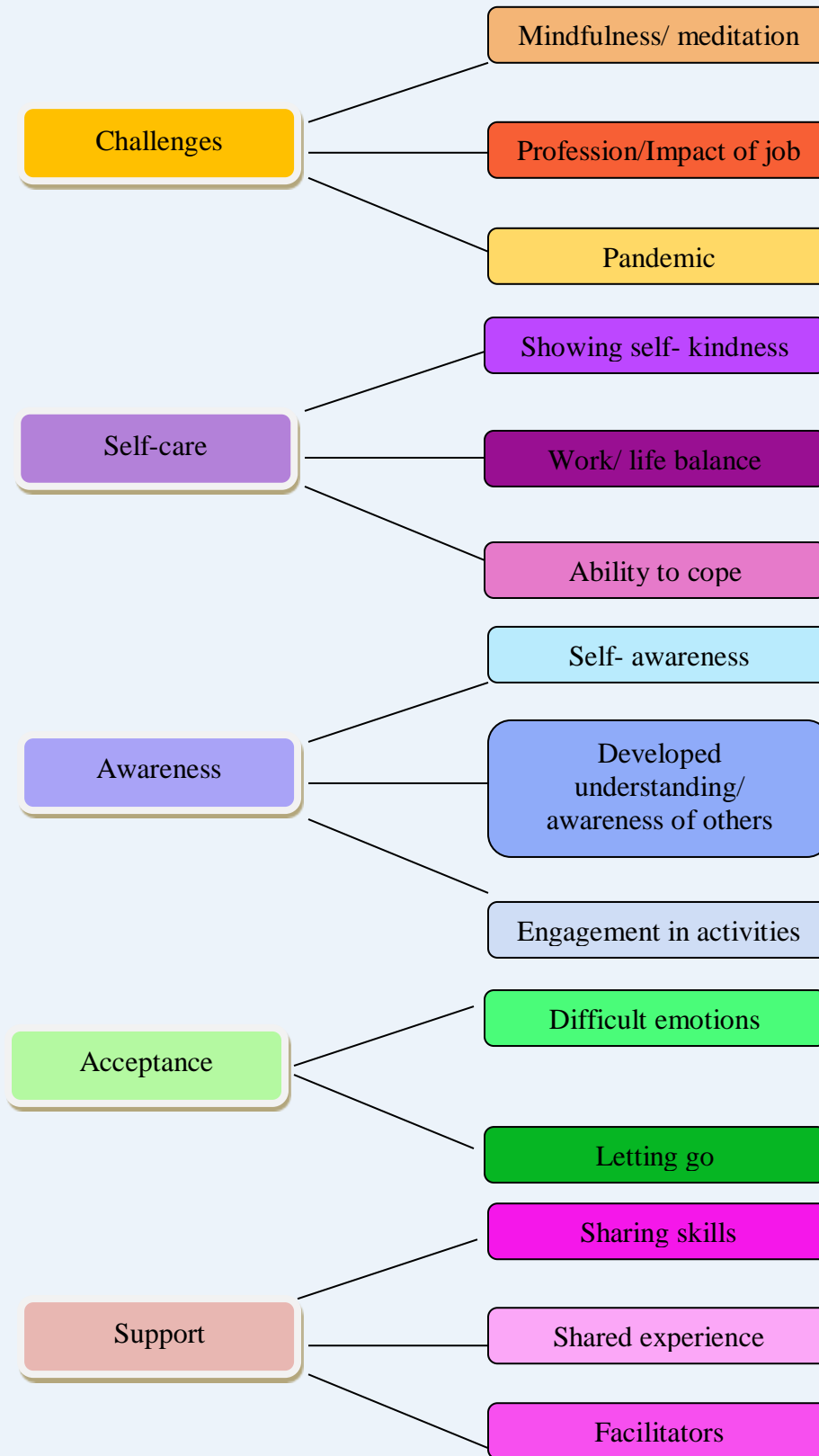
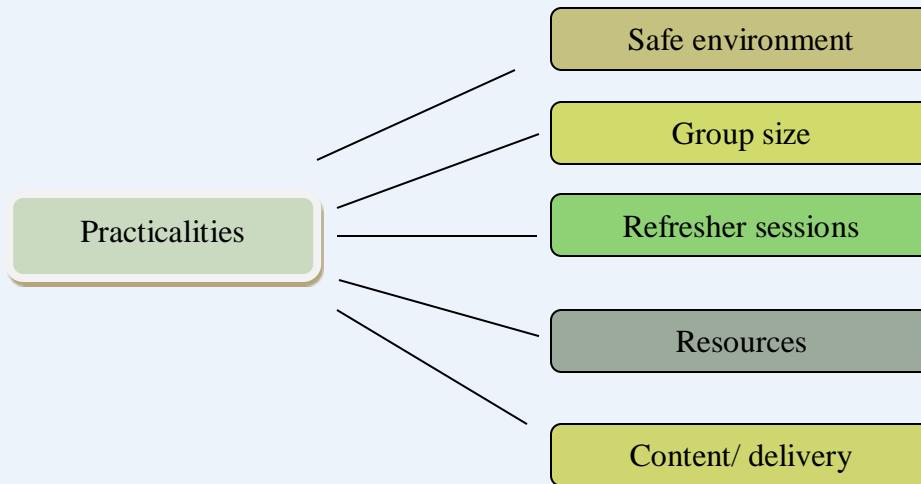


Figure 1: Thematic map of themes and subthemes



Continued Figure 1: Thematic map of themes and subthemes

## 5.1 Challenges

The first theme focused on the challenges and the difficulties that participants had faced, both in relation to the course and the ability to use the skills taught on the course. These were split in to three subthemes; **mindfulness/ meditation, profession/impact of job** and **the pandemic**.

### **Mindfulness/meditation**

Seven participants reflected on the difficulties that they had with the mindfulness and meditation exercises on the course. Some participants reflected on how they had found the mindfulness exercises the most difficult aspect of the course. Others reported that it had been fresher in their minds whilst completing the course, or they had done it at the time but not gone back to it, or struggled with fitting it in. On the other hand, another participant reported that they were continuing to use mindfulness, but that it was more of an after thought than previously.

### **Profession/ impact of job**

Six participants discussed difficulties of the profession, for example, the difficult and stressful work environments they work in. However, this was often in the context of how useful the course and tools they had learnt had been in managing such difficulties

and stressors. One participant suggested that it was easier to implement skills at home in a less stressful environment, and two other comments related to difficulties with the rooms in the hospital that had been used for the course, in that it had been noisy outside.

### **The pandemic**

Six participants discussed issues relating to the current Coronavirus pandemic. This included things such as how the impact of COVID has stopped participants being able to use some of the skills, for example, now having to drive into work, affecting time when they would have previously practiced mindfulness. On the other hand, participants discussed how the skills they had learnt had been useful in managing difficulties in the pandemic, for example, accepting what they can and cannot control, and using mindfulness and other skills to cope.

## **5.2 Self-care**

The second theme related to self-care. This was split into three subthemes; **showing self-kindness, work/life balance and ability to cope.**

### **Showing self-kindness**

Nine participants reflected on how the course had helped them to be kinder and care for themselves more. This included the ability to give themselves permission to invest and make more time for themselves, to be more forgiving to themselves and prioritising what helped them or what was important to them. Participants also reflected on their increased ability to be able to say no at times and not beating themselves up for feeling or thinking a certain way.

### **Work/life balance**

Five participants talked about how the course had helped them to achieve more of a balanced work and home life. For example, being more able to leave work at work or refocusing and structuring days off. This also included being able to use skills at work, for example, taking a couple of minutes out to step back or to go for a walk to clear their head.

### **Ability to cope**

Ten participants reflected on their ability to cope more, or differently following the course, whether it be through learning new skills and strategies or through the course reinforcing existing strategies that they were already using.

## **5.3 Awareness**

The third theme covered awareness. This included three subthemes of; **self-awareness, a developed understanding/ awareness of others** and **engagement in activities**.

### **Self-awareness**

Ten participants referred to being more self-aware since completing the course. This specifically included a heightened ability to be able to notice more how they were feeling in the moment and being more in tune with their emotions, as well as being able to notice when their mind had wandered off and therefore being able to bring themselves back to the present more. Other participants spoke about being more aware of the conversations in their head and understanding themselves better as to what may pull themselves away from their values. 'Passengers on the bus' was frequently noted as a useful exercise in developing self-awareness.

### **Developed understanding/ awareness of others**

Seven participants reflected on how they felt they were now more open to and aware of other people's emotions, both families and patients, and that because of this, they felt less judgemental of others behaviours, and more empathic to situations they may be dealing with. Some participants reported that this awareness had helped them to develop better relationships both with staff and with patients and their families.

### **Engagement in activities**

Four participants reflected on how they felt they were now more aware and mindful during everyday tasks and activities, and therefore less in automatic pilot mode.

## 5.4 Acceptance

The fourth theme depicted acceptance. This comprised of two subthemes; **difficult emotions** and **letting go**.

### Difficult emotions

Seven participants discussed how the course had enabled them to develop more of an acceptance of feeling difficult emotions. For example, accepting that it is OK to feel how they feel, without needing to apologise, suppress them or change anything.

### Letting go

Four participants referred to the ability of letting go. For example, the ability to let go of difficult emotions or how they might be feeling, as well as discarding things that are less important to them and accepting what they can and cannot control, but not dwelling on this or situations they may have experienced.

## 5.5 Support

The fifth theme encompassed support. This comprised of three different subthemes; **sharing skills**, **shared experiences** and **facilitators**.

### Sharing skills

Seven participants reported having shared or disseminated the skills that they learnt on the course with others; this included with other members of staff, as well as with their own friends and families, and patients and their families. Other participants talked about how they have encouraged other staff members to attend the course and that they would like the skills to be embedded within the culture on the unit where they work.

### Shared experience

Six participants reflected on how the course had been valuable in terms of realising that other staff members shared similar worries, emotions, thoughts and stressors, and that they were not alone with this. Participants also reported how this had

brought teams together, enhanced professional interaction and how staff have at times offered each other informal support because of these developed relationships.

### **Facilitators**

Five participants reflected on the support provided by the facilitators. This included how approachable and flexible they were, for example going with what the participants brought to the room, as opposed to an already fixed agenda. Participants reported how valuable it felt to have their feelings normalised and validated and how it was useful for facilitators to bring their own personal examples, which also normalised how they had been feeling, as well as made the strategies feel more meaningful and applicable.

## **5.6 Practicalities**

The final sixth theme was that of practicalities of the group. This contained five subthemes; **safety of the environment, group size, refresher sessions, resources and content/ delivery.**

### **Safe environment**

Eight participants reflected on how the facilitators created a psychologically safe and comfortable environment in which they felt comfortable to share and have open discussions, as well as practice skills together.

### **Group size**

Eight participants referred to the size of the group that they were in, with all of these participants reporting that they preferred to be in a smaller sized group. These were for reasons such as feeling more able and comfortable to share, have discussions and contribute, as well as not feeling rushed in doing so.

### **Refresher sessions**

Nine participants discussed that they felt a refresher session or sessions would be helpful following the course. This was due to having enjoyed the course, as well as



wanting to refresh skills that they may have forgotten, keep the skills current and for the opportunity to get back together with their group. Some participants discussed how 6 months following the course may be a good time for this. Other suggestions included email reminders of skills that they may have done in the group. Some participants also commented on how they felt that many of the strategies had stayed with them and were continuing to have a positive impact.

### **Resources**

Four participants discussed the value of being given resources in the group, particularly the values cards which helped to remind people to go back to them. Other participants mentioned how the group had made them more likely to access other psychology resources, such as the 'Press pause button' emails and schwarz rounds.

### **Content/ delivery**

Seven participants commented on aspects of the content and delivery of the group. For example, how well run the group was, that it contained an appropriate amount of content and information and how they had enjoyed the variety of methods of delivery, such as mindfulness videos. A number of participants also commented on particular exercises that they had found useful, specifically the 'Passengers on the bus' exercise.

Table 2: Themes, subthemes and example participant quotations

Theme	Subtheme	Example Participant Quotations
<b>Challenges</b>	Mindfulness/ Mediation	<i>I mean I did find it hard, the mindfulness practice, that was probably the area that I found the most difficult [participant 5]</i>
		<i>Certainly when I did the course, when it was fresher in my mind... um... I don't know if it's just because it's been so long since I've done it... I'm either not doing it or just not consciously using mindfulness anymore [participant 1]</i>
	Profession/ Impact of job	<i>Really with the type of job that we do, its umm... you can quite quickly feel like you're in a difficult place at work, so I was very grateful for the course , I was very grateful of the support and I was very grateful to look at ways that could help me at a difficult time [participant 2]</i>
		<i>I think, well it's a really positive course and I think it's great that it's offered especially because it is quite a difficult environment to work in a lot of the time [participant 10]</i>
<b>Self-care</b>	Pandemic	<i>I think at the time it made me stop and think erm look at what was important and spending time... but I do think that they've all gone out the window... and I think that if, I'm sorry, I'm going to talk about COVID... if that hadn't have happened it probably would have been a little more sustained [participant 11]</i>
	Showing self kindness	<i>I probably didn't use it for a while, but at the moment with everything, I have started to again (practice mindfulness), I've found it quite useful now [participant 4]</i> <i>I'm more conscious of being very forgiving to myself [participant 1]</i> <i>I think it is just the... erm... importance of like self-care ... I think that was like a theme throughout the whole thing... I think that the importance of caring for ourselves</i>

		<i>first so that you can care for others... I think that's like maybe a theme that stayed with me [participant 10]</i>
	Work/ life balance	<i>I think work had taken over life and I hadn't got the right balance and I think that now I give everything whilst I'm there but when I leave work I've left [participant 2]</i>
		<i>... like carving out that time to acknowledge so, we talked about like 'oh you're making a cup of tea' or in your... you know when you're washing your face or whatever ... using that time to you know really notice... so that I found helpful because I think when works really busy, to just say you know when I'm going to the toilet or when I'm doing this particular thing... I can use that time to notice... erm and make space for that [participant 10]</i>
	Ability to cope	<i>It just gave me some good tools really... erm just being able to take a minute, catch your breath, because like I say it was a really steep learning curve [participant 7]</i>
		<i>It took my mind off things because I used to wake up with racing thoughts and thinking and almost write a list in the middle of the night... whereas that kind of dealing with it before I went to bed really helped [participant 4]</i>
<b>Awareness</b>	Self-awareness	<i>I think I am in tune with my feelings and I'm more conscious about why I'm feeling certain things [participant 1]</i>
		<i>That coaching that Joanna gave us of the wandering mind and that it's ok that you just notice it and then bring yourself back... I did find... and I did find as the course went on I was better at that noticing and coming back and probably less distracted [participant 5]</i>
	Developed understanding/ awareness of others	<i>I think you have to be aware of it when you're working within a team of people and also dealing with patients and their families that you're always going to get people not on potentially their best days and you know that there are, you know because of</i>

		<i>how they're feeling and the emotions and the things that they're carrying, they can be barriers to what you're striving to achieve and I think if you give recognition to it... it helps for a better working, you know therapist- patient relationship and just generally a better team player [participant 9]</i>
		<i>I think it made me more open to... you know obviously people deal with things in different ways... and being sort of more open to that... less judgmental as to how someone is dealing with something... and giving them permission to have off days [participant 8]</i>
	Engagement in activities	<i>I was thinking well I don't rush through that... and I actually it's one of those things that I thought I didn't rush through it... and I wasn't rushing through it, but I wasn't being aware of what I was doing when I was doing it... and so I do believe it has changed me being more mindful over actions that I'm doing [participant 11]</i>
		<i>a couple of things I think I've taken away, appreciating the things that I actually enjoy... like going in the shower without realising... standing under there and taking a couple of moments to go 'oh this is nice'... or... so something that's routine but you know that you appreciate it but forget about it...just little things like that [participant 6]</i>
<b>Support</b>	Sharing skills	<i>I did actually share some (mindfulness) with my mum who does have anxiety and she'd never experienced anything like mindfulness sites before and it's it had a really positive effect on her [participant 11]</i>
		<i>Yeah and I've used it in examples with more junior staff... and then you talk about struggles that they're having and you're like well that's ok because X, Y, Z and certainly I've brought it to discussions at work at lunch time and stuff [participant 6]</i>
	Shared experience	<i>It was quite a revelation to realise that other staff members felt the same... I felt very isolated in my insecurities at work and by being on the course and studying these</i>

		<i>different aspects and having group discussions about it... was really helpful to understand other people felt the same way too [participant 2]</i>
		<i>I think just generally being in an open environment like that with peers, but not necessarily people I would directly work with... and kind of acknowledging that actually everybody has these same sorts of issues... the same sorts of things that they find difficult [participant 4]</i>
	Facilitators	<i>I liked how Joanna, you know she allowed it to be personal if that's what some people needed... it wasn't sort of textbook... she kind of ran with discussions that were being had within the group... whilst also putting key concepts across... [participant 9]</i>
		<i>it was really nice because it was someone who recognised that you don't have to suppress all these feelings that are human and you've got to let yourself feel them, but to be able to put in place coping mechanisms and to normalise them... it was just really helpful... it was just really beneficial [participant 1]</i>
<b>Acceptance</b>	Difficult emotions	<i>I think sometimes for me on a personal level I can be quite hard on myself erm so if I've thought something or if I've got an emotion about something I sometimes can think 'perhaps I shouldn't have had that' so again it was just about having that permission to feel that way in that moment... try not to focus on it too much...just kind of acknowledge it and then move on and that feeling that it's ok that I don't feel like that, rather than trying to suppress it or fight it, so that really helped me kind of yeh, just be ok with it really, just to accept that that was how I felt and that's fine as well [participant 7]</i>
		<i>yeh I think it's just that...acceptance that that's the way... that it's ok that they're there... that whole thing about being kind to yourself... actually that you don't need to try and get rid of them and be positive all the time, but acknowledging that that's what's there and how you feel... and also naming it you know [participant 5]</i>

	Letting go	<i>... I quite liked the bit when you acknowledge the stress but you can't do anything about it... so you acknowledge it and then you move on... do you know what I mean... you let it go [participant 6]</i>
		<i>it's a good starting point I think for focusing your attention and your energies and perhaps also for discarding things or... or paying less attention to things that aren't as important to you as well, so it works kind of both ways I think as well [participant 8]</i>
<b>Practicalities</b>	Safe environment	<i>Also being comfortable enough to share...openly... so that was something else that I really valued I think... that kind of environment that Joanna created [participant 5]</i>
		<i>We were able to practice those, sort of in a safe environment and with a facilitator... because that was something that was a new skill for me and I hadn't done before [participant 8]</i>
	Group size	<i>I think people did feel comfortable by having it as a smaller group to open up... I think it was good that it was small [participant 9]</i>
		<i>I mean mine was also a very small group and I know people are doing it in bigger groups... but actually for me that worked [participant 3]</i>
	Refresher sessions	<i>I kind of almost feel like because it was a little while ago I did it, I think I'd almost benefit from a little refresher... almost like a little get together... see if anyone found anything particularly useful and just that opportunity to chat through and maybe refresh what you did do , in case there is a tool that you've forgotten [participant 4]</i>
		<i>Erm I did wonder about maybe a refresher... just a one off to go through the different concepts because you learn quite a lot over the 4 weeks and obviously I've got a</i>

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	<i>couple of favourites but there will be others that I have maybe forgotten about or not really used it... [participant 6]</i>
Resources	<i>We got given some little cards with sort of feelings and values and things on and umm they go everywhere with me actually... It's just quite nice sometimes actually, if things are a bit tough it is quite nice to kind of remember that... I remember being given some owl stickers as well and I kind of, I have those in my office so I kind of just pay attention to those some days and it just prompts me to just have a minute and just catch a breath... [participant 7]</i>
	<i>By having the values cards I think by having things you can go back to, that you can continue to use... is really useful [participant 8]</i>
Content/ delivery	<i>I really liked the people on the bus exercise that we did... that's probably the one that's resonated with me most that I keep remembering and keep using today actually [participant 1]</i>
	<i>I mean the general feedback from a lot of my team that have gone on it is how good it is and that it's been really, really useful [participant 3]</i>

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## 6 Discussion

### 6.1 Main findings

The evaluation aimed to explore the impact of the personal resilience course on staff at Leeds Children's Hospital, and if and how the course may be improved to be of further benefit. Although the evaluation is not able to conclude definitively about the long term impact of the course, it can discuss the impact of the course on participants at the time of completing the interviews, which were all a minimum of six months after completing the course, through the themes that were generated. A previous evaluation (Carter, 2019) highlighted that staff completing the course had improved wellbeing, reduced burnout but no change in mindfulness after attending. This evaluation was able to explore further the impact of the course via qualitative methods. Overall, it would appear that the course was beneficial for staff, both personally and professionally and continued to be so at the point of evaluation. Six main themes were generated, namely; self-care, awareness, acceptance, support, challenges and practicalities. The recommendations, including how the course could be improved will be discussed in the recommendations section.

Participants reported that they had felt that the course had allowed them to develop skills in self-care as well as coping more effectively and being able to balance work and home life. A sense of being more self-aware, specifically with regards to thoughts and feelings, as well as more understanding and awareness of other's emotions, was highlighted. Both coping and mindfulness (or awareness) were incorporated in the model by Rees et al. (2015) as important in understanding psychological resilience in nursing staff. Furthermore, Cleary et al. (2018) suggested that resilience courses that help staff develop self-awareness are particularly effective.

Participants reported being more accepting of difficult emotions, and able to let them go more readily. Support was also highlighted, in that participants reported sharing skills and strategies with not only other staff members, but also patients and their families. Teaching others has often been cited as a way of learning at a deeper level (Duran, 2016), highlighting the possible importance of staff doing this following the course. The importance of shared experience with other staff members and the support of the facilitators, through their flexibility and normalising experiences and emotions



through personal examples was also highlighted. Although specifically related to group therapy, Yalom (1985) highlighted the importance of universality as a therapeutic factor that can influence change and healing within a group. Small group sizes and the creation of a safe environment were felt to be important in both having group discussions and practising skills together.

Unsurprisingly, participants reflected on the impact of working in a challenging environment, as frequently discussed in the literature (Garrosa et al., 2011). However, participants often discussed this in the context of how useful the course had been with managing this. They also discussed difficulties of using mindfulness and meditation, which is interesting given that people generally felt more self-aware and able to be more in the present moment. Although these results do not allow us to conclude definitively, it may be that people were more able to use mindfulness more informally, as opposed to specific exercises which they had found more difficult.

It was also interesting to note that participants often used ACT language within the interviews, as highlighted in the themes of awareness and acceptance. The use of such language may therefore also reinforce the fact that these areas are continuing to have an impact on staff.

## **6.2 Strengths and Limitations**

This project had a variety of strengths and limitations. A total of 11 participants took part in the evaluation, which is an acceptable number for qualitative research (Turpin et al. 1997). However, the sample were self-selecting and so it may be that participants that volunteered to take part may have been more motivated to provide feedback, and therefore the data may be more at risk of bias and less generalisable to others that had completed the course.

As mentioned previously, the results only give us an idea about the impact of the course and what participants had found beneficial at the point of interview, and so the long-term impact cannot be established given that data was not longitudinal. However, participants represented a variety of different time points of when they had completed the course, across the last 3 years that the course had been running. The use of semi-structured interviews allowed for further exploration of participant discussion points

which gives us a greater understanding of the impact of the course on staff, and improvements to make it more beneficial, therefore building on the previous evaluation completed within the service.

Although the interview schedule used was created to explore the different areas of ACT covered in the course and the impact of these, it could be that some of the questions prompted people about areas they had previously forgotten, which may have therefore led them to answering in a particular way. It could therefore be considered and explored in future projects as to how this might be asked in a less leading way.

In terms of the analysis, Elliott et al. (1999) discussed the importance of owning one's own perspective, in that the researcher's own interests and values may impact on themes identified. Already having a keen interest in ACT may have led me to having a pre-existing assumption that the group would be a positive experience for people. However, having a balance of questions within the interview schedule and ensuring credibility checks were conducted in order to support the analysis undertaken by the researcher and check face validity can help to protect against this.

### **6.3 Dissemination**

The findings from the project were shared within a brief presentation at a service evaluation conference, as part of the Doctorate in Clinical Psychology training course at Leeds University in October 2020. The report will also be shared with the commissioner and relevant services at Leeds Children's Hospital.

## **7 Conclusions and recommendations**

Overall, it would appear that the course has been a positive and beneficial experience for staff members taking part in the evaluation, both personally and professionally, with a continued impact on staff since completing the course. Key themes highlighted areas, including skills that they had learnt that had particularly had an impact on them, as well as areas they had found more challenging. Although many participants stated they could not think of how the course could be improved in anyway, some suggestions arose as a result of other discussions within the interviews and within themes/subthemes.

The following are a summary of the recommendations highlighted from the evaluation:

- Participants were keen to highlight how beneficial the course had been and how useful the skills and strategies they had learnt had been. Many participants therefore highlighted how important for other staff members, particularly new starters, it would be that the course continued to run.
- A number of participants talked about how it would be useful to have either a one off or a couple of refresher sessions, with a suggested time frame of around 6 months following the course. This was felt to be important to either refresh skills that they were already using, or to help them to incorporate more skills that they may have forgotten from the course.
- Many participants discussed finding the mindfulness and meditation aspect of the course the most difficult. It may be worth considering if more time spent on this may be useful or incorporating more practice into the sessions.
- One participant mentioned that their group had been dominated by women in the group and queried whether many males had also attended. It may be worth exploring this further, and if it was felt to be the case, considering how the course could be more accessible to all staff.
- Participants reflected on how smaller group sizes had led to feelings of safety and containment, as well as allowing more time for group discussions and for everyone to have an opportunity to share, should they wish. It could therefore be beneficial to ensure group sizes are not too large. However, this would perhaps need to be balanced with staff resource and how many people are waiting to complete the course.
- A couple of participants mentioned some difficulties with the environment where the course took place. However, this did seem to be isolated to one occasion where a room had been double booked. Participants reflected on how rooms in the library had felt quieter with less distractions, and so where possible, it may be advantageous to book rooms in these areas.

- Participants felt a normalising and validating part of the course had been hearing facilitator personal examples; it would therefore feel important to ensure this continued to be incorporated as part of discussions.

## 8 References

- Arrogante, O., & Aparicio-Zaldivar, E. (2017). Burnout and health among critical care professionals: The mediational role of resilience. *Intensive and Critical Care Nursing, 42*, 110–115. <https://doi.org/10.1016/j.iccn.2017.04.010>
- Barrett, K., & Stewart, I. (2020). A preliminary comparison of the efficacy of online Acceptance and Commitment Therapy (ACT) and Cognitive Behavioural Therapy (CBT) stress management interventions for social and healthcare workers. *Health and Social Care in the Community, 1–14*. <https://doi.org/10.1111/hsc.13074>
- Bonanno, G. A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist, 59*(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101
- Brennan, E. J. (2017). Towards resilience and wellbeing in nurses. *British Journal of Nursing, 26*(1), 43–47.
- Brinkborg, H., Michanek, J., Hesser, H., & Berglund, G. (2011). Acceptance and commitment therapy for the treatment of stress among social workers: A randomized controlled trial. *Behaviour Research and Therapy, 49*(6–7), 389–398. <https://doi.org/10.1016/j.brat.2011.03.009>
- Brown, R., Wey, H., & Foland, K. (2018). The Relationship Among Change Fatigue, Resilience, and Job Satisfaction of Hospital Staff Nurses. *Journal of Nursing Scholarship, 50*(3), 306–313. <https://doi.org/10.1111/jnu.12373>
- Carter, T. (2019). *The effectiveness of an Acceptance and Commitment Therapy Group for healthcare staff*. Unpublished dissertation, University of Leeds.

- Centers for Disease Control and Prevention (2018). Health related quality of life: Wellbeing concepts. Retrieved 25 October 2020 from <https://www.cdc.gov/hrqol/wellbeing.htm>
- Cleary, M., Kornhaber, R., Thapa, D. K., West, S., & Visentin, D. (2018). The effectiveness of interventions to improve resilience among health professionals: A systematic review. *Nurse Education Today*, *71*, 247–263. <https://doi.org/10.1016/j.nedt.2018.10.002>
- Cusack, L., Smith, M., Hegney, D., Rees, C. S., Breen, L. J., Witt, R. R., ... Cheung, K. (2016). Exploring environmental factors in nursing workplaces that promote psychological resilience: Constructing a unified theoretical model. *Frontiers in Psychology*, *7*, 1–8. <https://doi.org/10.3389/fpsyg.2016.00600>
- Duran, D. (2016). Learning-by-teaching. Evidence and implications as a pedagogical mechanism. *Innovations in Education and Teaching International*, *54*(5), 476–484. <https://doi.org/10.1080/14703297.2016.1156011>
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38*(3), 215–229. <https://doi.org/10.1348/014466599162782>
- Epp, K. (2012). Burnout in critical care nurses: a literature review. *Dynamics*, *23* (4), 25–31.
- Espeland, K.E. (2006). Overcoming burnout: how to revitalize your career. *Journal of Continuing Education in Nursing*, *37*(4):178-84. doi: 10.3928/00220124-20060701-04. PMID: 16892669.
- Flaxman, P. E., McIntosh, R., & Oliver, J. (2019). Acceptance and Commitment Training (ACT) For Workplace Settings: Trainer Manual. City, University of London (February 2019).

- Frögéli, E., Djordjevic, A., Rudman, A., Livheim, F., & Gustavsson, P. (2016). A randomized controlled pilot trial of acceptance and commitment training (ACT) for preventing stress-related ill health among future nurses. *Anxiety, Stress and Coping*, 29(2), 202–218. <https://doi.org/10.1080/10615806.2015.1025765>
- Garrosa, E., Moreno-Jiménez, B., Rodríguez-Muñoz, A., & Rodríguez-Carvajal, R. (2011). Role stress and personal resources in nursing: A cross-sectional study of burnout and engagement. *International Journal of Nursing Studies*, 48(4), 479–489. <https://doi.org/10.1016/j.ijnurstu.2010.08.004>
- Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *PLoS ONE*, 11(7), 1–12. <https://doi.org/10.1371/journal.pone.0159015>
- Harris, R. (2009). *Act made simple: An easy to read primer on acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), 1–25. <https://doi.org/10.1016/j.brat.2005.06.006>
- Jackson, J., Vandall-Walker, V., Vanderspank-Wright, B., Wishart, P., & Moore, S. L. (2018). Burnout and resilience in critical care nurses: A grounded theory of Managing Exposure. *Intensive and Critical Care Nursing*, 48, 28–35. <https://doi.org/10.1016/j.iccn.2018.07.002>
- McAllister, M., & McKinnon, J. (2009). The importance of teaching and learning resilience in the health disciplines: A critical review of the literature. *Nurse Education Today*, 29(4), 371–379. <https://doi.org/10.1016/j.nedt.2008.10.011>
- NHS (2019) *The NHS Long Term Plan*. Retrieved 19 October 2020 from <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

- NHS Digital (2019). *NHS sickness absence rates April 2020 to June 2020, provision statistics*. Retrieved 19 October 2020 from <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/june-2020>
- NHS England. (2019). *NHS Staff Survey 2019 National results briefing*, (February), 1–42. Retrieved 25 October 2020 from [http://www.nhsstaffsurveyresults.com/wp-content/uploads/2020/01/P3255\\_ST19\\_National-briefing\\_FINAL\\_V2.pdf](http://www.nhsstaffsurveyresults.com/wp-content/uploads/2020/01/P3255_ST19_National-briefing_FINAL_V2.pdf)
- Office for National Statistics (2019). *Sickness absence in the UK Labour market: 2018*. Retrieved 25 October 2020 from <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket>
- Panagioti, M., Geraghty, K., Johnson, J., Zhou, A., Panagopoulou, E., Chew-Graham, C., ... Esmail, A. (2018). Association between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis. *JAMA Internal Medicine*, *178*(10), 1317–1330. <https://doi.org/10.1001/jamainternmed.2018.3713>
- Ravalier, J. M., McVicar, A., & Boichat, C. (2020). Work stress in NHS employees: A mixed-methods study. *International Journal of Environmental Research and Public Health*, *17*(18), 1–14. <https://doi.org/10.3390/ijerph17186464>
- Rees, C. S., Breen, L. J., Cusack, L., & Hegney, D. (2015). Understanding individual resilience in the workplace: The international collaboration of workforce resilience model. *Frontiers in Psychology*, *6*(FEB), 1–7. <https://doi.org/10.3389/fpsyg.2015.00073>
- Reeve, A., Tickle, A., & Moghaddam, N. (2018). Are acceptance and commitment therapy-based interventions effective for reducing burnout in direct-care staff? A systematic review and meta-analysis. *Mental Health Review Journal*, *23*(3), 131–155. <https://doi.org/10.1108/MHRJ-11-2017-0052>



- The National Workforce Skills Development Unit (NHS). (2019). *Workforce stress and the supportive organisation: A framework for improvement through reflection, curiosity and change*. Retrieved 19 October 2020 from [https://www.hee.nhs.uk/sites/default/files/documents/Workforce%20Stress%20and%20the%20Supportive%20Organisation\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/Workforce%20Stress%20and%20the%20Supportive%20Organisation_0.pdf)
- Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J.A. et al. (1997). Standards for research projects and theses involving qualitative methods: Suggested guidelines for trainees and courses. *Clinical Psychology Forum*, 108, 3–7
- Wersebe, H., Lieb, R., Meyer, A. H., Hofer, P., & Gloster, A. T. (2018). The link between stress, well-being, and psychological flexibility during an Acceptance and Commitment Therapy self-help intervention. *International Journal of Clinical and Health Psychology*, 18(1), 60–68. <https://doi.org/10.1016/j.ijchp.2017.09.002>
- Wilkinson, E. (2015). UK NHS staff: Stressed, exhausted, burnt out. *The Lancet*, 385(9971), 841–842. [https://doi.org/10.1016/S0140-6736\(15\)60470-6](https://doi.org/10.1016/S0140-6736(15)60470-6)
- Yalom, I.D. (1985). *The theory and practice of group psychotherapy*. New York: Basic Books.

## 9 Appendices

### Appendix 1: Participant information sheet



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#### **Participant Information Sheet: Evaluation of the Personal Resilience Course**

Dear member of staff,

My name is Charlotte Baker and I am currently studying for a doctoral degree in Clinical Psychology at the University of Leeds. I am conducting a service evaluation project alongside Dr Joanna Farrington-Exley aiming to evaluate the Personal Resilience Course.

I am inviting all staff members who have attended the course to get involved in this project. This information sheet gives you some information about the evaluation to see if you would be willing to take part. Taking part is completely voluntary.

#### **What is the purpose of the project?**

The aim of the project is to evaluate a course that teaches skills to promote psychological wellbeing in staff working across the Leeds Children's Hospital. We would like to know more about which aspects of the course were useful and whether there is a long-term impact of the course on staff. This evaluation would also enable us to consider if and how the course could be improved to ensure it is useful to staff attending.

#### **What will I be asked to do?**

If you decide to take part in the evaluation, we would ask that you complete the consent form below. Following this, you will be contacted via email to arrange a suitable time to carry out the telephone interview. This will last for no longer than 30 minutes, during which time you will be asked about your experience of attending the course. This will be audio recorded.

#### **Do I have to take part?**

It is up to you whether to take part. If you decide to take part, you will be asked to complete a consent form. You may also choose not to respond to any of the individual questions asked. You do not have to give a reason for withdrawing or not responding to any question. You can withdraw at any point during the study and withdraw your data up until one-week post interview, by contacting the researchers, without having to give a reason.

#### **Data collection and storage**

All the information you provide in the study will be confidential. Joanna Farrington-Exley will not be informed about which members of staff have taken part or responded. All anonymous research material will only be accessible to members of the research team (Charlotte Baker, Dr Joanna Farrington-Exley, Paediatric Psychology service, and Dr Fiona Thorne, academic supervisor, University of Leeds). Data from the study will also be stored securely on the Trust and University's shared drive and kept anonymous (identified only by a number) and confidential. Recordings will be used only for analysis and will be deleted after the analysis has been completed. Extracts of quotes may be used when writing up the project and for publication, however, all information will remain anonymous and confidential. The University guidelines on the use of personal data will be adhered to <https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf>

**I have some more questions; how can I contact you?**

I am happy to answer any further questions you may have. You can contact me or my supervisors using the contact information below.

Thank you for taking the time to read this information. If you are happy to take part, please complete and return the enclosed consent form via email to [charlottebaker1@nhs.net](mailto:charlottebaker1@nhs.net)

Charlotte Baker: [charlottebaker1@nhs.net](mailto:charlottebaker1@nhs.net) Clinical Psychology Training Programme, Institute of Health Sciences, Level 10, Worsley Building, University of Leeds, Clarendon Way, Leeds, LS2 9NL. 0113 343 2736

Supervisors:

Dr Fiona Thorne: [F.M.Thorne@leeds.ac.uk](mailto:F.M.Thorne@leeds.ac.uk) Clinical Psychology Training Programme, Institute of Health Sciences, Level 10, Worsley Building, University of Leeds, Clarendon Way, Leeds, LS2 9NL. 0113 343 2736

Dr Joanna Farrington-Exley: [Joanna.farrington-exley@nhs.net](mailto:Joanna.farrington-exley@nhs.net) Paediatric Psychology Service, E Floor Martin Wing, Leeds General Infirmary. 0113 3926796

**Further support**

The interviews will involve asking you to reflect on the impact of the course on your personal lives and work lives and so there is a small chance that this may cause you distress. If you feel you need any further support, please find the following contacts of support.

- Your GP
- Your manager/supervisor
- The staff counselling service for the Trust - Care First, Employee Assistance Programme (EAP) - they offer telephone or 1:1 counselling. To access, call 0800 174319  
<http://lthweb.leedsth.nhs.uk/sites/occupational-health/staff-health-and-wellbeing/employee-assistance-programme/employee-assistance-programme>
- Occupational Health Services, Leeds Teaching Hospitals NHS Trust
- More information on Trust support services is available on the staff intranet

Yours sincerely,

**Charlotte-Louise Baker**  
Psychologist in Clinical Training

**Dr Joanna Farrington-Exley**  
Senior Clinical Psychologist

Ethical approval has been given by the Doctorate in Clinical Psychology Research Ethics Committee at the University of Leeds (DCLinREC project number 19-007).

## Appendix 2: Consent form

**Staff Consent Form: Evaluation of the Personal Resilience Course**

**Please initial the boxes to show you have understood and agree**

- I understand I am being asked to provide consent to participate in this evaluation project.
- I have read the Participant Information Sheet (version 2 dated 12.05.20) or it has been provided to me in a language that I understand.
- I provide my consent for the information collected about me to be used for the purpose of this evaluation study only.
- I give consent for my interview to be recorded.
- I understand that if necessary, I can ask questions and the evaluation team will respond to my questions.
- I understand that data collected from the study may be looked at by responsible members of the research team. I give permission for these individuals to have access to this data.
- I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the project or withdraw my data up until one week post interview. Withdrawal will not affect my relationship with any of the named organisations and/or research team members.
- I understand that if quotations are used, anonymity will be preserved.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Appendix 3: Interview schedule



### Evaluation of the Personal Resilience Course at Leeds Children's Hospital

#### Interview Schedule

Go through consent form if have not already returned this.

- 1) What is your profession? *Admin/nurse/allied health professional/ other*
- 2) When did you complete the course? *(month and year)*
- 3) How many of the sessions did you attend? *(max 4)*

Prompts to help participants reconnect to the experience of attending the group: Do you remember who facilitated the group/ was it a big group when you attended/ whereabouts was the group held (room)

- 4) Do you feel the course had any effect on you generally?  
*Do you feel the course had any effect on you personally? (e.g. relationships with self or others)*  
  
*Do you feel the course had any effect on your work life?*  
  
*(if don't know, anything particularly liked about it, or did they share any ideas/skills with others)*

*Now I'm going to ask you some more detailed questions so I can understand whether particular aspects of the group may have had more of an impact than others, and what may have been more or less useful for you. If you can't remember, that's ok, we can move onto the next question.*

- 5) One thing that the course covered is about reflecting on who and what matters in your life (your values) and identifying ways to move towards these.  
*Do you feel this had any effect at the time on your personal life and/or work life?*  
  
*Do you feel that this has continued to have an effect afterwards or now?*  
  
*Are there any particular exercises that stood out or that you remember as being useful?*
- 6) Another core part of the course is strengthening our awareness and noticing skills in relation to our thoughts and feelings and bodily sensations for example mindfulness skills.  
*Do you feel that this had any effect at the time on your personal life and/or work life?*  
*Do you feel that this has continued to have an effect afterwards or now?*

*Are there any particular exercises that stood out or that you remember as being useful?*

- 7) Another aspect of the course was about being open to a range of thoughts, feelings and experiences that we can have as human beings. By open we mean allowing thoughts and feelings to be present within us and being willing to let them be here rather than trying to push them away.

*Do you feel this had any effect at the time on your personal life and/or work life?*

*Do you feel that this has continued to have an effect afterwards or now?*

*Are there any particular exercises that stood out or that you remember as being useful?*

- 8) Has anything else covered in the course (apart from what already discussed in the previous questions) stayed with you or has continued to have an impact on your personal or work life?

*(Follow up prompt- What has changed?)*

*(Follow up prompt- were there any particular exercises/ skills or messages that stayed with you?)*

- 9) Were there any exercises that you found more difficult? (and why this might have been)
- 10) What could the psychologists running the course do to help you to continue using the skills you learned on the course, longer term after the course has ended? E.g. catch up sessions
- 11) How could the course be improved?

Thank you for your time taking part in this evaluation. By doing this, it really helps us to understand if and how helpful the course is, and particular aspects of it, and whether there is any long term impact, in order for Joanna and the service to make this as beneficial for staff as possible.

## Appendix 4: Example theme, subtheme, codes and quotations for ‘support’

Theme	Subtheme	Code	Quotation
<b>Support</b>	Sharing skills	Shared tools with friend	<i>I offered it to a friend whose had problems with their son that's had anxiety attacks... so they look at that... so it's flowed downwards if you know what I mean if that doesn't sound too wishy washy</i>
		Shared knowledge with new colleagues	<i>It's something that I've handed over to new members of staff that have come in that look very scared and very stressed and sort of said to them you know, it's about honesty isn't it, it's about being honest with other people... and remember it's a stressful job, it's about being honest and saying that we all struggle with stress</i>
		Sharing skills with colleagues	<i>I do share techniques or skills or suggesting, like I just said to you to other members of staff to try and help them, so I kinds see if somebody helps me I can take that help and I apply that help, but what is better is to then share that help with someone else as well you know...</i>
		Encouraging others to complete the course	<i>I've encouraged a lot of my team to do it</i>
		Encouraging others to complete the course	<i>I encouraged staff who come to us to do it you know cause I think it's a really useful thing to do for everybody really.</i>

		Sharing skills with other staff members	<i>Yeah I think just acknowledging or accepting things as stressful and difficult and then letting it go... say you've done your best and think well I can't do anymore, I'm gonna let that go...and I think also being able to talk to colleagues about that...</i>
		Sharing skills with other junior staff members	<i>Yeah and I've used it in examples with more junior staff... and then you talk about struggles that they're having and you're like well that's ok because X, Y, Z and certainly I've brought it to discussions at work at lunch time and stuff</i>
		Important skills for new staff members	<i>it was very positive and I hope that it will continue for other staff members, I think particularly for new staff that are joining and those that haven't worked in the field before</i>
		Shared mindfulness skills with patient	<i>When I was doing the course I came across a young teenager who was erm did have anxiety and I was in the asthma service then and I did actually talk to her about some of the sites and shared some of them with her</i>
		Shared skills with family	<i>I did actually share some (mindfulness) with my mum who does have anxiety and she'd never experienced anything like mindfulness sites before and it's it had a really positive effect on her</i>
		Sharing skills with other staff members	<i>I do work quite closely with them (psychologists) anyway but having erm... more people that do the course... that kind of responsibility to kind of share that learning and implement that kind of into the culture of the unit...</i>
		Sharing skills with other staff members	<i>I think because although I'm a nurse, my roles in education so erm... some of the new nurses who come through or some of the training that I do, some of these practices I</i>



			<i>think I've been influenced by... have influenced the way that I teach things...</i>
		Influencing clinical practice	<i>yeah and the way that we teach people to you know, speak to parents and understand their perspective... erm... when they're on the unit</i>
		Embedding into work culture	<i>I do work quite closely with them (psychologists) anyway but having erm... more people that do the course... that kind of responsibility to kind of share that learning and implement that kind of into the culture of the unit...</i>
		Sharing skills with other staff members	<i>... the course has perhaps given me the tools to be able to contribute and carry that forward and as more of us have done it, it's easier to take that forward... you know because we've got that generalised understanding and were all coming from the same place if that makes sense</i>