Emotional safety in the workplace: one hospice's response for effective support

Jayne Huggard, Jan Nichols

Abstract

Emotional support is important for health professionals working in the demanding area of hospice/palliative care. While physical safety practices and effective human resource support are generally available to staff, one New Zealand hospice has taken this a step further by developing an emotional safety policy that incorporates personal, professional, and organizational measures designed to protect and promote staff members' emotional safety and to minimize stress and fatigue. The aim of this paper is to provide the background and rationale for this work, to introduce a case study around best practice, and to describe the development of the emotional safety policy, which provides effective support for all staff working at the hospice.

Key words: Hospice ● Palliative care ● Emotional safety ● Staff support

Although the importance of the physical health and safety of individuals working in organizations is well established, much less attention has been given to the emotional health of staff. This lack of attention is particularly pronounced in many areas of the health sector, including among staff who care for the terminally ill and dying. A seminal publication on occupational stress in palliative care by Mary Vachon (1987) identified that 48% of the occupational stressors in palliative care came from the work environment, with 29% derived from the health worker's occupational role, and 17% from working with patients and families. A small proportion, 7%, was associated with illness-related variables such as addressing pain management and symptom control. Further research by Vachon (1995) concluded that organizational stressors had the greatest overall contribution to the stress experienced in the palliative care field—findings that have been validated by several subsequent studies (van Staa et al, 2000; Cottrell, 2001; Huggard, 2008).

This paper reviews the importance of staff support in palliative care and, using a case study approach, describes the development by Mercy Hospice Auckland (MHA) in New Zealand of an emotional safety policy to address this crucial aspect of best employment practice.

Staff support in palliative care

Emotional work has been described as the energy or effort practitioners need to expend to work alongside patients and families while simultaneously dealing with their own feelings, thoughts, and beliefs (James, 1986). Palliative care demands a high level of personal involvement and understanding. In building up and sustaining therapeutic relationships, and in the use of the self as a therapeutic agent, psychological risk-taking can occur that may be unique to the field of health (Barnard et al, 2000). Nowhere is this emotional work more evident than in hospices (Huggard, 2008). Patients and families are often in crisis as they struggle to cope with suffering, loss, and impending death—and panic, fear, pain, anguish, and uncertainty are never far from the surface (Johnson and Jackson, 2005). Smith et al (2009) believe that organizations that do not listen to their staff, and therefore do not value them, will be unlikely to respond to the range of emotions their staff may experience during the course of their working day, thus leading to a workplace culture that will not feel emotionally safe. Hackett and Palmer (2010, p290) write that working in hospice 'awakens an awareness of personal vulnerability and mortality, and brings a repeated need to deal with feelings of loss and grief'. It is within this range of human experience that palliative care practitioners live their professional lives.

> **'The care of the dying and bereaved people is a great challenge. It can be the most stressful part of our work, but it can also be the most rewarding. The rewards are likely to outweigh the stress only if our needs for support are met.' (Parkes et al, 1996, p30)**

As this quote succinctly states, support for staff, as well as for patients and their family and

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friends, is a key aspect of the palliative care philosophy. Dane and Chachkes (2001, p46) describe staff support for social workers as 'a necessity, not a luxury', reporting that a positive work environment with supportive colleagues and supervisors mitigates workplace stress. Similarly, Baverstock and Finlay (2006) describe staff support as an essential component of working in a hospice, rather than an optional extra. Social support functions as a moderator of stress and burnout (Astudillo and Mendinueta, 1996; Armstrong and Holland, 2004; Berman et al, 2007), with the ways that palliative care staff cope with the demands of their jobs being directly associated with the availability of people to support them (Hulbert and Morrison, 2006). The importance of social support as a coping strategy has also been demonstrated in a study of UK nurses, with 82% of participants reporting that social support was their main coping strategy and 73% describing this support as their most effective coping strategy (McNeely, 1996). Furthermore, a specific type of workplace social support—peer support—was identified as essential by 92% of respondents in a survey of New Zealand hospice staff (Huggard, 2008). Conversely, if managers fail to specifically address the need for a supportive work environment stress can intensify, resulting in staff being at increased risk for developing burnout (Maslach and Leiter, 1999; Medland et al, 2004).

'Providing first-rate supportive, emotional care to the terminally ill is extremely important, but so is providing social support and unambiguous organizational structure to the carers.' (Cooper and Mitchell, 1990, p310).

Organizational staff support strategies

The challenge for health-care organizations is to find ways to care for their staff in the same way that staff care for their patients (Huggard, 2003). Staff support protocols and policies in any organization generally fall into two broad categories: first, policies that provide a professional development framework for employees (such as appropriate recruitment and orientation, performance management processes, and professional development and educational opportunities); and second, policies that provide emotional and psychological support for staff (such as supervision, debriefing, regular feedback, healthy rostering practices, regular forums for communication, and social time with colleagues).

Palliative care services need an efficient and effective infrastructure to reliably support the health professionals to do their job. This infrastructure includes human resource policies and procedures, adequate staffing, standing orders, procedures and policies that value and support teamwork, staff support practices, and scheduled meetings and team briefs (Baggs et al, 2004; Meier and Beresford, 2005).

Hospice policies, especially those based on values, can have a positive effect on staff by encouraging a healthy balance between professional responsibilities and personal needs (Louie et al, 2007). Health and wellness policies—which include health and safety, Employee Assistance Programmes (EAP), staff wellness, access to regular supervision, critical incident stress debriefing, and harassment policies—are also available as a means of staff support. In addition, having access to an ethics committee provides an opportunity for health professionals to discuss, at an interdisciplinary level, the struggles that teams have with ethical issues and clinical decision making (Astudillo and Mendinueta, 1996).

This organizational support is intended to create a culture of caring, sending a message to staff that they—and their work—are valued by management. This has been shown to be important in determining job satisfaction and contributes to reducing workplace stress (Owen, 2000; Thomas, 2003). Such a supportive environment increases trust, which in turn increases job satisfaction leading to higher morale and an enhanced quality of care being given to patients (White, 2006). Conversely, inefficient management structures and communication systems, as well as ineffective leadership and blurred role boundaries, all contribute to unnecessary stress for hospice staff (Nichols, 1998).

Parkes et al (1996) suggest that the hospice environment, which is characterized by a high standard of care for patients and families, also provides effective care for its staff. They suggest that this may be why working in a hospice is much less stressful than working in other areas of health. Vachon (1995) found that professionals working in palliative care did not have higher levels of stress than those working in other settings with seriously ill or terminal patients, and in fact had less stress than professionals working in other areas of health. She suggested that perhaps this was because the struggle to find a cure was over and that the palliative approach, with it's realistic goals and care plans, made working in the field more manageable. Later, Vachon (2000) wrote that the shared philosophy of care, the recognition given to staff that the work they do is of value, the evidence of support, and the fact that generally the staff/patient ratios are manageable, are also

factors that contribute to hospice environments being less stressful. Furthermore, hospices appear to place emphasis on valuing their staff: in a study of almost 500 health professionals working in hospices in New Zealand, 84% stated that they felt valued by their organization (Huggard, 2008). This investment in resources for staff development is essential, and hospice leaders need to be proactive in this regard (Dean, 1998). A consequence of not providing such organizational support was shown in a study by Cooper and Mitchell (1990), who found that the anxiety experienced by hospice nurses could be predicted by the level of support offered to them.

Personal staff support strategies

'The art of self care is a necessary component to being healthy and to providing quality care to patients and families.' (Radziewicz, 2001, p867)

'One can think of self care, then, as a form of insulation against stress.' (Sherman, 2004, p52)

Although the importance of organizational supportive practices is acknowledged, staff also need to take personal responsibility for their own stress management (Vachon and Sherwood, 2007). Self-care has mental, physical, emotional, and spiritual components, and is viewed by some as an essential part of professional practice and personal development (Ellis, 2000; Jones, 2005). Engaging in self-care practices has been shown to result in lower levels of compassion fatigue and burnout and higher levels of compassion satisfaction in hospice care professionals (Alkema et al, 2008). If self-care practices are reduced or absent, personal needs are often unmet and can lead to insufficient preparation for the reality of working with the dying and their families (Murrant et al, 2000). At an organizational level self-care strategies are essential, not only to the individuals themselves but also to the overall effective functioning of a hospice (Patrick, 1987; Ellis, 1997). All staff support and staff self-care practices in palliative care can be incorporated into a four-dimensional framework of staff care (Vachon and Huggard, 2010); this includes personal, professional, organizational, and wider palliative care community dimensions and was developed from data obtained from a national survey of hospice staff (Huggard, 2008).

Effective self-care practices by palliative care professionals in New Zealand appear to be incorporated into practice and are significant in their role as a supportive behaviour (Huggard, 2008). These practices include enhancing self-awareness, setting boundaries, dealing with one's stress, knowing one's limitations, and developing and maintaining a healthy work–life balance (Nichols, 1998).

The following case study demonstrates the process that MHA went through to incorporate these various staff support practices into a comprehensive emotional safety policy.

Case study: a staff support strategy developed by a New Zealand hospice

A case study approach has been chosen to describe the development of an emotional safety policy. This approach allows both the development and the implementation of the policy to be described, while providing the reader with the context of MHA and its particular focus on the care of staff. A case study approach is recommended as a valid form of enquiry when knowledge of a particular issue is unusual, unique, or not yet understood (Punch, 2001). The authors believe that the emotional safety policy is a unique staff support strategy in hospice/palliative care.

MHA, established in 1979 as St Joseph's Mercy Hospice and renamed in 2007, is one of New Zealand's original and foremost hospices. The mission and values of the hospice draw very strongly from the mission of mercy originally expressed by Catherine McAuley, who founded a religious order in Dublin, Ireland, in 1831. Sisters of Mercy Ministries New Zealand Trust ensures that the philosophy, mission, and values of the Sisters of Mercy are expressed in all aspects of the organizational life of all Mercy facilities; the hospice has a Mission Director and a Mission Advisory Group responsible for overseeing this on a day-to-day basis.

In New Zealand, health and safety in the workplace is a shared responsibility between the employer and the employee. The Health and Safety in Employment Act (2002) defines 'harm' as illness and/or injury and includes physical or mental harm caused by work-related stress. This Act places a greater responsibility on employers for ensuring work-related stressors are acknowledged and either isolated, minimized, or eliminated. Employers must be proactive in protecting the emotional health of their employees, particularly when the work is inherently stressful. The principal Act also covers volunteers working in an organization. This is important given the large number of volunteers associated with hospices in New Zealand.

The term 'emotional safety' was introduced into the palliative care literature by Jan Nichols, the Chief Executive Officer of MHA and one of the authors of this article. Emotional safety in

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Box 1. Organizational responsibilities to manage staff emotional safety

- Appropriate recruitment
- Comprehensive induction package
- Accurate job descriptions
- Ongoing, regular opportunities for professional supervision and support
- Regular and appropriate feedback
- Celebration of successes
- Encouraging reflection and ritual within the work day
- Regular forums for communication
- Timely critical incident debriefing as requested by an individual or a team leader/manager
- Acknowledgement of the sadness and the burden of work
- Healthy rostering
- Non-critical acknowledgement of personal pressures
- Employment agreement requiring employees to take one block of 2 weeks' consecutive leave annually

Box 2. Personal responsibilities to ensure emotional safety for self

- Making sure 'de-roling' occurs at the end of the day
- Giving and receiving support—from peers and management
- Giving prompt feedback to peers and management—as opposed to harbouring resentment and blame
- Using the professional supervision process monthly and engaging in reflective practice
- Taking regular holidays and time out
- Keeping a healthy personal and professional work–life balance
- Eating a healthy diet
- Managing personal stressors
- Enjoying and having fun with the team, and with family and friends outside work
- Using rituals to acknowledge your own losses, and attending to grief work
- Admitting and acknowledging helplessness and painful experiences
- Not expecting too much of yourself, especially in the light of all the suffering you see; set limits
- Maintaining careful boundaries and limiting work to professional connections
- Making sensible roster requests
- Exercising regularly
- Healthy use of alcohol
- Engaging in restorative activities
- Nurturing, caring and valuing self, and accepting help and support when needed

this context is defined as 'a state of being, whereby staff feel supported emotionally and psychologically to have the capacity to deal with the unique demands of palliative care work' (MHA, 2008). The importance of health organizations having processes that support staff emotionally is described by Smith et al (2009). In their study of emotions in the workplace, and the link to patient and staff safety, they emphasize the need for systems that support the emotional wellbeing of staff. This need was previously identified by Taylor (2006), who suggests that health-service organizations have an obligation to deal with the socio-emotional aspects of illness and death experienced by their staff. However, Taylor reports that despite the inevitable stress for staff working in end-of-life care, the emotional effort of caring is rarely referred to in policy.

Although several structures were in place to support staff at MHA in 2002, the health and safety policy focused on physical safety. At an MHA Health and Safety Committee meeting in 2002, Nichols spoke of the need to increase organizational structures for staff working in the hospice to lessen or prevent emotional harm. These principles were further described in an article she wrote in the in-house staff newsletter. Nichols wrote about the professional and personal responsibilities of all staff to keep themselves emotionally safe while working at the hospice. She discussed the expectations staff should have of the organization and also the expectations individuals should have for themselves and their colleagues, as she saw this as a partnership. The description of this partnership has been cited by Vachon and Sherwood (2007) as an example of a model of collaborative coping.

Nichols' article led to the establishment of the Emotional Safety Committee at the hospice, comprised of interested members from each of the interdisciplinary teams in the hospice and chaired by the Mercy Mission Director. Its terms of reference incorporated the mission and values of the organization: dignity, compassion, respect, quality, advocacy, and stewardship. One of the first tasks of the Emotional Safety Committee was to carry out an analysis to identify the support needs of staff. A questionnaire was used in the first staff support audit in 2002, with a follow-up audit conducted 18 months later. The second audit evaluated the interventions that had been implemented as a result of shortfalls identified in the questionnaire. Results from the questionnaire identified the most important staff supports as a good induction programme, regular forums for communication within the palliative care team, regular performance feedback, peer support, access to regular debriefings, and management of workplace conflict. The committee has worked to further enhance emotional safety in the organization as an important part of the overall staff support strategy. They, along with the Quality Manager and the Health and Safety Committee, have also revised the health and safety protocols in line with good employer practice and existing legislation.

Process of policy development

A small core of key staff in the organization were members of three groups: the Mission Advisory Group, the Emotional Safety Committee, and the Social Club, so eventually these three committees were amalgamated into one committee—affectionately known as the MESS Committee. This group continues to have representatives from each of the

professional and allied health work groups, as well as a representative from the hundreds of volunteers working at the hospice. It meets monthly and is chaired by the Mission Director. One of the organizational initiatives was to expand the role of one of this article's authors (JH) to provide comprehensive in-house staff and volunteer support in the form of critical incident defusing and debriefing, counselling, individual and small group professional supervision, coaching, and general support. This service has been further extended to offer professional supervision to hospice and palliative care professionals from other organizations. A key output of the MESS Committee, working alongside the Human Resources Coordinator, has been the development of the staff wellness initiative, now renamed the health and wellness policy, which brings together the EAP, professional supervision, and emotional safety policies.

The aim of the emotional safety policy at MHA is to protect and promote staff emotional safety. In order to minimize stress and fatigue, a range of organizational strategies have been agreed by the MESS Committee as necessary components of emotional safety practice at MHA (*Box 1*). Although they are practices that one might argue all organizations should be offering, it is believed that they contribute to the health and wellbeing of staff, particularly in an organization in which working with patients and their families at the end of life is the essence of the work.

The policy also acknowledges several personal responsibilities that staff are encouraged to engage in so as to minimize the burden of their work and enhance their emotional safety (*Box 2*). These activities have all been identified as contributing to hospice staff health and wellbeing (Vachon and Huggard, 2010).

Ways in which MHA can assist staff in engaging in these activities are shown in *Box 3*. Although many of these practices and activities were already in place, producing a policy served to bring them together in a document that was accessible, understandable, and appreciated by staff. This focus on practices and activities already being successfully used further served to ensure that the policy was well received by staff at all levels, with no challenges in its implementation.

In 2007, staff at MHA participated in a national pen-and-paper survey examining the support needs of interdisciplinary staff working in hospice palliative care across New Zealand (Huggard, 2008). The results from this research informed additional staff support development activities, examples being a redevelopment of the induction programme for new staff and more transparent communication channels.

Box 3. Mercy Hospice Auckland organizational initiatives that help staff engage in activities that enhance emotional safety

- Personalized induction programme, starts at 10 am on first day with coffee and meeting with the Human Resources Coordinator
- Availability of an in-house staff counsellor on site 6 days per week
- Multidisciplinary team meetings weekly
- Debriefing when requested or required
- Emotional safety resource folder
- Rituals regarding death: acknowledging deaths both at daily handover and at the weekly interdisciplinary meeting, lighting a candle to reflect and remember those that have died
- 3-monthly feedback opportunity with line manager
- Mission development opportunities
- Emergency chocolate box
- MESS Committee (mission, emotional safety, social club)
- Acknowledgement (with flowers or book vouchers) of birthdays and other special occasions
- Harassment policy
- Fortnightly in-house staff newsletter
- Family friendly policies
- Annual leave bonus day following successful recruitment of colleague
- Support for educational activities
- Structured professional supervision programme for all staff and volunteers
- Employee Assistance Programme
- Team briefings monthly
- Acknowledgment of the deaths of patients with a butterfly on the door of patients' rooms, the blessing of rooms, flower bowl, and candles for family if appropriate
- Educational development and support
- Annual staff climate survey and recommendations
- Annual performance appraisals
- Dedicated human resource role
- Mission Director's role
- Annual recognition of long-service awards
- Ethics committee
- Exit interviews
- Encouragement for all staff to work part time
- Health and wellbeing policy
- 6 months unpaid leave after 5 years service—for time out, to travel or study
- Generous bereavement leave

In 2010, along with 245 other organizations, the hospice participated in a national online workplace survey—the JRA (NZ) Ltd New Zealand Workplace Survey. This survey has a goal of providing data that will assist organizations in tracking employee attitudes and opinions to improve their performance. MHA participated in order to benchmark against a number of best-practice organizations (previously benchmarking had

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occurred only against other hospice and health facilities in New Zealand), to determine areas of focus for improvement, and to access employee engagement resources available from JRA. Eighty five percent of the MHA staff participated (n=72). The results indicated a very high level of staff engagement with the hospice: 95% of respondents believed in the organization, 94% felt they were working for a successful organization, 93% believed the organization cared about the well-being of its staff, and 93% reported that their manager treated them with respect. Of the 115 businesses that entered the small-to-medium workplace category, MHA, in its first year participating, was a finalist (placed fourth). While these results cannot be directly linked with the emotional safety policy, they do reflect a workplace culture of caring for and valuing staff in which passion, commitment, and a willingness of staff to go the 'extra mile' is evident. At the time of writing, MHA has been notified it has again reached the finals in the 2011 survey, with participation by 94% of staff.

The advantages for organizations of participating in national audits are significant, particularly when the survey process benchmarks against best-practice organizations, thus providing valuable insight and direction for areas of improvement and enhancement to existing practice. Such auditing processes should not be one-off events—rather, they must be repeated and build on previous surveys so that ongoing change initiatives and improvements can be evaluated.

A future objective for MHA will be to identify further ways in which to determine whether the emotional safety policy is achieving its objectives of enhancing staff health and wellbeing and ensuring staff are emotionally safe to do the work required of them.

The emotional safety policy was developed as an approach to ensure health and wellbeing for staff working in a New Zealand hospice. Although the hospice has an ethnically diverse range of staff and in particular acknowledges and honours the unique contribution made by the indigenous Maori people of New Zealand, the practices and strategies described in the policy are specifically applicable to the New Zealand hospice environment. The development of an emotional safety policy in other hospices in other parts of the world would need to take into consideration the unique workplace culture and ethnic diversity of their organizations to ensure its appropriateness and success.

Conclusion

This paper has introduced a case study to illustrate the development of an emotional safety policy as a component of an overall health and wellbeing staff support strategy in a hospice in New Zealand. In the often emotionally demanding and challenging field of palliative care, consideration of emotional safety is an important and valuable addition to any organization's approach to ensuring their staff are safe to practice. There is much evidence to show that adequate and appropriate staff support helps to mitigate the development of stress and burnout. Having a policy that describes both personal and organizational obligations and responsibilities ensures that all staff understand the need to acknowledge and manage the emotional demands of their work and to know what resources and support are available to them from their employer. Supporting staff in this way must enhance the quality of care given to our patients and their families. IJPN

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