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| Policy Number | 27.8 |
| Policy Name | Recognition and Management of Burnout and the Potential for Abusive Practice within the Workplace |
| Policy Type | Divisional |
| Accountable Director | Amanda Oates |
| Author | Sandra O’Hear |
| Recommending Committee | N/A |
| Approving Committee | N/A |
| Date Originally Approved | 1/1/15 |
| Next Review Date | 1/1/18 |

This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded. The table below provides a list of the terminology used in this document and what it has been replaced with. When reading this document please take account of the terminology changes on this front cover

| Terminology used in this Document | New terminology when reading this Document |
|---|---|
| Calderstones Partnership NHS Foundation Trust | Mersey Care NHS Foundation Trust |
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SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA

principles of **Fairness, Respect, Equality Dignity, and Autonomy**

Calderstones Partnership 
NHS Foundation Trust

TRUST POLICY/PROCEDURE
COMMITTEE

POLICY NO:

27.8_{v4.1}

DATE OF ISSUE: 1 January 2015

This policy **replaces** No. 27.8 dated 1.1.12 which should be
removed and destroyed

MEMORANDUM

**SUBJECT: Recognition and Management of Burnout
and the Potential for Abusive Practice
Within the Workplace
(Trust Wide)**

DISTRIBUTION: Procedure Manual Holders/Trust Intranet

1. This memorandum introduces the policy for recognition and management of burnout and the potential for abusive practice within the workplace.
2. This policy should be read in conjunction with Trust Policy 9.25 Stress and 9.17 Safeguarding Vulnerable People.
3. The policy should be filed in numerical order in the Yellow Procedure Manual with the following entry in the index under "B" – "Recognition and Management of Burnout and the Potential for Abusive Practice within the Workplace – 27.8".

Reference

www.mindtools.com/stress/brn/stressintro.htm

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|----------------|------------------------------|
| Version: | 4.1 |
| Ratified by: | Policy & Procedure Committee |
| Date Ratified: | 19/12/14 |

| | |
|---------------------------------------|---|
| Name of Originator/Author: | Sandra O Hear, Deputy Director of Nursing |
| Name of Responsible Committee: | Policy & Procedure Committee |
| Date Issued: | 1/1/15 |
| Review Date: | 1/1/18 |
| Target Audience: | Trust Wide |

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SUMMARY OF AMENDMENTS

All references to Strategic Health Authority , community services and network managers removed

Appendix B – Community Service checklist removed.

Relevant policy/procedure list 'Appendix C' updated to remove references to community policies and document renamed Appendix B

TRUST
POLICY/PROCEDURE

POLICY NO:

27.8_{v4.1}

DATE OF ISSUE: 1 January 2015

**SUBJECT: Recognition and Management of Burnout and the Potential for Abusive Practice within the Workplace
(Trust Wide)**

1. PURPOSE

- This procedure provides staff with guidelines for the identification and management of burnout.
- Guidelines for identifying and managing staff at risk of harming patients/service users.

These guidelines have been provided following the Commissioning Authorities previous request that Trusts' complete an audit on current practice regarding the Safeguarding of Vulnerable Adults. This request followed the Healthcare Commissions investigation into allegations of physical and emotional abuse of patients/service users by staff on 'Rowan Ward' – part of the Older Age Services at Manchester Mental Health and Social Care Trust. This guidance continues to remain particularly pertinent given the findings from the Care Quality Commissions findings from the Winterbourne View and Castle Beck Services investigations 2011.

2. UNDERSTANDING BURNOUT

2.1 Burnout is defined as:-

- "A state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations" – Ayala Pines and Elliott Aronson.
- "A state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward" – Herbert J. Freudenberger.

2.2 Between them, these definitions embrace the essence of burnout, with the first stressing the part that exhaustion plays in it, and the second stressing the sense of disillusionment that is at its core.

2.3 It is recognised that anyone can become physically and mentally exhausted, however, the poignant issue regarding burnout is that in the main it strikes people who are highly committed to their work.

2.4 Symptoms of Burnout

The physical symptoms of burnout can include:

- Physical fatigue
- Frequent illness
- Sleep problems

The emotional symptoms can include:

- Disillusionment with the job
- The loss of a sense of meaning
- Cynicism towards the organisation and more particularly towards the patient/service user.
- Feelings of helplessness
- Frustration with ones efforts
- A perception of a lack of power to change events
- Strong feelings of anger against people they hold responsible for the situation
- Feelings of depression and isolation

The behavioural symptoms can include:

- Increasing detachment from co-workers
- Increased absenteeism
- Marked reduction in commitment to work
- Increased substance dependence, e.g. alcohol, tobacco, drugs

2.5 Symptoms of burnout may vary between individuals and the subsequent impact on work performance will also be subject to the same variations in presentation.

3. MANAGEMENT RESPONSE TO THE BURNOUT PHENOMENA

3.1 It is imperative that managers recognise that direct care staff, working particularly with high dependency clients/patients/service users, e.g. patients/service users who present with behaviours that challenge service provision, can be at risk of suffering from burnout. The onset of burnout can be insidious and therefore may not be immediately recognisable, of particular concern is the direct care staff suffering from burnout (*but unrecognised by the staff or managers*) who becomes increasingly desensitised to the /patient's/service user's needs and distress.

It is from such situations, that acts of neglect or failure to act may occur, which in turn may result in the abuse of the patient/service user.

3.2 The manager's role is fundamental in supporting staff who are experiencing stress and potentially early signs of burnout within their work environment. Managers and staff should consider intervention guidance within the Trust Stress Policy 9.25 in addition to undertaking the following actions:-

- Ensuring open communication is maintained between managers and staff.
- Ensuring accessibility and availability of managers for staff.
- Promoting and facilitating effective reflective practice opportunities.
- Active support from Occupational Health.
- Reviewing the work environment conditions of the individual staff, e.g. working hours, patient/service user group, and training.
- Promoting self awareness and recognition of the early signs of burnout with staff members via discussion and Trust policy awareness raising with the employee.

4. IDENTIFYING INDICATORS OF ABUSIVE PRACTICE WITHIN THE WORKPLACE

- 4.1 It is recognised, that in the main, direct care staff come to work to make a positive contribution to the patient's/service user lives.
- 4.2 Whilst it is acknowledged that work in the human service can attract people who intend to abuse others, abuse is however, rarely the result of a deliberate action by a staff member who deliberately sets out to harm people.
- 4.3 Abuse often has its roots in poor practice and lack of management supervision.
- 4.4 Abuse may be physical, sexual, psychological and/or financial. It may be intentional or unintentional or the result of neglect. It can cause harm to a person either temporarily or over a period of time.
- 4.5 Direct care staff are at an increased risk of engaging in abuse practices when they find themselves over stretched in their direct care responsibilities. These situations can occur particularly when the individual care staff perceives an inability to cope with the demands placed upon them by the patient/service users or working practices.
- 4.6 This document provides an assessment framework for managers in the identification of workplace environments where staff may be working in isolated situations with complex/challenging patient/service

user groups, and as a consequence are at risk of being involved in abuse practices.

- 4.7 The purpose of the attached risk screening tool is to enable managers to assess and identify (*from a proactive perspective*) the extent to which the precursors for abuse exist within a specific work place environment.
- 4.8 Appendix A (*On Site*) would be most appropriately used by managers in work environments that have one or more of the following indicators:
 - Where patients/service users present with behaviours termed challenging.
 - Where patients/service users present with communication difficulties.
 - Where patients/service users have high dependency needs or enduring health needs.
 - Where there is a higher than average turnover of staff and use of agency staff.

5. GUIDANCE FOR THE USE OF THE RISK ASSESSMENT FRAMEWORK (APPENDIX A) FOR IDENTIFYING INDICATORS OF ABUSE PRACTICES WITHIN THE WORKPLACE

- 5.1 There are a number of existing Trust procedures that together seek to mitigate against abusive practice by direct care staff in the work place (*detailed in Appendix B*).
- 5.2 The assessment framework should be applied to any service where one or more of the above indicators are present.
- 5.3 The assessment framework should be completed by the Ward Manager, in collaboration with the Clinical Nurse Manager.
- 5.4 This should be used particularly in support/care environments where the client/patient/service user group present with complex needs/challenge existing service provision.
- 5.5 As a good practice guide the assessment framework should be completed and reviewed at no more than 12 monthly junctures or where circumstances have significantly changed.
- 5.6 The completed/ revised assessment framework action/responses should be discussed and agreed with the respective Ward Manager/Clinical Nurse Manager.
- 5.7 The completed assessment framework inclusive of action plan should be forwarded for the attention of the appropriate Senior Manager e.g. Senior Operational Manager.

6. EQUALITY AND DIVERSITY STATEMENT

Calderstones Partnership NHS Foundation Trust is committed to ensuring that, as far as it is reasonably practicable, the way we provide services and the way we treat our staff, reflects their individual needs and does not discriminate, directly or indirectly, against individuals or groups on the basis of their protected characteristics.

The Trust does not believe that this policy/procedure represents a significant advantage/disadvantage to any individual or group of individuals on the basis of their protected characteristics and confirms that the arrangements set out within the policy/procedure are acceptable/objectively justifiable by reference to the requirements of the Trust or the needs of the service.

The Trust will regularly review this document however should you feel that the policy/procedure requires amendment prior to the review date outlined (*on the cover page*), or represents a potential source of advantage/detriment to you or another individual or group based upon protected characteristics, please make representations to the Human Resources Advisor (Equality and Diversity) to enable the Trust to consider whether an amendment may be required.

Should a member of staff or any other person require access to this policy/procedure in another language or format please contact the Human Resources Advisor (Equality and Diversity).

Please write clearly, in black ink, initial amendment and do not use tippex

ASSESSMENT FRAMEWORK FOR IDENTIFYING INDICATORS OF ABUSIVE PRACTICE WITHIN THE WORK PLACE – ON SITE

| Area Address: | Date of Completion: | COMPLETED BY: | | | | | | Signature: | Date: |
|--|---|-----------------------------------|-------------|----------|--|------------|---------|--|-------|
| | | Clinical Team Leader | | | Modern Matron | | | | |
| Predisposing factors that are indicators to potential abuse within the workplace | Existing Controls The measures which are already in place within the workplace that serve to mitigate against predisposing factors arising | Compliance with existing controls | | | Level of revised risk of the predisposing factor materialising | | | Management Action Response (Treatment Plan – where appropriate) | |
| | | Full (F) | Partial (P) | None (N) | High (H) | Medium (M) | Low (L) | | |
| Poor implementation of policies and procedures, e.g. operational issues, drug management, reporting safety, handling complaints etc. | | | | | | | | | |
| Staff working long shift periods/exceeding working time directive. | | | | | | | | | |
| Patient/service user presents with communication difficulties. <i>(In excessive noise or no use of language).</i> | | | | | | | | | |
| Patient/service user displays aggressive/violent behaviour. | | | | | | | | | |
| Patient/service user has mental health problems. | | | | | | | | | |
| Patient/service user fails to be integrated into the ward/home. | | | | | | | | | |
| Patient/service user rejects help/remains totally isolated. | | | | | | | | | |

| Predisposing factors that are indicators to potential abuse within the workplace | Existing Controls The measures which are already in place within the workplace that serve to mitigate against predisposing factors arising | Compliance with existing controls | | | Level of revised risk of the predisposing factor materialising | | | Management Action Response (Treatment Plan – where appropriate) |
|--|---|-----------------------------------|-------------|----------|--|------------|---------|--|
| | | Full (F) | Partial (P) | None (N) | High (H) | Medium (M) | Low (L) | |
| A culture which focuses on the needs and rights of staff rather than on the patient/service user. | | | | | | | | |
| Constant high turnover of staff or heavy reliance on 'bank' staff. A stable but rigid staff team resistant to change. | | | | | | | | |
| A casual approach to patients/service user's privacy and rights. | | | | | | | | |
| Poor or no contact between patients/service users and their families, friends etc. | | | | | | | | |
| An over restrictive and regimented routine for patients/service users. | | | | | | | | |
| A high incidence of restraint. | | | | | | | | |
| A high incidence of accidents. | | | | | | | | |
| The singling out of individuals for preferential treatment. | | | | | | | | |
| Inappropriate or over use of medication. | | | | | | | | |
| Discrepancies or deficiencies in record keeping. | | | | | | | | |
| Inappropriate level of control of patients/service user's finances and personal affairs. | | | | | | | | |
| Inexperienced or poorly trained staff expected to care for people who either require a high level of assistance or who have specialised needs. | | | | | | | | |

| Predisposing factors that are indicators to potential abuse within the workplace | Existing Controls The measures which are already in place within the workplace that serve to mitigate against predisposing factors arising | Compliance with existing controls | | | Level of revised risk of the predisposing factor materialising | | | Management Action Response (Treatment Plan – where appropriate) |
|---|---|-----------------------------------|-------------|----------|--|------------|---------|--|
| | | Full (F) | Partial (P) | None (N) | High (H) | Medium (M) | Low (L) | |
| Inadequate management support or lack of supervision by trained and experienced managers, (e.g. manager/senior staff visibility). | | | | | | | | |
| Low morale amongst the workforce and a defensiveness about their working practices. | | | | | | | | |
| Insufficient numbers of staff to cope with high dependency levels, high incidence of incontinence. | | | | | | | | |
| Workplace Specific: Predisposing factors that are considered To be indicators of potential abuse within the workplace | | | | | | | | |
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EXISTING TRUST POLICIES/PROCEDURES

| Policy/Procedure Number | | Subject |
|-------------------------|---------|--|
| | On Site | |
| 2.9/C2.9 | ✓ | Clients/Patients/Service Users Personal Property/Clothing |
| C2.11 | | Finance Procedure (<i>Community Homes</i>) |
| 2.12 | ✓ | Finance Procedure (<i>Scott House</i>) |
| 2.13 | ✓ | Finance Procedure (<i>On Site</i>) |
| 3.3/C3.3 | ✓ | Staff Induction |
| 3.7/C3.7 | ✓ | Preceptorship for Newly Registered Nurses |
| 4.2 | ✓ | Clinical Risk Management (<i>Chestnut Drive/West Drive Services</i>) |
| C4.3 | | Clinical Risk Management (<i>Community Services</i>) |
| 4.5 | ✓ | Management of Clinical Risk Associated with Disturbed/Violent Behaviour – Rapid Tranquillisation |
| 5.0 | ✓ | Care Programme Approach (CPA) |
| C5.1A | | Person Centred Planning (Community) |
| 5.2/C5.2 | ✓ | Reporting System – Personal Records |
| 5.4/C5.4 | ✓ | Personal Relationships |
| 5.7 | ✓ | Clinical/Client/Patient Record Keeping |
| 7.0 | ✓ | Accessing and Advocacy Service |

| Policy/Procedure Number | | Subject |
|-------------------------|---------|--|
| | On Site | |
| 9.9/C9.9 | ✓ | Individual Performance Improvement and Capability |
| C9.10 | | Supervision Procedure |
| 9.11/C9.11 | ✓ | Fair Recruitment and Selection Policy |
| 9.13/C9.13 | ✓ | Appraisal and Personal Development Review |
| 9.14/C9.14 | ✓ | Supporting Staff following Involvement in a Critical Incident |
| 9.16/C9.16 | ✓ | Concerns at Work |
| 9.17/C9.17 | ✓ | Safeguarding Vulnerable People |
| 9.20/C9.20 | ✓ | Staff Counselling Services |
| 13.3/C13.3 | ✓ | Clients/Patients/Service Users Holidays |
| 15.0/C15.0 | ✓ | Occupational Health Policy |
| 15.2/C15.2 | ✓ | Substance Misuse (Staff) |
| 15.4 | ✓ | Guidance on the Facilitation of Gambling by Clients/Patients |
| 17.2/C17.2 | ✓ | Confidentiality |
| 20.2 | ✓ | Seclusion |
| 20.3 | ✓ | Discharge and Aftercare of People Detained under the MHA Act |
| 21.0 | ✓ | Establishing Individual Client/Patient Observation Checks during the Night (<i>Chestnut Drive</i>) |
| 22.2/C22.2 | ✓ | Death of a Client/Patient/Service User – Notification of Death |
| 25.1/C25.1 | ✓ | Complaints Procedure |
| 26.1/C26.1 | ✓ | Clinical Ethics Committee |

| Policy/Procedure Number | | Subject |
|-------------------------|---------|---|
| | On Site | |
| 27.2/C27.2 | ✓ | Management of Difficult Behaviours, De-escalation and Physical Intervention |
| 27.4/C27.4 | ✓ | Bullying and Harassment |
| 27.5/C27.5 | ✓ | Incident/Accident Reporting (incorporating Serious/Untoward Incident Reporting) |
| H & S 11 | ✓ | Workplace Risk Assessment |
| H & S 13 | ✓ | Lone Worker (<i>On Site and Scott House</i>) |
| H & S 13A | | Lone Worker (<i>Community</i>) |

VERSION CONTROL SHEET

| Version | Date | Author | Status | Comment |
|---------|----------|---------------|----------|--|
| 1.0 | 25.6.08 | J. Smith | Draft | Circulated for comments |
| 1.1 | 15.7.08 | | Draft | Comments incorporated via Policy and Procedure Committee |
| 1.2 | 25.7.08 | | Approved | Issued at Team Brief |
| 2.0 | 16.12.11 | | Approved | Policy/Procedure Committee approval – issued at Team Brief |
| 3.0 | 25.1.13 | | Approved | Management Guidelines amended. Policy/Procedure Committee approval. Intranet updated |
| 4.0 | 15/12/14 | Sandra O Hear | Draft | Annual Review |
| 4.1 | 23/12/14 | Sandra O'Hear | Approved | Policy/Procedure Committee approval – issued at Core Brief |