ICARE: WHAT MATTERS TO US

Resilience and Wellbeing for Healthcare Professionals

Professor Ioanna Nixon, MPH, PHD, FFMLM, FRCR

Consultant Clinical Oncologist, The Beatson West of Scotland Cancer Centre
Clinical Director Oncology, NHS Greater Glasgow and Clyde, Glasgow, UK
Cancer Innovation Lead, WOS Innovation Hub
Email: Ioanna.Nixon@strath.ac.uk
@Dr_ioanna_nixon

ICARE: WHAT MATTERS TO US

Climate in healthcare

"It isn't the mountains ahead to climb that wear you out; it is the pebble in your shoe"

Mohammad Ali

ICARE: WHAT MATTERS TO US

OBSERVATIONS: WHAT IS BURNOUT AND WHAT CAUSES IT IN ONCOLOGY

> *The challenges of **uncertainty** and **decision making** with **limited evidence base**, balanced by need to have good network of colleagues to call upon support at a national and international level, plus the need to collaborate*

Dr Dan Saunders, Consultant Clinical Oncologist, The Christie

> *I would say **being single handed** in the "smaller" centres adds to burn out…*

Dr Michelle Ferguson, Consultant Oncologist

1. ***High-volume workload** coupled to high volume **digital bureaucracy** and poor nursing services.*
2. *Burden of rare cancer centres of excellence with excessive workload and lack of skilled personnel*

Prof Pentheroudakis, ESMO CEO

1. ***Workload, lack of clinical/academic integration,** lack of administrative support, **underfunding***
2. *The "size" of the disease i.e. big **tumours we don't know about the biology** of very well and have **very few treatment** options for"*

Prof Andrew Beggs, Professor of Cancer Genetics and Surgery, University of Birmingham

With permission from Dr Dan Saunders, Dr Michelle Ferguson, Prof Pentheroudakis, Prof Andrew Beggs .

ICARE: WHAT MATTERS TO US

OBSERVATIONS: WHAT IS BURNOUT AND WHAT CAUSES IT IN ONCOLOGY

*The feeling of **being marginal to departments** and **lacking the workforce capacity** (due to case rarity) is part of the process. I think I have resisted burnout myself (and my family may not always agree), but that rarity/Cinderella aspect ma… harder to do so*

Prof Dan Stark, Professor TYA Can… University of Leeds

*Challenging question…**limited access** for patients to innovative treatment strategies is among major issues. On research side, we struggle with low priority from funding agencies for investigating rare cancers, limited appreciation of unique tumour model for ultra*

Sandro Pasquali, IRCCS

Out of 11 sarcoma oncologists in Scotland, 3 have been off with burnout

*Burnout can affect anyone, but those facing **equity, diversity and inclusion challenges** will be more prone to this phenomenon. By definition they have more rocks in their rucksack at the start of the journey*

Dr Jessica Jenkins, Consultant Radiologist

*I don't get burnout. **I just lose my mojo** (i.e. lack of insight?)*

….Single handed practices, as rare perhaps less support from juniors and CNSs who are less familiar with sarcoma, younger patients with less favourable outcomes, tend to be contacted when on holiday.

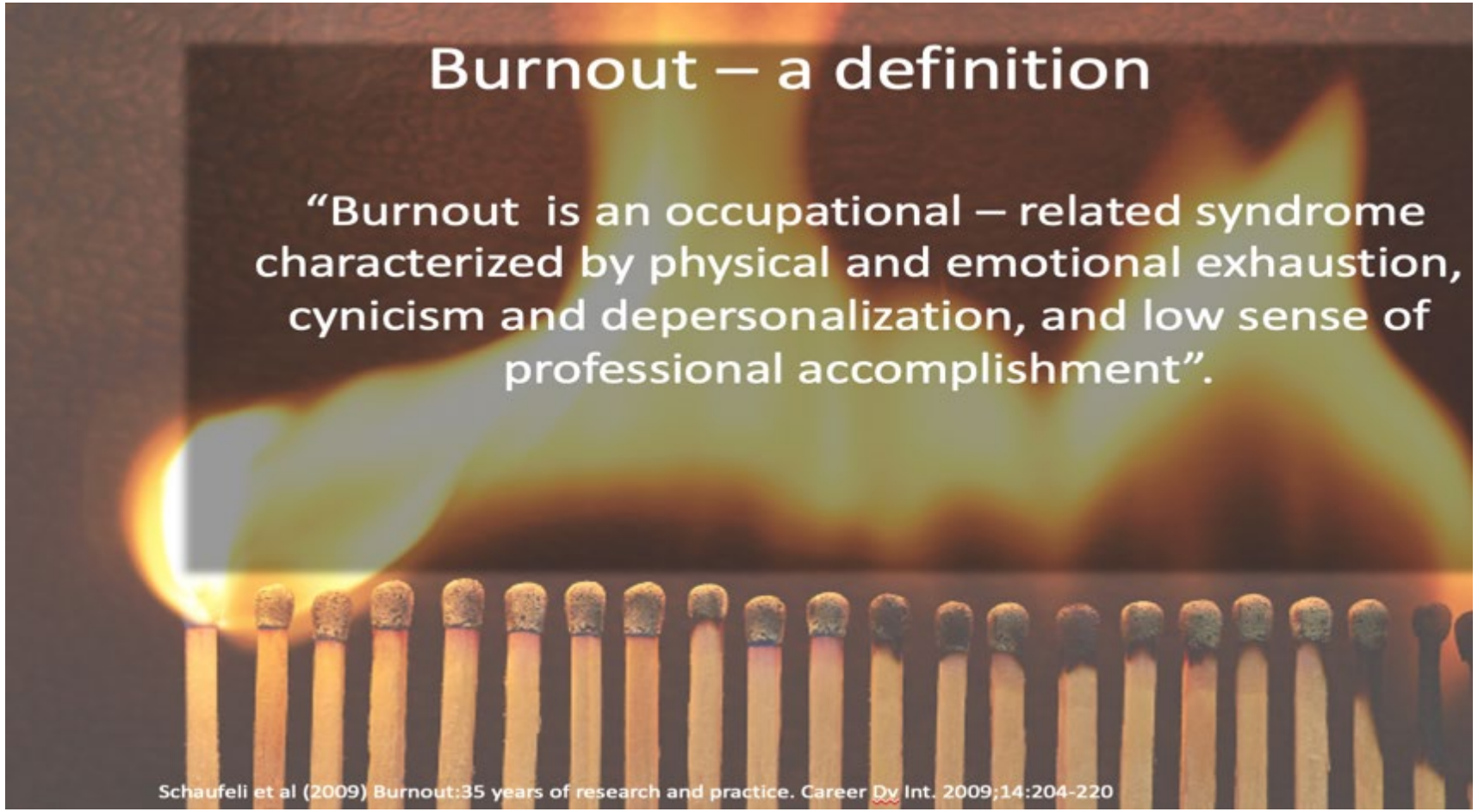
*On the plus side. **Good national supportive colleagues***

Dr Owen Tilsley, Consultant Clinical Oncologist, Velindre Cancer Center

With permission from Prof Dan Stark, Sandro Pasquali, Dr Jessica Jenkins, Dr Owen Tilsley.

ICARE: WHAT MATTERS TO US

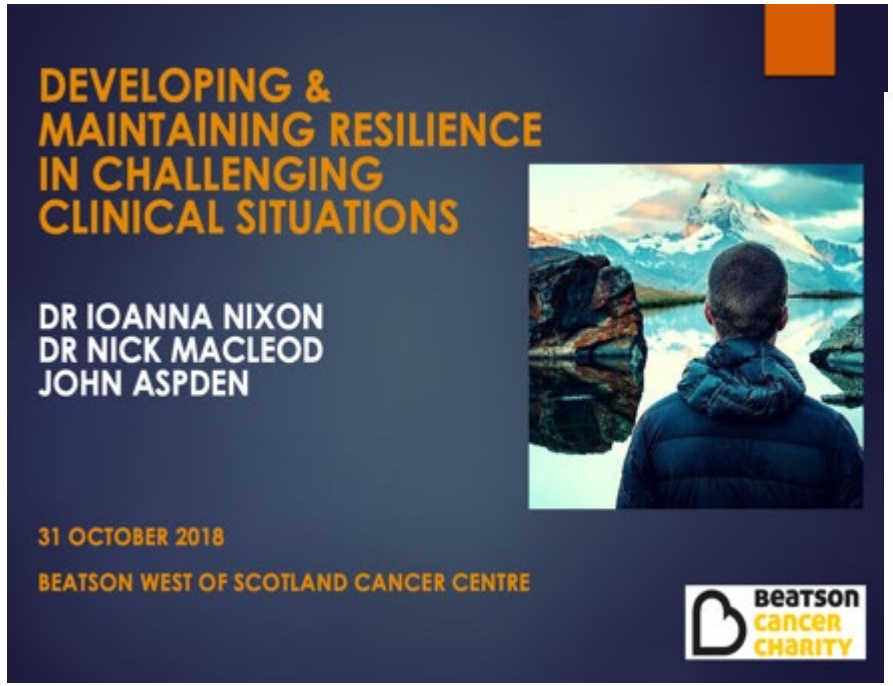
What is burnout and what can we do?

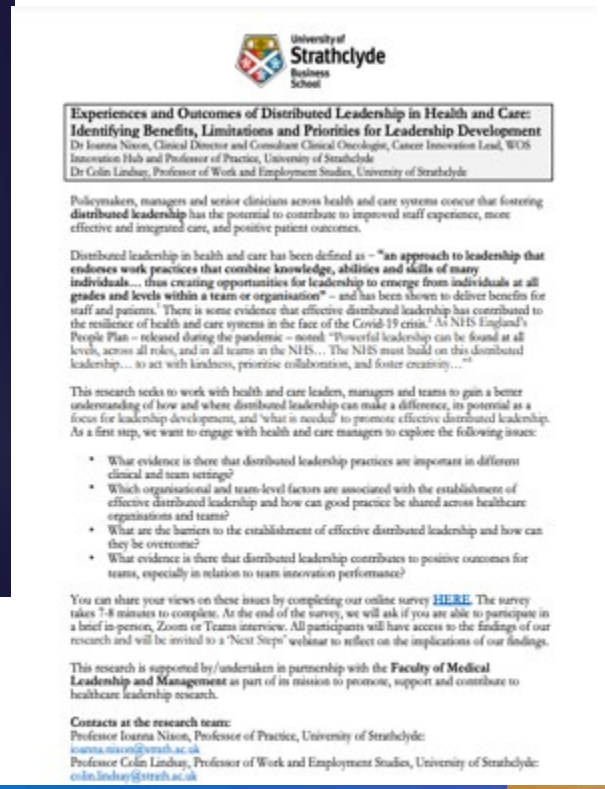


6 Key AREAS

Workload
Control
Reward
Community
Fairness
Purpose

ICARE: WHAT MATTERS TO US: MY WORK





University of Strathclyde Business School

Experiences and Outcomes of Distributed Leadership in Health and Care: Identifying Benefits, Limitations and Priorities for Leadership Development

Dr Ioanna Nixon, Clinical Director and Consultant Clinical Oncologist, Cancer Innovation Lead, WOS Innovation Hub and Professor of Practice, University of Strathclyde
Dr Colin Lindsay, Professor of Work and Employment Studies, University of Strathclyde

Policymakers, managers and senior clinicians across health and care systems concur that fostering **distributed leadership** has the potential to contribute to improved staff experience, more effective and integrated care, and positive patient outcomes.

Distributed leadership in health and care has been defined as – **"an approach to leadership that endorses work practices that combine knowledge, abilities and skills of many individuals… thus creating opportunities for leadership to emerge from individuals at all grades and levels within a team or organisation"** – and has been shown to deliver benefits for staff and patients.[1] There is some evidence that effective distributed leadership has contributed to the resilience of health and care systems in the face of the Covid-19 crisis.[2] An NHS England's People Plan – released during the pandemic – noted: "Powerful leadership can be found at all levels, across all roles, and in all teams in the NHS… The NHS must build on this distributed leadership… to act with kindness, prioritise collaboration, and foster creativity…"[3]

This research seeks to work with health and care leaders, managers and teams to gain a better understanding of how and where distributed leadership can make a difference, its potential as a focus for leadership development, and 'what is needed' to promote effective distributed leadership. As a first step, we want to engage with health and care managers to explore the following issues:

- What evidence is there that distributed leadership practices are important in different clinical and team settings?
- Which organisational and team-level factors are associated with the establishment of effective distributed leadership and how can good practice be shared across healthcare organisations and teams?
- What are the barriers to the establishment of effective distributed leadership and how can they be overcome?
- What evidence is there that distributed leadership contributes to positive outcomes for teams, especially in relation to team innovation performance?

You can share your views on these issues by completing our online survey HERE. The survey takes 7-8 minutes to complete. At the end of the survey, we will ask if you are able to participate in a brief in-person, Zoom or Teams interview. All participants will have access to the findings of our research and will be invited to a 'Next Steps' webinar to reflect on the implications of our findings.

This research is supported by/undertaken in partnership with the **Faculty of Medical Leadership and Management** as part of its mission to promote, support and contribute to healthcare leadership research.

Contacts at the research team:
Professor Ioanna Nixon, Professor of Practice, University of Strathclyde:
ioanna.nixon@strath.ac.uk
Professor Colin Lindsay, Professor of Work and Employment Studies, University of Strathclyde:
colin.lindsay@strath.ac.uk

Compassionate leadership

Ioanna Fragkandrea-Nixon MPH PhD FFMLM
Consultant Clinical Oncologist

Hippocrates said 'Where there is a love of medicine, there is a love of humanity'. As an oncologist, this resonates deeply with me. It is a constant reminder of why I work in healthcare to help and care for others. We all work in a remarkable field and all of us want to provide high-quality care for patients. How can every member of staff be enabled to achieve this? Can compassionate leadership be the model we should all embrace in our teams and organisations and as leaders at every level?

Here is a personal story. I am waiting in the emergency room, holding David, my two-year-old son, with severe breathing difficulty. He is in so much distress it is difficult for the nurses to assess him. In my professional life I am the one that does the caring – suddenly experiencing healthcare through the eyes of a patient was eye-opening. The really simple things started to matter. It can be easier to observe these things when you are on the receiving end. David has had a few events since then and every time it is the compassionate behaviour of the staff that helps us the most.

Compassion is 'a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it'.[1] It is a universal human value and a moral imperative in everyone in health care. It has four aspects: attending, understanding, empathising and helping. There is strong evidence suggesting that compassionate care leads to greater patient satisfaction and better outcomes which has a positive impact on staff wellbeing.[2-13] Organisations with a culture of compassion have reduced employee exhaustion and absenteeism, increased psychological engagement, increased productivity and teamwork ethos.[14] To their work had a serious impact on their mental health.[15] Research report the rate of workplace stress is 40% higher in NHS staff than in the rest of the UK population.[16] A study from 2012 reported that 56% of physicians have no time for compassion.[17]

Perhaps you have seen this in your workplace or experienced it yourself. Recently, as I walked down the corridor to my office, I saw a junior doctor sitting on a bench with a child holding a teddy bear and a phone playing Peppa Pig. I asked, 'Is everything ok?' She replied, 'Her mum is dying. Her dad is in with her mum. I was in the room and I suddenly thought it wasn't the right place for her to be'.

I was so proud of that young doctor. We need doctors like them. But how can we protect these doctors from burning out? How can we ensure that we, our teams and our organisations support them? We need to sustain them, not lean on them. We need a healthcare system that is compassionate to both the child and the doctor.

Medicine meets leadership

Michael West, Professor of Work and Organisational Psychology at Lancaster University and Senior Fellow at the King's Fund, suggests there are four main aspects to leading with compassion. First, it is about leaders who pay attention to those who they lead. Second, it is about leaders understanding the challenges being faced by those they lead. Third, is empathising with those they lead, feeling the strains and pressures without being overwhelmed, which gives leaders the motivation for the fourth step, asking 'How can I help? How can I serve?' The fourth step enables action to help and support the people we lead. Leaders at all levels need to embody these behaviours to support a culture of compassion.

Mr Paul O'Neill, former US Secretary of the Treasury and CEO of Alcoa suggests every leader should challenge themselves with three questions.[18] Are members of staff:

- Treated with dignity and respect by everyone they encounter?
- Given the tools and support they need to do the work that adds meaning to their life?
- Valued and recognised for their work and what they bring to the teams and organisation?

Compassionate leaders demonstrate humility, positivity and inclusiveness.[19] They celebrate diversity, embrace innovation, create a culture of psychological safety to share worries, report errors and celebrate excellence.[20-22] The preconditions for this are self-compassion and self-awareness. We won't be able to lead with compassion unless we are compassionate towards our selves.[23-25] We won't be able to understand others unless we have clarity and awareness of our self, values and beliefs.

So what is compassionate leadership?

Compassionate leadership is effective leadership, ensuring direction, alignment and commitment.[26] It is inclusive, embodying a sensitive approach to the challenges staff are facing and a commitment to support them and supply the tools to overcome challenges and thrive.[27] Compassionate leaders acknowledge excellence, good effort and achievements by expressing gratitude. They create psychological safety enabling all to speak up and discuss concerns and errors and promote autonomy. Compassionate leadership is a precondition to innovation and improvements.[23,28]

In 2015, I became the lead for the Scottish Sarcoma Network. There have been moments in my leadership journey where my own perceptions challenged me. I knew I didn't fit the model of senior, dominant, command and control leadership, dictating direction of travel. So, I asked myself, what kind of leader I wanted to be? Do I want to inspire or do I want to scare? The outputs could be the same. However, the journey counts. It is the journey that supports individuals and teams to be inclusive and cohesive, creating trust and enabling growth. It was a transitional, challenging and very reflective journey. It was also wonderfully rewarding: watching the network grow, collaborate across boundaries and co-create care with patients and carers. I learned that the job of a leader is not to be in charge, but to take care of those in my charge.

If as Hippocrates said there is a love of medicine, let us shine this love back to our professional life, teams and organisations by leading with compassion.

Special thanks to Prof Michael West for sharing unpublished work with me, to patients and families, to my wonderful team and colleagues and to all the great leaders who walk the walk with those who lead.

Declared interests
National Lead for the Scottish Sarcoma Network

References
References are available online.

AHPScot BLOG

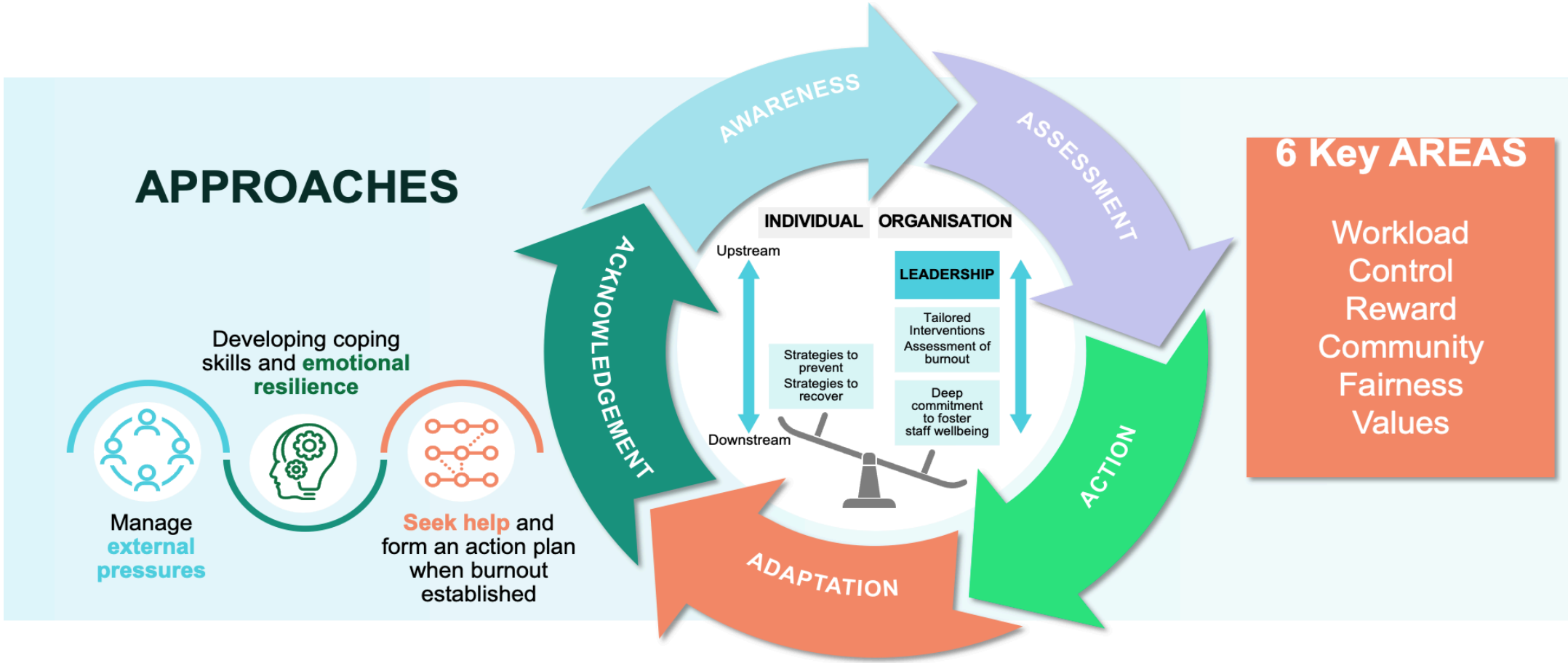
AHPs across health and social care.

We are what we practice: a story of compassion and resilience at times of crisis

ICARE: WHAT MATTERS TO US

Commitment at all levels and co-design

Burnout: What can we do about it



Maslach C, et al. World Psychiatry. 2016;15:103–111.

Hands up if…

You skipped a meal in the last week

You worked late

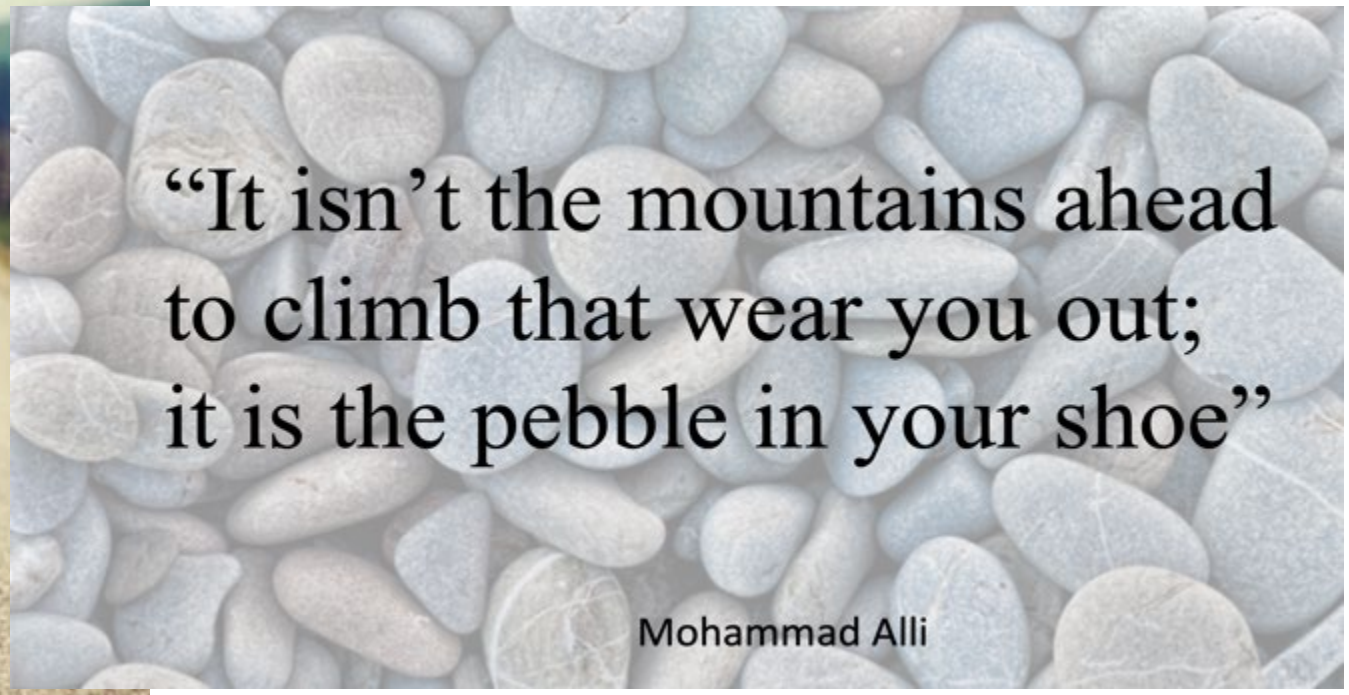
You had a poor night's sleep

You felt stressed

You limited your fluid intake because you were too busy…

You didn’t move much as no time in between virtual meetings

SO WHERE NOW?



THANK YOU

THANK YOU!

Email: Ioanna.Nixon@strath.ac.uk

@Dr_ioanna_nixon