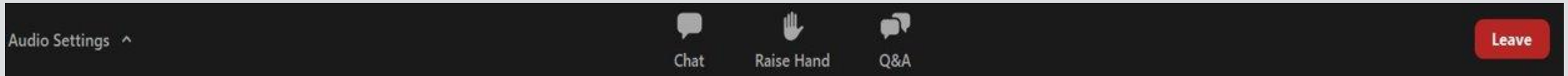


Welcome!

While we wait to start, please review ways to navigate this webinar.

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.



This menu allows you to **control**:

- **Raise hand**
- Access to the **chat** box
- Access to the **Q & A** box

Video options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

Housekeeping

- This session is being recorded and will be available on Tomorrow's Healthcare. Ask your PERU point of contact for an account if needed.
- Chat your questions to "All Participants" throughout the session.
- **Your feedback matters!** Please complete the evaluation and post-test at the end of the webinar to receive continuing education credit and to help us improve future trainings.

Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to: **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for COE clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.



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Establishing & Sustaining Psychological Safety

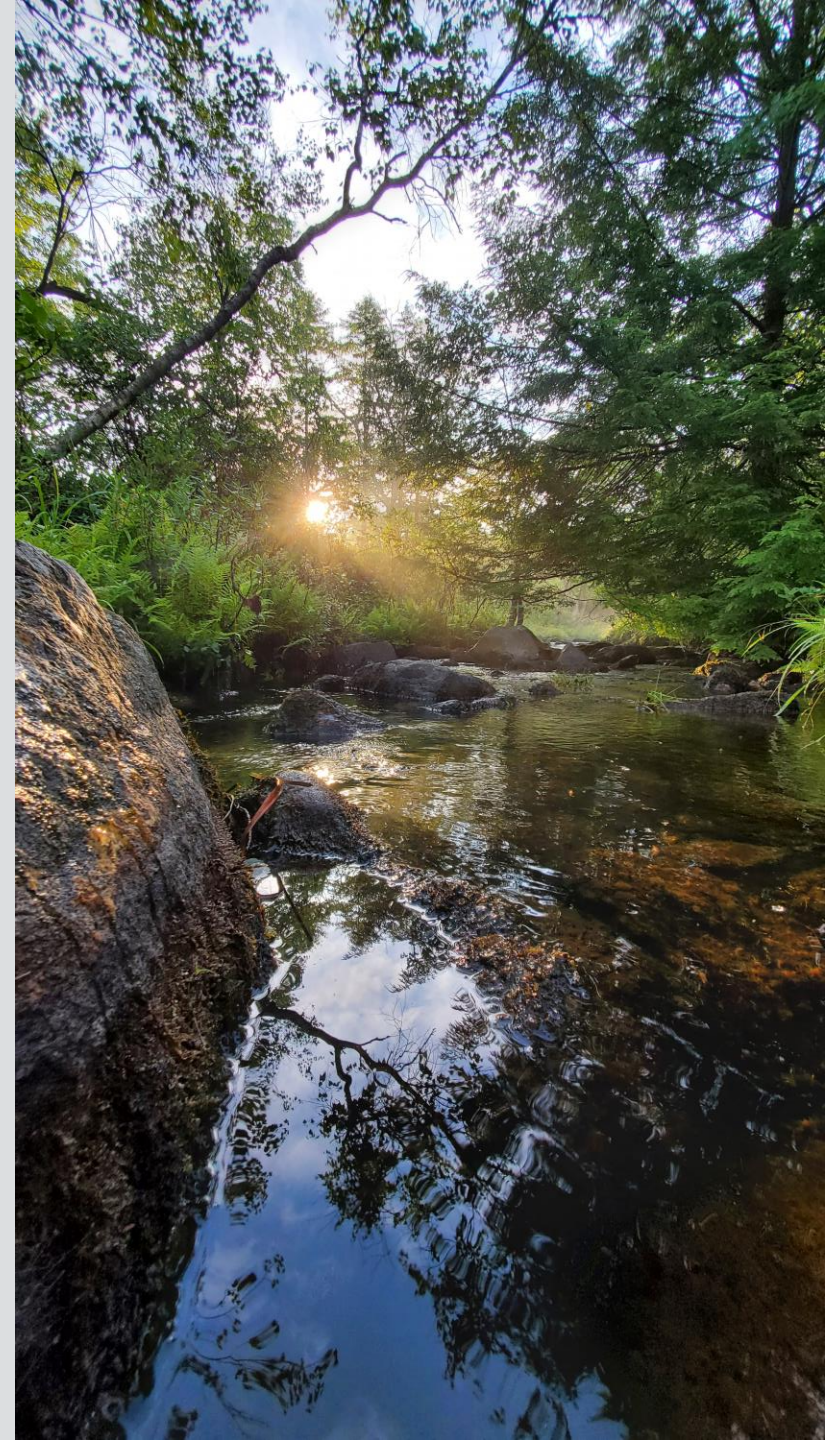
The Vital Foundation for Effective Care

William Stauffer, LSW, CCS, CADC
Executive Director
The Pennsylvania Recovery Organizations Alliance

Training Objectives

Attendees will:

- Examine Psychological Safety (PS)
- Discuss why is it important in our work settings
- Discuss some of the facets that lead to people perceiving a lack of safety
- Describe why feeling safe is vital for both patients and staff
- List ways to increase PS for both the staff and persons served.



History and Background



Psychological Safety (PS)

What is it / Why Is it Important

The most commonly used definition for PS in the literature is:

“A shared belief among individuals as to whether it is safe to engage in interpersonal risk-taking in the workplace”

Area of Study

Grounded In Study of Organizational Change

Initially described as the extent in which individuals feel secure & confident in their ability to manage change

In more recent times, the field of study has expanded to understanding psychological safety at the team level



What PS Looks Like

Positive Regard

Employees Feel:

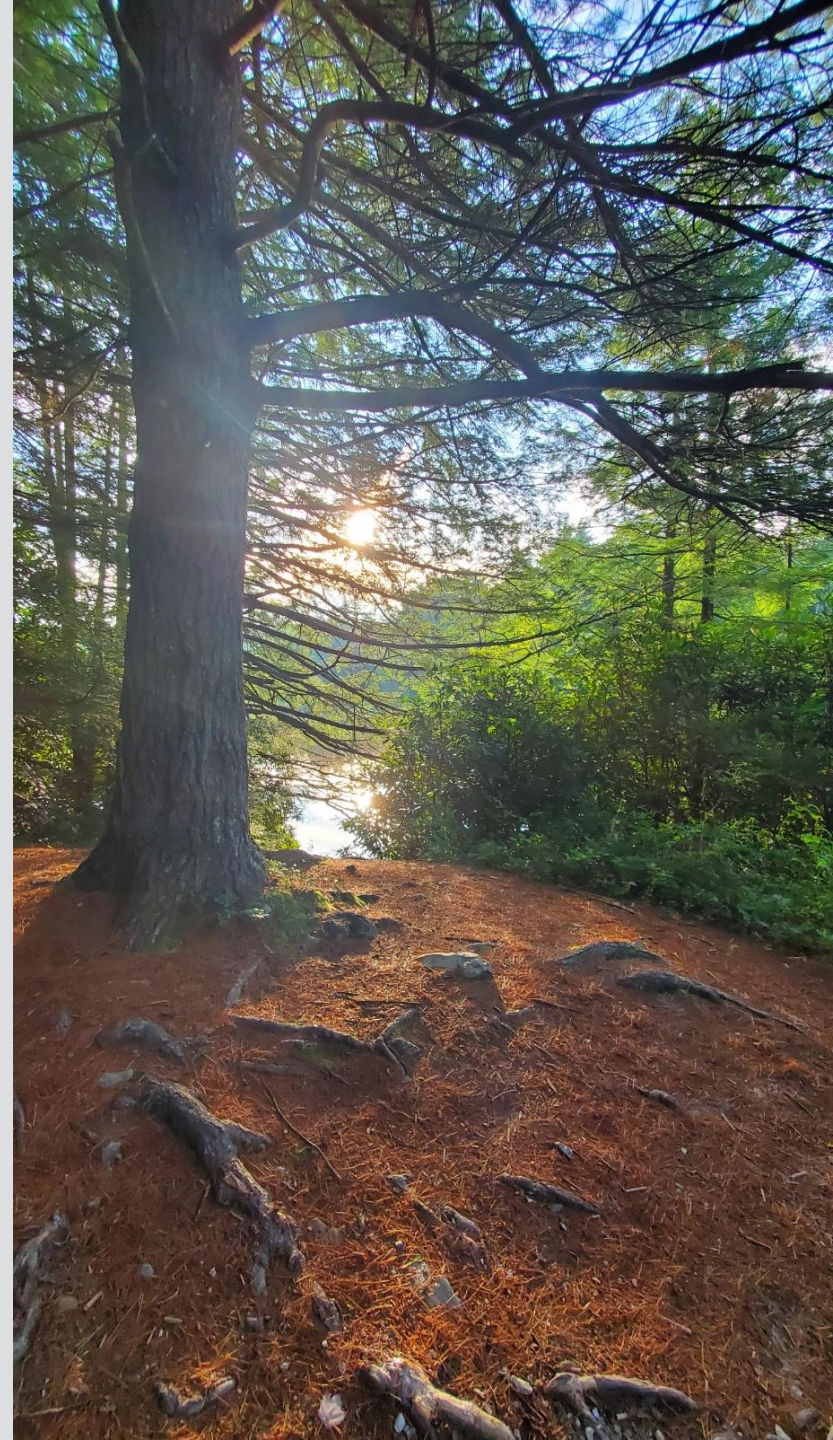
- Their colleagues will not reject people for being themselves & saying what they feel
- Colleagues respect each others competence
- That there are positive intentions
- It is safe to experiment and take risks

What Strengthens PS

Building Blocks of PS

Influenced by leadership factors & team characteristics

- Supportive leadership
- High levels of agreement in teams
- Employees have a strong sense of agency



Strong Relational Networks

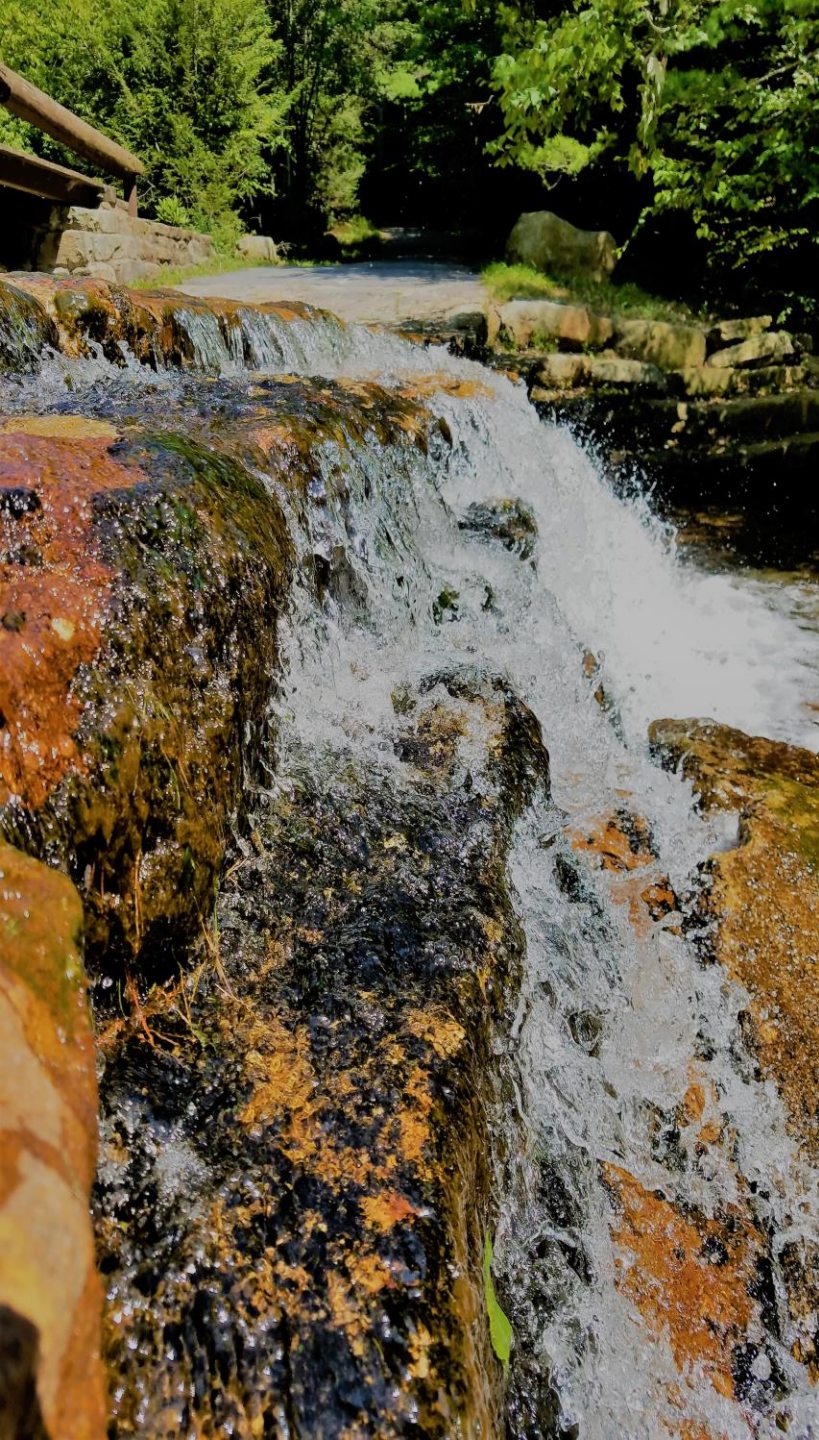
Social Capital is Key

Research at the individual, team, and organizational levels is finding that social support and social capital as key determinants of psychological safety.

- Rewarding coworker relationships
- High levels of interaction
- Social support and social capital that influences individual learning



Factors Impacting PS



Factors Impacting PS

Leadership & Culture Can Help or Hinder

- It can be difficult to sustain PS at the organizational level, particularly in large ones
- Lack of strong interpersonal relationships can impede PS
- Leadership not attuned to PS can hinder its development

The Healing Environment

It Impacts Team Dynamics

- Too much paperwork
- Not enough time to focus on helping people
- Mismatch between the needs of the client and the services provided

*Leadership can buffer these factors to
Strengthen PS*



COVID 19 & PS

Impact on Frontline Workers

- Lack of protective equipment
- Lack of physical & human resources to conduct the work / job strain
- Perceived physical safety
- Perceived organizational support

OHIO PHP Report

Impact of the Pandemic on the Health and Well-being on Healthcare Workers

- Summarizes data from 13,532 respondents across 13 of Ohio's Professional Licensing Boards - July 7, 2021 / August 20, 2021.
- Includes medical and human service workers
- Perhaps the largest state sample in the nation of the impact of COVID-19 on our helping professionals to date





Report Highlights

Workforce Under Strain

- The report notes that helping professionals who think about death or suicide have nearly doubled.
- It includes a 375% increase in those who feel hopeless and overwhelmed
- A 25% increase in substance use as a way to cope during the pandemic.



Workload

The Pandemic & Healthcare Workers

- 56% of healthcare workers surveyed indicated their workload increased during the pandemic.
- 30% of respondents stated their workload **SIGNIFICANTLY** increased during the pandemic.

Reluctance to Seeking Help

Identified Obstacles

Respondents who indicated that they did not seek emotional services during the pandemic were asked to identify obstacles to seeking assistance.

**56% - Time
Commitment**

**40% - Did not
know where to
turn for support**

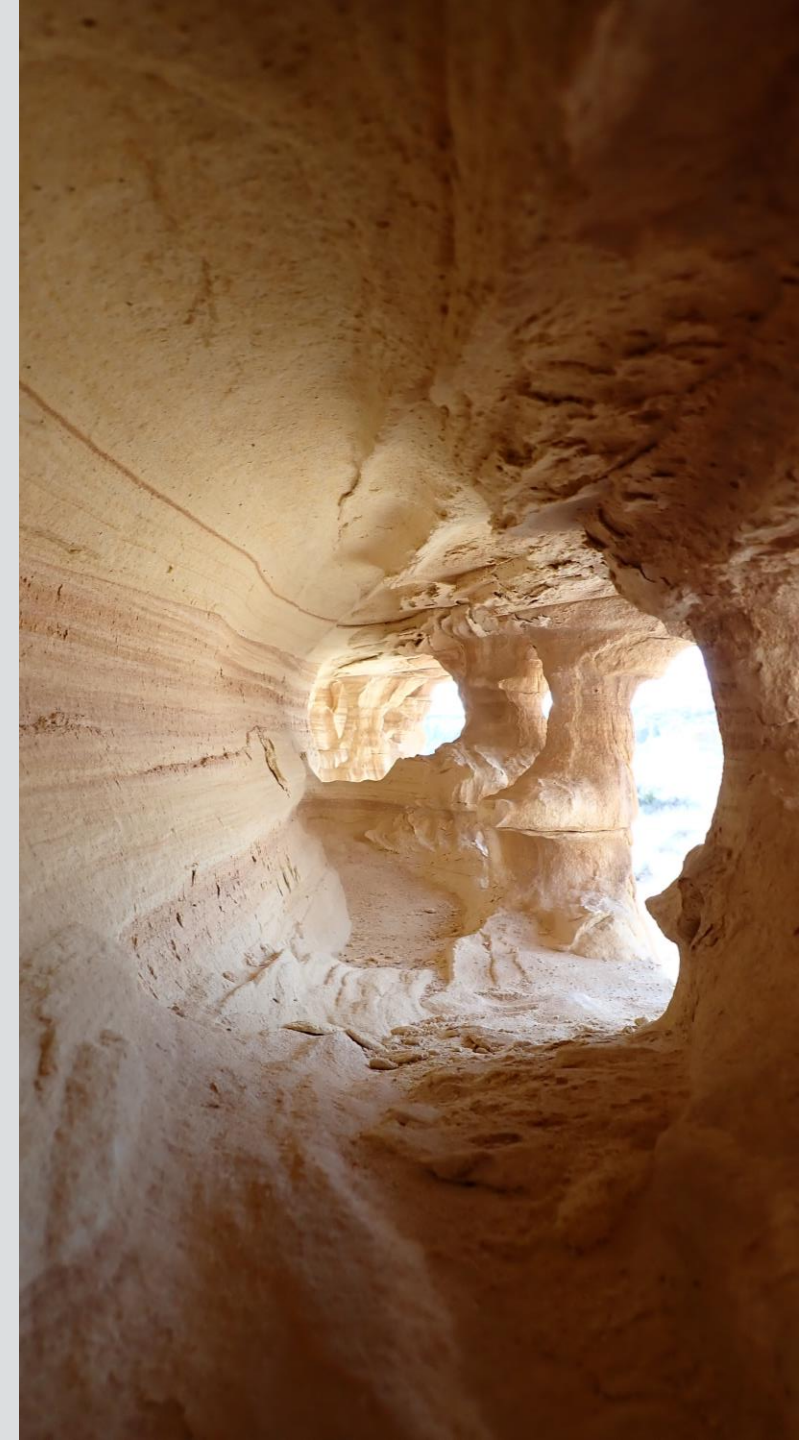
**31% -
Confidentiality
concerns**



Other COVID Workforce Studies

Deep Cause for Concern

- A study of 8,000 healthcare workers from Australia:
 - 10% had thoughts of self-harm/suicide
 - Fewer than half had sought help from a mental health professional.
- The American Nurses Foundation found:
 - One in five nurses increased alcohol consumption
 - 3% had increased their substance use.
 - Critical Care / intensive care nurses' alcohol consumption jumped to one in three.
- A University of Utah suggests that half of our national healthcare workforce is at risk for mental health issues.



Question 1

COVID-19 likely had _____ on psychological safety.

- a. a positive effect
- b. a negative effect
- c. no impact



Discussion Question

What effects on psychological safety did you notice at your COEs with regard to COVID-19?



Assessing & Strengthening PS



Job satisfaction

Based on Maslow Five-Stage Hierarchy of Human Need

- Employee morale is critical
- Job satisfaction and job performance are correlated.
- Poor job satisfaction leads to increased turnover, adversely affecting job satisfaction.
- Creating an environment that promotes job satisfaction can contribute to higher quality patient care and patient satisfaction.

Measuring PS

Developing Observational Measures

In healthcare teams, the presence of PS is critical to delivering safe care.

- Focus on patient safety was found to facilitate PS in teams
- Workers at the lower end of the hierarchy find it more difficult to speak to their superiors





A Culture of PS

How Do We Create It?

Asking the right questions & listening to the answers:

1. What can we count on each other for?
2. What is our team's purpose?
3. What is the reputation we aspire to have?
4. What do we need to do differently to achieve that reputation and fulfill our purpose?

Discussion Question

Are there characteristics at your COE that you see benefiting psychological safety?



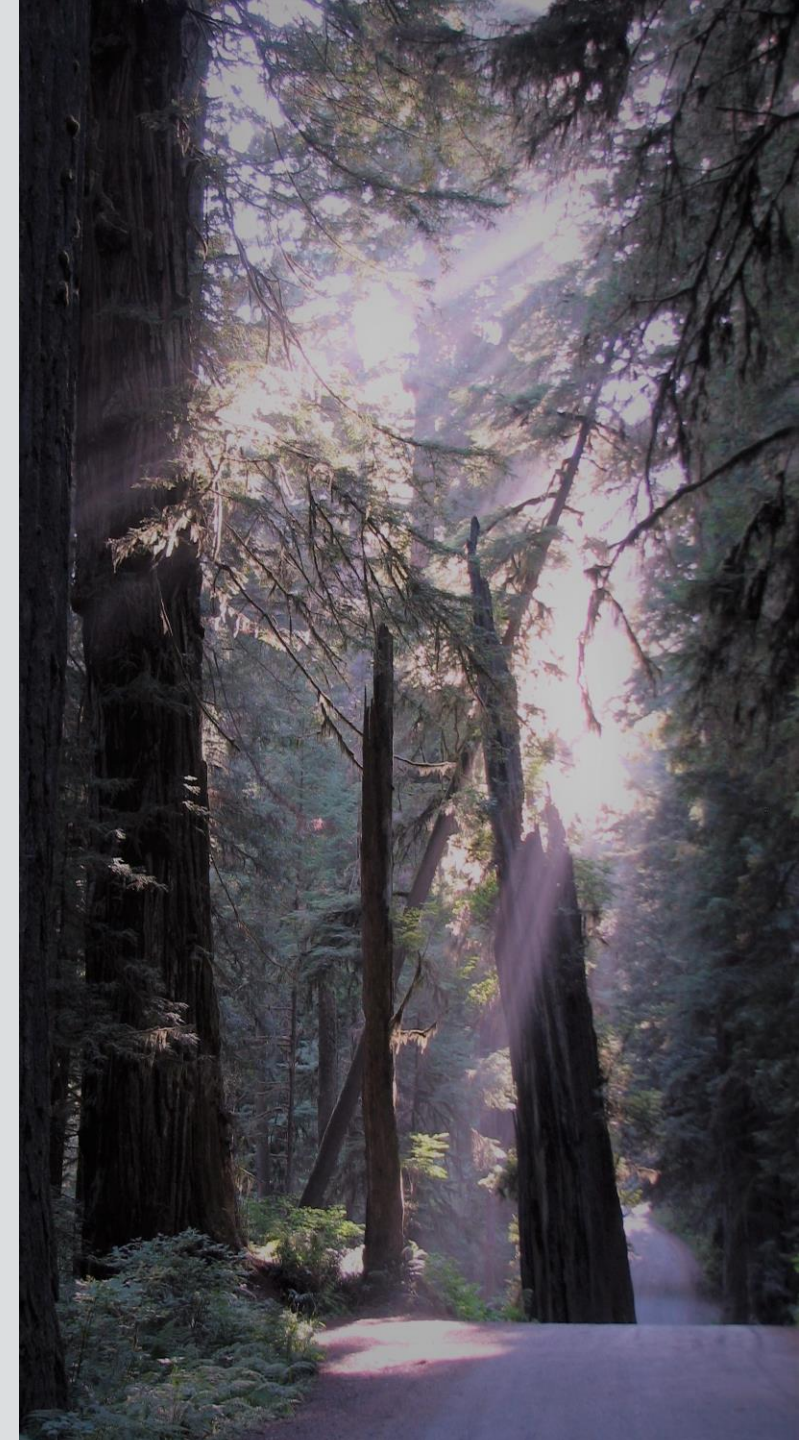
Implications for Peer Support

Understanding Peer Roles and Practices

One must feel understood to feel heard

Supervisors need to:

- Understand the **variety** of peer roles
- Have a deep understanding of the peer work core competencies
- Understand the **specific** peer support job of the person they supervise
- Be dedicated to learning more about the **fundamentals** of peer support and peer roles





Supervision as a Safe Space

Examining Performance in Safe Affirming Ways

- Are we doing routine supervision that addresses all three core roles (administrative, educative & supportive)?
- Do supervisors have sufficient understanding of peer roles to address all three?
- Do we establish an environment to examine sensitive issues in ways that communicate constructive learning and support?



Strengths-based Supervision

Modeling a recovery orientation

Strengths-based supervision is a collaborative process between the worker and supervisor enabling them to deliver **quality** services and **supports** that draws on the person's strengths and assets

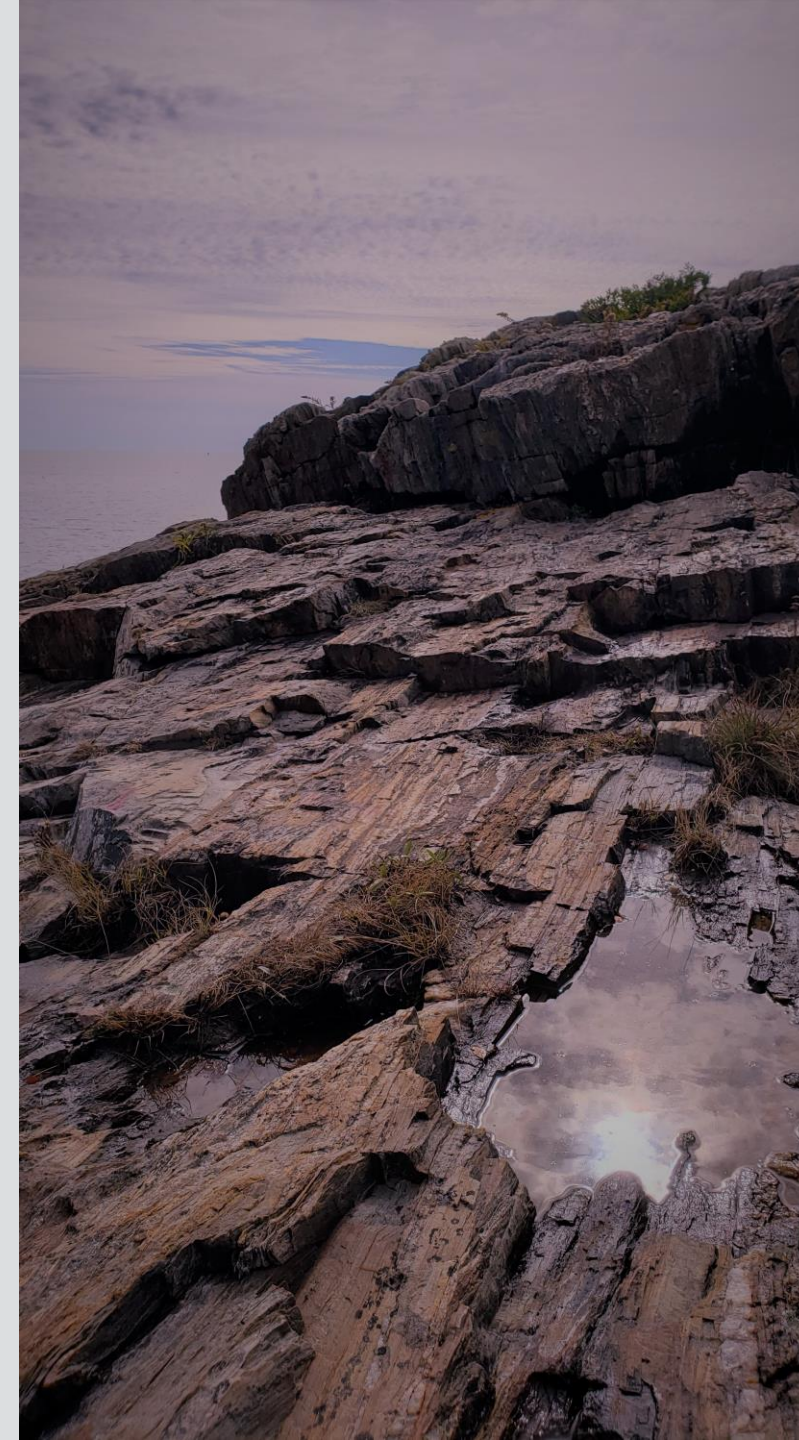
- Seeks to discover and **amplify** the worker's strengths and competencies
- Intentionally **identify** and amplify the worker's success
- Encourages **learning** and **shared responsibility** for setting learning goals

Supervisors as Peer Champions

Integration of peer workers in the workplace

Supervisors:

- **Educate** others in the workforce about the peer support roles and practices
- Create **opportunities** for peer support workers to interact with other team members
- Work with leadership to create more **optimal** working conditions for peer workers

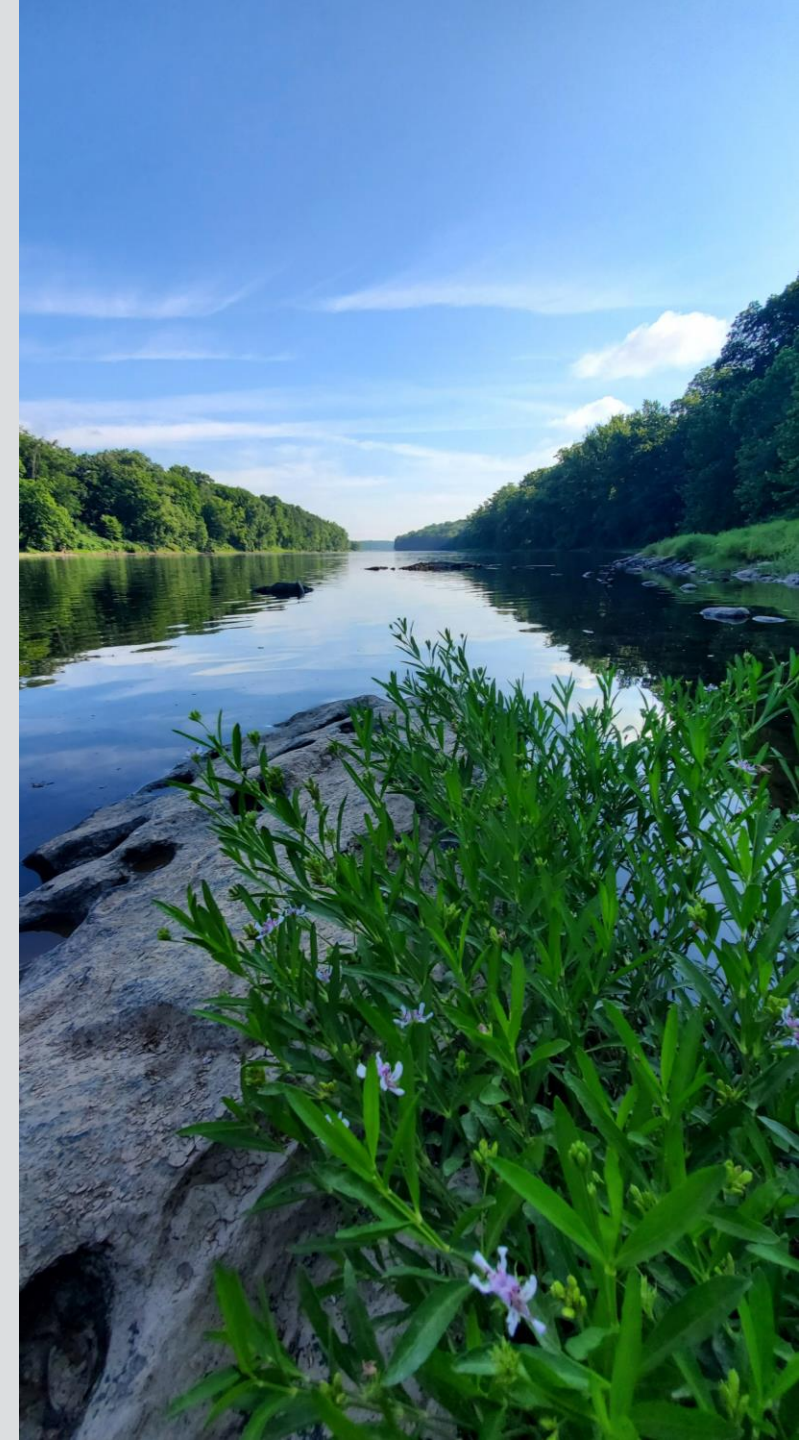


Developing Competency

Strengthening Relationship Skills

Psychotherapy trainees have been found to develop **professional competence** in the following order, indicating that a working **alliance** is essential:

- 1) skills for building rapport with the patients
- 2) skills at specific therapeutic techniques and interventions
- 3) ability to articulate a personal theory of psychotherapy



Organizational Considerations

Recovery Orientation

Organizational modeling recovery-oriented practices

- Endorse and enact recovery-oriented practices and values
- Believe in the capacity of peer workers to **grow** and develop professionally
- Frame difficulties as learning **opportunities** and structure learning opportunities to help the worker grow
- Support the development of **individualized** professional goals





Recovery-oriented Values

Grounding services in what is important

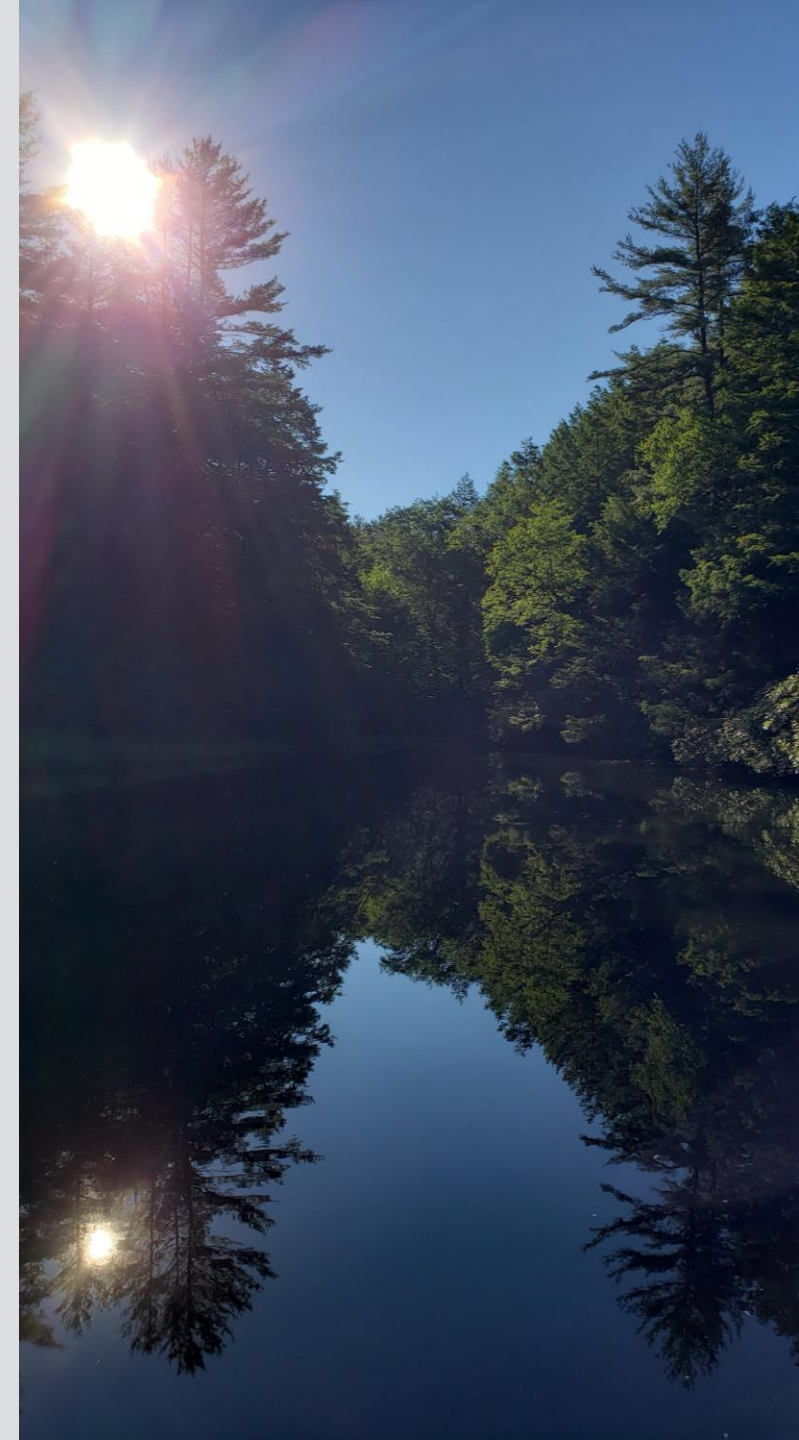
- Hope: inspiring growth **potential**
- Person-centered: based on individual **aspirations**
- Strength-based: focused on **talents**
- Personal responsibility: holding people **accountable** for their commitments
- Interdependence: a balance between teamwork, autonomy, and mutual support
- Supervisors **model** these values in their work
- Agencies operationalize values in their policies, procedures, and practices

Development of Knowledge and Skills

Every worker is unique

Supervisors:

- Teach workers the knowledge and skills they need to perform work tasks
- Evaluate work performance through **direct** observation, co-working, assessments, and reflection in collaboration with the peer worker
- Structure learning opportunities to help workers **grow**
- Advocate for worker's participation in **on-going training**



Growth Focused

Reframing challenges as opportunities across our programs



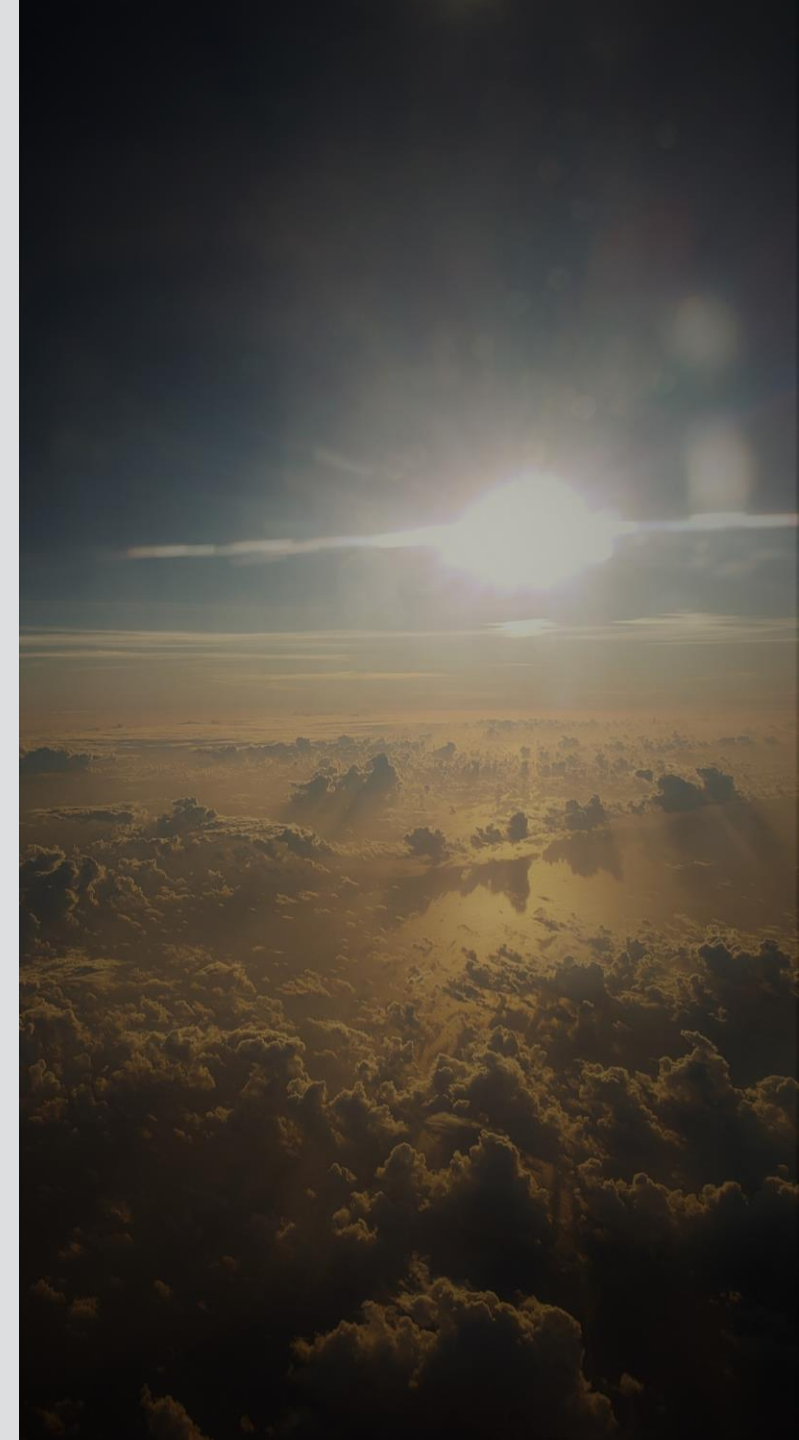
Focusing on strengths does not mean ignoring problems



Supervision frames problems as learning opportunities



Feedback and self-assessment are tools in strengths-based supervision



**What's
Next?**



Factors in Retention

How Do We Keep People Engaged?

- Premature dropout of patients from therapy has been found more frequently with inexperienced therapists
- Therapists with more than 6 years of experience had higher percentages of patients who improved and lower percentages of patients who deteriorated

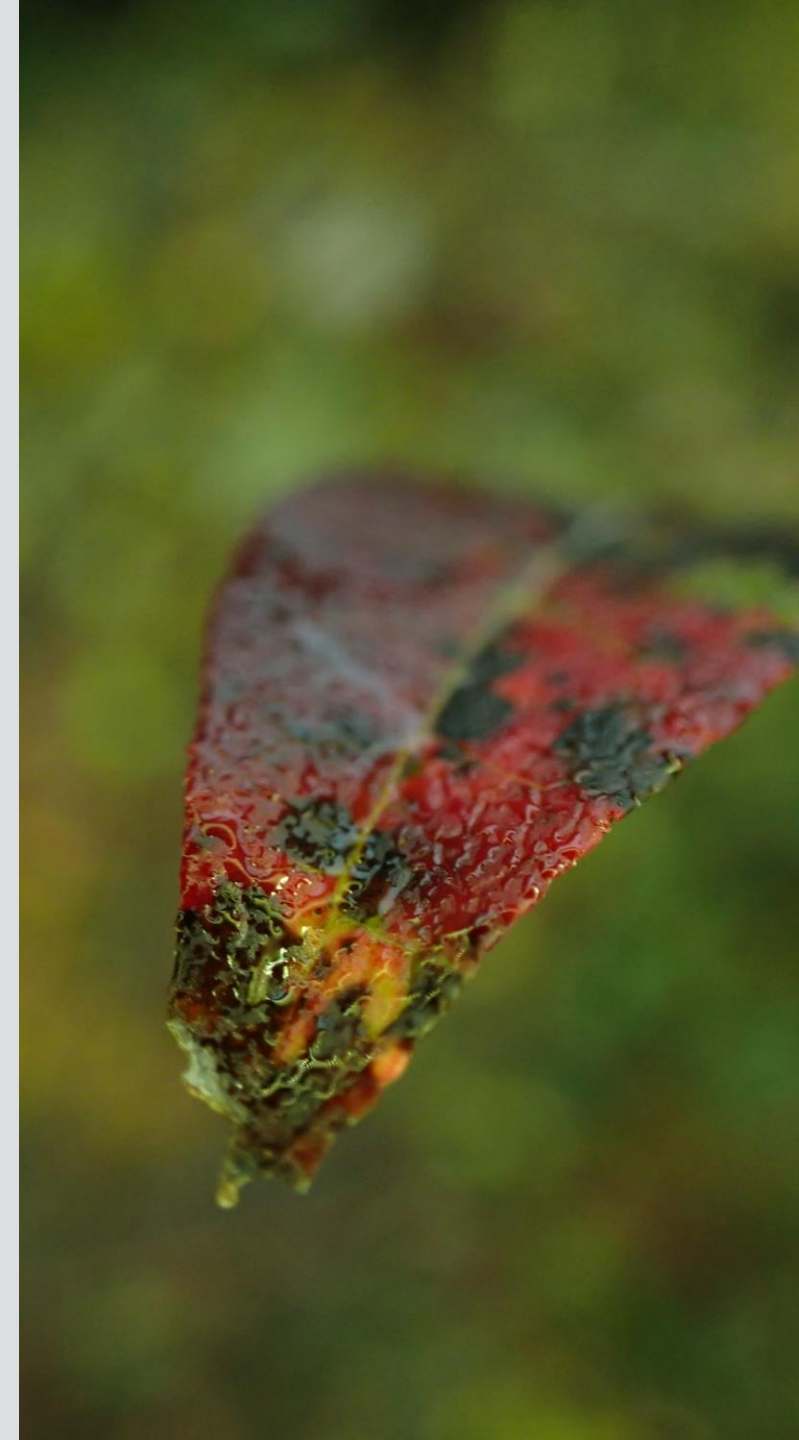
Social & Recovery Capital

Stage of Recovery Journey

The therapeutic alliance is very important for “in treatment” outcomes, and what happens with patient outcomes impacts worker PS

Strong recovery capital is associated with better patient outcomes

Better patient outcomes are associated with improved PA



Ingredients

Elements that improve patient care

Empathy – The ability to share feelings is paramount

Expertise – The client must sense that you possess the skills to help

Hope – Underlying belief that change will happen

Strength-Based – Strengths emphasized over barriers





Hard But Important Stuff

Lives are at Stake

- Being open, authentic and vulnerable are key elements to establishing and sustaining PS.
- Focusing on PS can be a challenge when programs are struggling with high demand and staff turnover.
- It is important to strike the right balance to ensure people experience a place of hope.
- Perceived physical safety is vital

Challenging times are times of
innovation and growth.

What we do next matters!

Sources

- Slide 12 & 13** - Edmonson, A.C. (1999) Psychological Safety and learning behavior in work teams. *Administrative Science Quarterly*, 35, 333-363
- Slide 14 & 15** - Newman, A., Doanhue, R., Eva, N. (2017). Psychological Safety: A systematic review of the literature. *Human Resource Management Review* 27, 521-535.
- Slide 16** - Carmeli, A., & Gittell, J. H. (2009). High-quality relationships, psychological safety, and learning from failures in work organizations. *Journal of Organizational Behavior*, 30, 709–729.
Carmeli, A., & Zisu, M. (2009). The relational underpinnings of quality internal auditing in medical clinics in Israel. *Social Science and Medicine*, 68, 894–902.
- Slide 20** - Green, S., Howard, G., Perkins, H., & Traylor, H. (2021). COVID-19 and employee psychological safety: Exploring the role of signaling theory. *Industrial and Organizational Psychology*, 14(1-2), 199-201. doi:10.1017/iop.2021.41
- Slide 21 – 24** Ohio PHP. (2022). The Impact of the Covid-19 Pandemic on the Health and Well-being of Ohio's Healthcare Workers. Retrieved from: https://nursing.ohio.gov/wp-content/uploads/2022/04/2022-01-20_OhioPHP_Well-Being_Survey_Executive_Summary_FINAL.pdf?highlight=status
- Slide 25** – Mercer, P. (2022). New COVID-19 Study Highlights Suicide Risk to Health Care Workers. VOA. Retrieved from <https://www.voanews.com/a/new-covid-19-study-highlights-suicide-risk-to-health-care-workers-/6435362.html>
MedPage Today. (2021). Pending Wave' of Nurse Substance Use Problems? — Signs point to deepening issue with alcohol, drugs as nurses battle through the pandemic. Retrieved from: <https://www.medpagetoday.com/nursing/nursing/96449>
University of Utah. (2021). MORE THAN HALF OF COVID-19 HEALTHCARE WORKERS AT RISK FOR MENTAL HEALTH PROBLEMS. Retrieved from <https://healthcare.utah.edu/publicaffairs/news/2021/01/covid-mental-health.php>
- Slide 28** - Bhatnagar K, Srivastava K. Job satisfaction in health-care organizations. *Ind Psychiatry J*. 2012 Jan;21(1):75-8. doi: 10.4103/0972-6748.110959. PMID: 23766585; PMCID: PMC3678186.
- Slides 29** - O'Donovan, R., Van Dun, D. & McAuliffe, E. Measuring psychological safety in healthcare teams: developing an observational measure to complement survey methods. *BMC Med Res Methodol* 20, 203 (2020). <https://doi.org/10.1186/s12874-020-01066-z>
- Slide 34** - Cabral, L., Strother, H., Muhr, K., Sefton, L., & Savageau, J. (2014). Clarifying the role of the mental health peer specialist in Massachusetts, USA: Insights from peer specialists, supervisors and clients. *Health and Social Care in the Community*, 22(1): 104–112.
- Slide 35** - INAPS. (2013). National Practice Guidelines for Peer Specialists and Supervisors. Retrieved from: <https://www.peersupportworks.org/wp-content/uploads/2020/08/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors.pdf>



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