

# Creating Learning Environments for Compassionate Care (CLECC)

**A cultural change programme to improve  
workplace well-being for nursing teams**



# CONTEXT

Unease about the well-being of the UK's health and social care workforce is not new, but a backdrop of significant industrial unrest - in part triggered by the additional stressors of the Covid-19 pandemic - has brought these concerns to the fore. Nurses in particular are at high risk with a suicide rate 23% higher than the national average, and with the highest levels of occupational stress and resulting distress from infectious disease outbreaks such as Covid-19.<sup>1,2</sup>

The 2021 House of Commons Health and Social Care Committee 'Workforce burnout and resilience in a Covid-19 context' Inquiry highlighted that **reducing workforce stress and burnout would attract and retain skilled staff, keep them well, and enable them to provide high-quality care.**<sup>3</sup> The inquiry report emphasized that expecting individual staff to take responsibility for their own resilience in the face of stress was unhelpful. Instead, **solutions need to focus on preventing and tackling stress at a system level.** A key area for intervention identified in the inquiry report was ensuring that staff **work in supportive, nurturing and inclusive working cultures** with a focus on **compassionate leadership, reflective learning and shared governance.** Achieving this cultural change will require active intervention with carefully designed and evidence-informed programmes of intervention.

CLECC (Creating Learning Environments for Compassionate Care) is an innovative multi-faceted team-based programme that develops health and social care teams to **improve dialogue, learning and support between team members (Figure 1).** When introduced, it has been shown by University of Southampton research funded by NIHR to be an important way to improve nurses' well-being and to support teams in the delivery of compassionate patient care.

"To me CLECC is about giving staff tools to ensure that they support themselves to do a hard job. So it's about providing - a nurse with the knowledge of what they need to deliver ... compassionate care or high-quality person-centred care, whatever you want to describe it as - every day, at a high quality standard, is what we have to aim for, but also with you having some insight into how your behaviour affects both your patient and your staff."

**SNooz (Director)**



## ABOUT THE RESEARCH

The original evaluation was conducted on **six wards** providing older people's care in **two NHS acute care hospitals.** It used **randomized controlled trial methods** and interviews with staff to evaluate the feasibility and impact of CLECC in practice. The costs of setting up the intervention and training staff came to £10,000 per year. The resulting study findings have been published in leading international journals including *BMJ Quality and Safety*, *BMJ Open* and *NIHR Health Services Delivery & Research.*<sup>5,7</sup> Operational outputs from this project include the **CLECC Toolkit, endorsed by Mark Radford** NHSE's Deputy Chief Nursing Officer, which can be implemented immediately.<sup>8</sup>

Preliminary findings from research on wider use of CLECC in other settings, including mental health care (funded by NHS England), confirm the findings from the original study.



Figure 1: Overview of CLECC programme theory<sup>4</sup>

# FINDINGS

1. Nursing staff identified important benefits to their well-being and to patient care of engaging in CLECC activities. CLECC provided new opportunities for valued learning and social support for the emotionally demanding work of patient care. Despite high workloads, CLECC empowered managers and frontline care staff to reflect on local culture and practice, and to make changes to improve care quality particularly for easily marginalized groups such as older people with cognitive impairment. Pilot trial findings also showed that the quality of social interaction improved between staff and patients on wards using CLECC compared to control wards.
2. CLECC has been carefully designed to support nursing staff learning and wellbeing, develop sustainable leadership and the delivery of compassionate care.
3. Team and senior leadership are critical to sustaining benefits at the ward level. Findings also reflect that implementation of CLECC varied between teams, particularly over the longer term, reinforcing the need to actively translate CLECC ideas between different settings, to invest effort in making sure teams are ready for CLECC and, critically, for senior leadership to allocate resources to sustaining it beyond the initial set-up. The Covid-19 context risks that the important issues that CLECC addresses are overshadowed and the resulting negative effects on staff well-being, recruitment, retention and patient care may well be exacerbated.

# RECOMMENDATIONS

This study shows that to increase productivity and aid nurse retention national and local leadership must **prioritise nursing staff support and well-being** in policy and practice. By valuing and supporting compassion as a vital dimension of care this project offers three recommendations for action



## Enhance retention rates

by investing in introducing and sustaining programmes such as CLECC for NHS and social care teams in a range of settings



## Enhance medium term productivity

through staff resource allocation at Trust and team level factoring in time away from the direct point of care for staff to engage together in dialogue, reflective learning and mutual support.



## Make room to recharge and share

Prioritising the provision of physical space which nursing teams need for work-based dialogue, mutual support and learning. The space needs to be close enough to patient areas to make it accessible. and its use encouraged by senior and ward level management.

"I thought they [cluster discussions] were a really good idea, not just to bring up problems but to also say - actually we did this this morning, this went really well - for someone to say - oh that was good or thank you, just thank you for your hard work this morning, we were really under pressure this morning and everyone's worked really well as a team, thank you."

**Noo8**



“CLECC for me, is about giving the staff the empowerment to feel like they can sit and do things with patients that are compassionate rather than task orientated, so rather than just doing the observations and just doing the washes, just having a chat with the patient about their life, their family or sitting and doing an activity with them; rather than just, we’ve got to get the washes done, we’ve got to get the observations done – which do still need to be done but it’s about giving the staff that that empowerment of being able to say, let’s do something a bit different.”

**Team Manager**



## Contact us

We would welcome the opportunity to provide you with more information about this project, its findings and its outputs through a tailored briefing session.

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## Find out more

<https://www.southampton.ac.uk/publicpolicy/support-for-policy-makers/policy-projects/creating-learning-environments-for-compassionate-care.page>



## Citations

<sup>1</sup> Office for National Statistics. Suicide by occupation, England: 2011 to 2015 <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015> Accessed 10.07.20212017

<sup>2</sup> Maben J, Bridges J. Covid 19: Supporting nurses’ psychological and mental health. *J Clin Nurs* 2020;DOI: 10.1111/jocn.15307

<sup>3</sup> House of Commons Health and Social Care Committee Workforce burnout and resilience in the NHS and social care <https://committees.parliament.uk/publications/6158/documents/68766/default/> Accessed 10.07.20212021

<sup>4</sup> Bridges, J. & Masterson, A. (2022) *Creating Learning Environments for Compassionate Care: a programme to support leaders and teams to deliver compassionate care. Manual for facilitators. Version 5.* Southampton: University of Southampton, NIHR ARC Wessex.

<sup>5</sup> Bridges J, May CR, Fuller A, et al. Optimising impact and sustainability: a qualitative process evaluation of a complex intervention targeted at compassionate care. *BMJ Quality & Safety* 2017;26(12):970-77.

<sup>6</sup> Bridges J, Pickering RM, Barker H, et al. Implementing the Creating Learning Environments for Compassionate Care programme (CLECC) in acute hospital settings: a pilot RCT and feasibility study. *Health Services and Delivery Research* 2018;6(33):1-166.

<sup>7</sup> Gould L, Griffiths P, Barker H, et al. Compassionate care intervention for hospital nursing teams caring for older people: a pilot cluster randomised controlled trial *BMJ Open* 2018;8:e018563. doi: 10.1136/bmjopen-2017-018563

<sup>8</sup> NIHR Applied Research Collaboration Wessex 2023 Publication Imminent Available at <https://www.arc-wx.nihr.ac.uk/research-areas/ageing-and-dementia/creating-learning-environments-for-compassionate-care-clecc-in-mental-health-settings-an-implementation-study/clecc-guide-and-tools/>

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