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### Recession and Regulation Bring New Challenges to Acute Hospital Staff Counselling Services

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**The value to the individual of the psychological insights and psychotherapeutic inputs of workplace counselling has long been anecdotally recognised by acute hospital managers. New research, however, suggests that the adoption of a broader organisation-wide approach by counsellors may yield additional benefits in difficult times.**

Research for this qualitative study was undertaken last year in Beaumont Hospital in Dublin, Ireland. This busy 750 bed hospital provides a comprehensive range of adult acute services to a local community of 250,000 people and specialist tertiary services at regional and national levels. Beaumont has the usual internal dynamics found in any large hospital, including intense competition for resources between different disciplines and departments, each keen to optimise their provision of services to patients. However, the qualitative study found that the unique combination of new budgetary challenges arising from economic recession and the demands of ever increasing regulation has significantly added to these normal pressures.

#### Internal Dynamics

Internal dynamics, involving segregation between different groups of workers with differing backgrounds, views, values and beliefs, often leads to a breakdown of shared meaning and understanding. These processes have been much studied and are well understood.

The Irish healthcare system is increasingly adopting an multidisciplinary team approach which, in addition to the direct patient benefits it affords, may well help to break down this sense of disconnection and segregation between different groups of staff.

But cultural change of this kind can be slow, especially where the existing culture is strongly embedded. Various studies in this area have demonstrated that multidisciplinary teams can have difficulty creating a common sense of purpose because the approach challenges professional groups to set aside their historical roles and identities in favour of previously unknown and untested values and beliefs.

#### External Stress Factors

In Ireland, the normal internal dynamics have been exacerbated, however, by new external stress factors – recession and regulation. Hospitals are trying to meet their primary responsibilities, the care of patients, with ever decreasing budgets. Recruitment embargoes, non-replacement of departing staff and budget cuts in every area inevitably create an underlying sense of unease and insecurity throughout the organisation.

At the same, time, the Irish healthcare system is undergoing a period of radical change in terms of regulatory standards. Many of these directly relate to the work done by hospital staff but are largely set without direct input from the staff affected. Also, while hospital staff may well be sympathetic to the patient welfare objectives underlying them, there is an understandable level of concern about their implications. Increasing standards may involve not just extra work but significant additional accountability, at a time when staff already feel under additional pressure due to cutbacks and are insecure about the future.

#### An Emotional Workplace

Back in 1994, Psychiatrist and Psychoanalyst Dr. Anton Oberholzer noted that, at an unconscious level, hospitals can act as "emotional containers" for society's projected fear of illness and death. Seen from this perspective, checks and counter checks may be viewed as an attempt by society to manage anxiety and achieve surety. Dr. Oberholzer suggested that it was almost as if, with multiple checks and balances in place, mistakes could be avoided and death in some way eluded. In light of this, it is not surprising that the study at Beaumont confirmed Sigmund Freud's earlier observation that people working in anticipation of making a mistake may well experience the same anxiety as if they had actually made one, so that anxiety felt within the system is passed on to the individual.

#### Staff Counselling Service

A main focus of the study was to identify ways in which the Staff Counselling Service (SCS) at Beaumont Hospital could evolve to meet these new challenges. Participants believed that SCS could play a greater role in supporting change management and in providing a reflective space for management support. They also saw value in its reporting directly to senior management.

SCS may have early knowledge of broader organisational issues through its individual counselling work. Thus it has the potential to provide feedback on "hotspots" in the organisation and also to provide a reflective space for managers, giving them a chance to understand emerging concerns and devise ways of responding to them before they reach crisis proportions.

The potential for SCS to support change initiatives, working with systemic issues and directly linking in with senior management, was also identified. There is a view that SCS could afford management a better feel of the "human pulse" of the organisation. Opportunities were also identified for staff counsellors to assist in training in the area of emotional intelligence, in teambuilding activities and in managing difficult work

situations.

One interesting and perhaps unexpected possible role for SCS was suggested. A number of participants spoke of the need for SCS staff to be seen "walking the wards", providing support to the clinical directorates and integrating more with other disciplines within the hospital. The authors of the study believe this may indicate that SCS staff are being called to witness the difficulties at the "frontline", perhaps even to act as an "emotional container" for the anxieties being experienced by staff. This would certainly tie in with the well understood psychotherapeutic value to an individual of knowing that someone else understands the difficulties he or she is experiencing, even if the person with whom that knowledge is shared is not in a position to change the situation in any way.

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