

## Article

# Mental Health staff views on improving burnout and mental toughness

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**Mental health staff views on improving burnout and mental toughness**

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# Mental health staff views on improving burnout and mental toughness

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## Abstract

**Purpose-** Burnout in mental health staff is acknowledged as a major problem. The purpose of this paper is to gain an understanding of mental health staff views on improving burnout and mental toughness in mental health staff.

**Design/methodology/approach-** Ten participants from two mental health rehabilitation units across the North West of England took part in a Nominal Group Technique (NGT). Participants consisted of mental health workers from varied roles in order to capture views from a multidisciplinary team. The main question posed to the staff was *“What strategies and techniques do you think could help improve burnout and mental toughness in mental health staff”*.

**Findings-** The study revealed that the top three ideas to take forward to help improve burnout and mental toughness in mental health staff were improving the culture/organisation, improving staff wellbeing and education. Additionally, staff were highly motivated and enthusiastic about engaging in discussion about what could be done to improve their wellbeing and the importance of taking this forward.

**Originality/Value-** This study is unique in involving mental health staff in discussing their ways of improving their mental health. It is also unique as it has found the nine strategies to do this and these could be used in targeted training for mental health staff.

**Keywords** Mental health, Intellectual disability, Training, Burnout, Mental toughness, Staff wellbeing.

**Paper type** Research Paper

## Introduction

Mental health services have recently seen an increase in demand for their services (Lasalvia *et al.*, 2009). High-volume work demands and targets in these services make it a pressurised environment to work in (Dowthwaite, 2016). Working in mental health is complex, there are pathways for different stages of the individual's condition and there is a wide range of mental health conditions and different roles within the mental health services (National Health service, 2016).

Mental health staff face challenges working in these settings, partly due to the complex nature of the conditions they are working with, including at times

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3 challenging behaviour from service-users, which can be stressful for the staff  
4 (Jenkins *et al.*, 2004). In addition, they also face organisational pressures such as  
5 low staffing levels, long shifts and more demands, with low levels of support  
6 (Lasalvia *et al.*, 2009). A combination of these factors can be linked to mental health  
7 staff experiencing burnout (Lasalvia *et al.*, 2009).  
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### 9 10 *Burnout in mental health staff*

11  
12 Burnout in mental health staff is acknowledged as a major problem, with as much as  
13 67% of mental health workers experiencing high levels of burnout (Morse *et al.*,  
14 2012). Staff working in mental health and intellectual disability services are  
15 particularly vulnerable to burnout due to factors such as low staffing levels, client  
16 pressures and lack of support (Jenkins *et al.*, 2004). The definition of burnout has  
17 been described in different ways (Chemise, 1980; Burke *et al.*, 1993). However, the  
18 most favoured and accepted definition is one that has multiple dimensions of  
19 emotional exhaustion, depersonalisation and reduced personal accomplishment  
20 (Maslach, 1996). A reduced sense of personal accomplishment, refers to a negative  
21 self-evaluation of work and how well an individual feels they are fulfilling their job  
22 role. Emotional exhaustion refers to feeling depleted and fatigued. Depersonalisation  
23 includes negative attitudes towards work and clients. Burnout has shown to have a  
24 negative impact on the wellbeing of staff (Toppinen-Tanner *et al.*, 2005). Burnout can  
25 also undermine the quality of services provided between staff and service-users  
26 (Carney *et al.*, 1993). It may also lead to staff being less able to be empathetic,  
27 collaborative and attentive to service-users (Corrigan, 1990). Staff with burnout have  
28 been linked to having negative attitudes towards service-users, in terms of being  
29 distant and rejecting towards them, which in turn has been linked to poorer outcomes  
30 in service-users with severe mental health (Holmqvist and Jeanneau, 2006).  
31 Therefore, ways of improving levels of burnout in mental health staff is vitally  
32 important.  
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### 38 *Mental Toughness*

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40 Mental Toughness describes the capacity of an individual to deal effectively with  
41 stressors, pressures and challenges, and perform to the best of their ability,  
42 irrespective of the circumstances in which they find themselves (Clough *et al.*, 2002).  
43 It is suggested that those who can use energy positively during times of crises and  
44 pressure and during challenging and demanding situations, are able to have positive  
45 attitudes and this reflects high mental toughness (Loehr, 1982). Strycharczyk and  
46 Clough (2015) have found that mental toughness can be taught and enhanced to  
47 individuals from a wide variety of backgrounds. They created the 4Cs model, which  
48 suggests that overall mental toughness is a product of four key factors. This includes  
49 seeing challenge as an opportunity, having high levels of self-belief and confidence,  
50 being committed to and being able to stick to tasks and believing that you control  
51 your own destiny. They have found that mental toughness can be developed through  
52 the learning of mental toughness training and techniques (Strycharczyk and Clough,  
53 2015). Mental toughness coaching strategies may include positive thinking,  
54 visualisation, goal-setting, attentional control, relaxation and anxiety control  
55 (Strycharczyk and Clough, 2015). Crust and Clough (2011) suggests that mental  
56 toughness can be enhanced in individuals by providing a challenging yet supportive  
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environment, providing an effective social support mechanism and encouraging individual reflection. Therefore, if an individual can deal with pressure and stress more effectively due to being mentally tough, this may improve the levels of burnout in that individual (Gerber *et al.*, 2015). However, this has never been investigated in mental health staff. Previous interventions with mental health have included clinical supervision (Hyrkas, 2005; Edwards *et al.*, 2006), psychosocial interventions (Ewers *et al.*, 2002; Doyle *et al.*, 2007; Redhead *et al.*, 2011) and social support (Jenkins *et al.*, 2004). However, although these interventions showed improvements in some of the dimensions of burnout, these interventions were not informed by staff opinions. It is more beneficial to allow staff to actively be involved in developing training to improve staff wellbeing and training should be informed by staff opinions and consultation (Coates and Howe, 2015).

It is important that mental health staff wellbeing is taken seriously and that new interventions are developed to help staff to keep themselves well. Interventions that improve an individual's perceived burnout and mental toughness could be hugely beneficial for staff wellbeing as well as having an impact on the care and interactions provided to service-users.

This study was part of a PhD project with the aim to develop a targeted mental health training package for mental health staff. The staff involved in the study were informed that their ideas would be taken forward to help develop this, which they would be invited too if they were interested. It was explained that the training aimed to improve staff wellbeing by improving self-reported burnout and mental toughness in mental health staff.

### Aim of the present study

This study aimed to gain an understanding of mental health staff views on improving burnout and mental toughness in mental health staff.

### Method

#### *Recruitment*

Participants were identified from two mental health rehabilitation services in the North West of England. Each service had approximately 20 members of staff. The services supported service-users with psychosis as well as other conditions such as depression, anxiety and intellectual disabilities. In the first instance, the manager of the services agreed for a poster advertising the study to be put up. All staff from these services were then sent a letter of invitation, information sheet and consent form in one envelope in their pigeon hole. The manager had requested this as the best way to recruit across these services, due to varying shift patterns and to avoid feeling coerced. The staff then contacted the researcher to express their interest in participating. Ethical approval for this study was granted from the University of Central Lancashire Ethics Committee on 26/09/16. No ethical concerns were identified.

### Participants

Participants were sampled via maximum variation purposive sampling to capture a wide range of perspectives relating to burnout and mental toughness. The sample allowed greater insights to be gained by looking at mental toughness and burnout from different angles, from mental health workers of different age, gender, profession and time working in the service. Inclusion criteria included any individual that had been working in any role in the mental health sector for at least 3 months.

### Conduct of the NGT

The group discussion lasted approximately 2 hours in total. The session included a clear introduction, why the NGT was being used, as well as that a new wellbeing training package for mental health staff is proposed. The researcher gave definitions for burnout (Maslach *et al.*, 1996) and for mental toughness (Clough *et al.*, 2002) in order to clarify that all participants agreed with the definitions. The NGT question was then presented to the group:

*“What strategies and techniques do you think could help improve burnout and mental toughness in mental health staff?”*

The process consisted of five stages. Stage 1: Participants were asked to write ideas in brief phrases and to work silently and independently. Stage 2: Each individual engaged in a round-robin feedback session to concisely record each idea (without debate from the group). The researcher recorded all ideas from the group on a flip chart that the whole group could see. Stage 3: Each recorded answer was discussed for clarity and importance. Ideas that were similar were discussed and grouped together under one heading, which the staff called themes. Stage 4: Individuals voted privately to prioritise the ideas and ranked these themes from their most favoured action to least favoured action. Stage 5: Individuals reported their priority list back to the group. Votes were tallied and calculated to identify the themes that were rated highest by the group as a whole. The ideas that were most highly rated by the group were most favoured group actions or ideas in response to the question posed at the start.

### Results

A total of 10 participants took part in the Nominal Group Technique (NGT), this included a mix of staff from the two services that were initially approached. Participants included staff from varying roles and included one clinical lead, two art psychotherapists, one project worker, one occupational therapist/therapy lead, two support workers, two mental health nurses and one assistant psychologist. Of the 10 participants, 7 (70%) were female and 3 (30%) were male. The median age of the female staff was 35 years (range 23-57 years). The median age of the male staff

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3 was 51 years (range 50-53 years). The median length of time of the participants  
4 working in their present post was 2 years 1 month (range 3 months- 24 years)  
5 indicating a wide range of experience from different mental health workers in the  
6 group.  
7

### 8 *Definitions of burnout and mental toughness*

9  
10 The participants were asked if they were happy with the definitions of burnout and  
11 mental toughness that were given or wished to offer alternative definitions. The staff  
12 not only agreed with these definitions, they also displayed motivation and  
13 enthusiasm to discuss these topic areas as the definitions appeared to immediately  
14 resonate with the staff.  
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17 These definitions developed some interesting discussion. One staff member noted  
18 that they  
19

20 *“would like to learn strategies to become mentally tough, so they could use these*  
21 *skills when they needed them, such as in times of stress and pressure”.* (P6)  
22

23 Another staff member from another profession also added  
24

25 *“from the definition given I can see areas of mental toughness I would like to improve*  
26 *on straight away’* (P3).  
27

28 It was interesting to note that during the discussion of these definitions, staff thought  
29 that there may be a link between mental toughness and burnout and one individual  
30 commented that  
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32 *“improving one of these areas might improve the other”.* (P2)  
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### 37 *The NGT*

38 The staff had numerous ideas (41 items were recorded) on what strategies and  
39 techniques they thought could help improve burnout and mental toughness in mental  
40 health staff (Table 1). Ideas that were similar were discussed and grouped together  
41 under one heading. The group chose 9 headings for the ideas to be grouped  
42 together under; the staff called these headings themes. These consisted of  
43 culture/organisation, staff wellbeing, education, teambuilding, positive  
44 thinking/feedback, support, relaxation, communication and the environment. Table 1  
45 shows how each specific idea was placed under each theme, the order of themes  
46 voted and the definition for the themes.  
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50 The most favoured action identified in the NGT was improvements in the culture and  
51 organisation. The least favoured action to take forward was the environment.  
52 Although the group came up with 9 themes, the importance of each of the 41  
53 individual ideas was acknowledged.  
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55 Many important comments were made relating to the NGT question. In particular,  
56 throughout the discussion the staff commented on their perception that very little  
57 is done to look after or improve staff wellbeing in mental health services.  
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3 One staff member commented on why they thought the existing support in place isn't  
4 always useful

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6 *"Is it a cultural thing? Supervision is in place but sometimes I don't get chance, we*  
7 *don't complain, just dig in and crack on, when really we should go and get*  
8 *supervision. I've felt quite stressed at times if I have not been able to get supervision*  
9 *because my supervisor off sick or something, I don't go and complain, I just crack*  
10 *on, but really is that the right thing to do?". (P10)*

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12 Much of the discussion focussed on why they thought the ideas they had come up  
13 with would be beneficial. Some of the quotes from the group discussing the benefits  
14 can be seen in Figure 1.

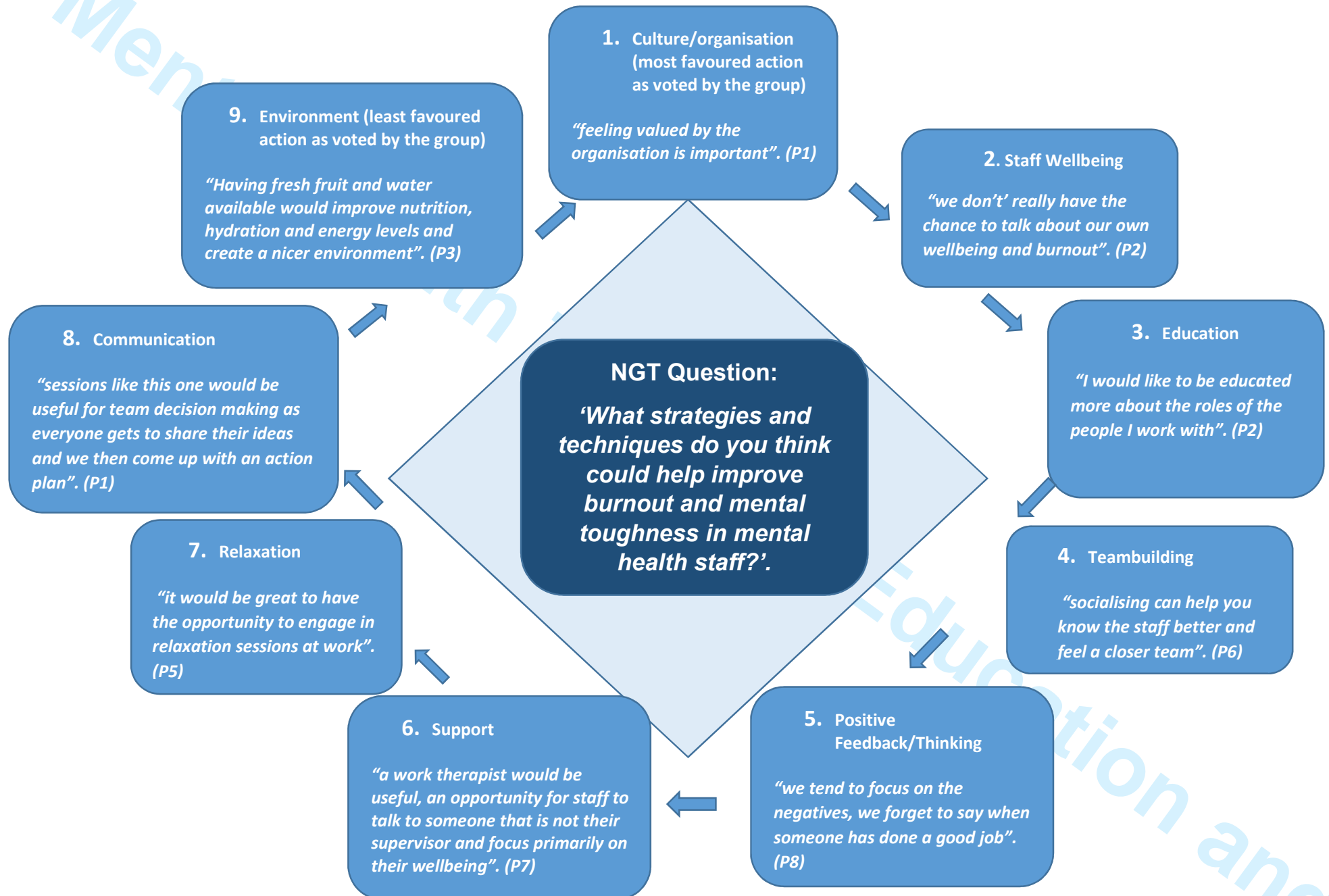
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17 When the votes were tallied and calculated from the group, most actions received  
18 similar scores apart from the theme of environment. Therefore, although  
19 culture/organisation was the most favoured action, the other themes of staff  
20 wellbeing, education, team building, positive feedback, support, relaxation and  
21 communication were rated fairly equally by the staff as important actions to take  
22 forward.  
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Table 1 individual ideas from the group, the themes, order voted and definitions.

Individual Strategy	Theme	Order Voted	Definition of Theme
Involving the team in decision making. Staff incentives for good work. Organisation to understand staff wellbeing needs better. Create a positive culture throughout the organisation. Start/end the day with something positive e.g. 5 minutes to reflect on what did well.	<b>Culture/ Organisation</b>	1	related to anything that involved higher management, the organisation and the way in which they worked.
Recognise burnout. Learn anxiety control/ stress reduction. Mental toughness coaching strategies. Visualisation. Learn a good work-life balance. Learn coping strategies to use daily. Mental health wellbeing days for staff. Opportunities to refresh the coping skills. Learn confidence and self-esteem skills. Burnout and mental toughness Assessments.	<b>Staff Wellbeing</b>	2	involved anything relating to keeping well, including burnout, mental toughness, stress and anxiety. It included any specific strategy that could help with wellbeing.
Training for staff for their role. Training for staff to help them develop new skills. Opportunities to learn from other professionals. Education about what is burnout and what is mental toughness. See progression from training in day to day activities by goal setting.	<b>Education</b>	3	included ideas that would increase knowledge and understanding. It included training, development and anything with an educational aspect.
Away days, time away from work to bond with staff team. Staff groups e.g. Breakfast club. Socialising outside of work e.g. nights out, afternoon tea. Support each other, even if task outside of job role e.g. random acts of kindness.	<b>Teambuilding</b>	4	included anything that involved the staff socialising, improving staff relationships and time together in and outside of work.
Positive feedback more often to colleagues. Engage in peer appraisal and positive recognition. Learn to engage in positive thinking rather than negative thinking.	<b>Positive Thinking/ Feedback</b>	5	involved improving positive attitudes, thoughts and behaviours.
Personal supervision- opportunity to discuss personal issues. Clinical supervision- discuss difficulties with the team. Work therapist/councillor for staff. Peer supervision for burnout- discuss wellbeing with their peers. Set manageable and clear goals throughout the team, and support each other to achieve these.	<b>Support</b>	6	included any support for staff either internally or externally. Included any supervision, any support groups and any therapy/counselling.
Use relaxation techniques at work e.g. breathing techniques. Exercise e.g. yoga, tai-chi, walking groups available to staff. Time and space at work to relax e.g. mindfulness sessions. Massage.	<b>Relaxation</b>	7	included anything that would help the staff to relax, keep calm and reduce stress and anxiety. It included using relaxation at work and having time and space to relax and unwind at work.
Clearly understand roles by open and clear communication. Handovers and de-briefing.	<b>Communication</b>	8	included anything that involved staff improving how they respond and communicate to each other.
Environment set up so that everyone can do their job effectively e.g. enough computers, chairs, stationary. Provide a quiet space for staff to go to during work. Fresh fruit and water always available to staff to improve nutrition, hydration and energy levels.	<b>Environment</b>	9	involved any practicalities that would help improve the working environment, such as rooms, furniture and equipment.

Figure 1 The themes as chosen by the staff, the order the group ranked these, along with quotes from the group.



## Discussion

### *Improving burnout and mental toughness*

This study shows that staff working in a mental health setting are motivated and enthusiastic to discuss issues around improving their mental health. The top three important themes were: 1) culture/organisation 2) staff wellbeing 3) education. These findings were in line with previously published theoretical and empirical papers. The results have also added value and new knowledge, by generating additional insights to the participants' perspectives and priorities, as well as giving valuable practical pointers for implementation.

The top priority action to take forward from the NGT was improvements in the **culture and organisation**. This included ideas such as involving the team in decision-making. Previous research identified that it is paramount that new training and initiatives, to improve staff wellbeing and burnout should be informed by mental health staff views and ideas (Coates and Howe, 2015). Therefore, carrying out the NGT was an important process of the development of this training. It is also essential that the staff will be able to see clearly that the training has been created based on their feedback and feel listened too (Coates and Howe, 2015). The staff wanted the organisation to understand staff wellbeing needs and have a better awareness of this issue e.g. training for higher management on staff wellbeing. Previous authors suggested that it is beneficial for management to participate in wellbeing training. Scarnera *et al.* (2009) found that teaching managers leadership skills and involving them in wellbeing training such as positive thinking workshops is beneficial, as perceived support from managers can affect burnout levels. Therefore, the NGT findings reinforce earlier published work that all staff (including managers) should be involved in wellbeing training.

The second priority action related to **staff wellbeing** techniques. This included helping staff to recognise and prevent burnout by teaching specific techniques e.g. anxiety control, stress reduction. In previous training 84 participants were encouraged to learn relapse prevention for burnout, which showed improved burnout rates (Salyers *et al.*, 2011). Therefore, the NGT findings concur with other studies that staff wellbeing training should allow staff to learn about burnout and ways of preventing this. Under this theme, staff reported that they would like training on specific techniques that may make them more mentally tough. Mental toughness coaching strategies may be able to improve areas such as performance, resilience and wellbeing (Strycharczyk and Clough, 2015). The development of mental toughness may be achievable through the coaching or training of specific techniques. These techniques include visualisation, positive thinking, attentional control, goal-setting, anxiety control and relaxation (Strycharczyk and Clough, 2015).

The NGT participants emphasised that developing a good work-life balance by learning skills to help with time-management and goal setting would help improve mental toughness and burnout. This supports previous findings that has displayed that goal setting may be useful, as interventions such as clinical supervision, which

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3 involves group goal setting can be beneficial in reducing burnout in these settings  
4 (Edwards *et al.*, 2006).  
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6 The mental toughness literature also supports that goal setting and learning to  
7 prioritise tasks is beneficial for improving mental toughness. Strycharczyk and  
8 Clough (2015) suggests that goal setting helps prioritise and motivate individuals in  
9 tasks.  
10

11 Amongst the staff wellbeing techniques, was confidence and self-esteem training.  
12 Positive changes in burnout have been found due to the implementation of self-  
13 esteem workshops (Carson *et al.*, 2001). Techniques such as visualisation which  
14 can help with confidence and self-esteem are also noted to improve mental  
15 toughness (Sheldon *et al.*, 2006). Therefore, self-esteem and confidence training is  
16 found to be effective in previous studies and viewed as important in the NGT.  
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19 The NGT group also suggested under the heading of staff wellbeing that there  
20 should be mental health wellbeing days for staff and regular opportunities to refresh  
21 the coping skills they have learned. Practicing wellbeing strategies is important for  
22 their effectiveness, with Sheldon and Lyubomirsky (2006) concluding that it may be  
23 important to encourage regular practice of such techniques in a training programme  
24 for mental health staff. In addition to this, the consideration of refresher or follow up  
25 sessions, in order to maintain the effectiveness of the techniques was considered  
26 beneficial (Sheldon and Lyubomirsky, 2006).  
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29 Staff in the NGT also thought that it would be worthwhile for burnout and mental  
30 toughness to be assessed by the workplace, so goals could be made on how to  
31 improve. The *Mental toughness questionnaire 48 (MTQ48)* (Clough *et al.*, 2002) has  
32 been found to be useful in assessing which interventions are most useful in  
33 improving mental toughness and with different people (Strycharczyk and Clough,  
34 2015). It also allows individuals to see their strengths and limitations and set goals to  
35 work on these (Strycharczyk and Clough, 2015). The *Maslach burnout Inventory*  
36 (*MBI*) (Maslach *et al.*, 1996) also allows staff to see how they score in each of the  
37 three dimensions of burnout.  
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40 The third priority action was **education**. During the NGT staff agreed that training  
41 and education are essential in improving burnout and mental toughness. The ideas  
42 they suggested included increasing knowledge to make them more confident and  
43 able to fulfil their responsibilities effectively. Some of the wellbeing training was  
44 placed under the heading of staff wellbeing rather than education, as selected by the  
45 staff. When mental health staff learn new ways of working with service-users, this  
46 can improve burnout, as they feel they have more skills to work effectively with those  
47 individuals (Ewers *et al.*, 2002). Others that have explored the use of training to  
48 reduce mental health staff burnout have often focussed on teaching staff  
49 psychosocial interventions (PSI) as a way of doing so (Ewers *et al.*, 2002; Doyle *et*  
50 *al.*, 2007; Redhead *et al.*, 2011). The skills taught often help staff become more  
51 empathetic towards service-users, by increasing their understanding of mental health  
52 and learning strategies to work through problems effectively, that service-users may  
53 be experiencing (Ewers *et al.*, 2002). The findings are consistent in suggesting that  
54 education focussing on new ways of working is valuable.  
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3 Apart from the top three priority themes, the other six themes suggested by the staff  
4 were still rated as important and will be incorporated in the proposed training. Theme  
5 four- **teambuilding**- included ideas such as away days and time away from work to  
6 bond with the staff team. Group teambuilding has been found to be effective in  
7 reducing burnout, as well as improving morale and job satisfaction (Robinson-  
8 Kurpius and Keim, 1994). Theme five- **positive feedback/thinking**- suggested that  
9 learning to engage in positive thinking rather than negative thinking would be helpful.  
10 Training to manage negative emotions, thoughts and increase positive thinking may  
11 reduce burnout (Scarnera *et al.*, 2009). Theme six was **support**. There are positive  
12 outcomes in terms of reduced burnout levels in mental health staff with the use of  
13 clinical supervision, which provides support to staff (Edwards *et al.*, 2006). However,  
14 a recognised problem of using clinical supervision to improve burnout in mental  
15 health staff, is that individuals don't always get the opportunity and time out of  
16 normal working duties to attend these sessions and they are not always regularly  
17 available (White and Roche, 2006). Although **relaxation** as a technique to improve  
18 burnout and mental toughness was prioritised as seventh, the staff were motivated  
19 when discussions were had about the benefits of relaxation techniques in the  
20 workplace. Goodman and Schorling (2012) support that a mindfulness course can  
21 reduce burnout in healthcare providers. As well as training on formal mindfulness  
22 practices, the course focussed on how mindfulness could be applied in the  
23 workplace, an area that the NGT emphasised as important. Positive and constructive  
24 **communication** was seen as important during the NGT discussion in improving  
25 burnout and mental toughness, even though rated eighth in the themes.  
26 Communication is important for staff wellbeing, negative communication should be  
27 minimised and staff should be encouraged to have discussions that are helpful and  
28 constructive (Jenkins *et al.*, 2004). Although voted as the least favoured action to  
29 take forward by the group, the staff still selected **environment** as a theme. Staff  
30 require time and space to immerse themselves in the wellbeing techniques they are  
31 taught and being away from work in a different environment is beneficial (Razzaque  
32 and Wood, 2016).  
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37 As discussed the findings are in line with previously published theoretical and  
38 empirical papers. However, this study is unique in involving mental health staff in  
39 discussing their ways of improving their mental health. It is also unique as it has  
40 found nine strategies to do this and these could be used in targeted training for  
41 mental health staff.  
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### 45 *Implications*

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47 The NGT primarily aimed to find out what strategies and techniques mental health  
48 staff thought could be helpful to improve burnout and mental toughness. The  
49 findings of this study will be used to develop a staff wellbeing training package for  
50 mental health staff. However, in addition to developing ideas for the training the study  
51 had other possible implications.  
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### 55 *Including staff in the development of training*

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3 An important factor throughout this process is that staff thought it was beneficial for  
4 them to be included in the decision making process of what should be included in a  
5 wellbeing training package for mental health staff. The importance of making the  
6 staff feel their opinions and ideas were valued and that the training would be relevant  
7 to them was apparent. According to Coates and Howe (2015) it is important to  
8 include mental health staff in developing and designing wellbeing initiatives. The staff  
9 reported and agreed that if they were more involved in developing training for  
10 themselves, that they would feel more committed and invested in the training. If  
11 training is seen as something that is compulsory or 'a means to an end' then staff  
12 expressed that they are not fully immersed in the training. Evidence shows that  
13 initiatives adapted to the needs and preferences of individual clinical services and  
14 staff are more effective (Coffey *et al.*, 2004; McCray *et al.*, 2008). It was clear that  
15 from being involved in the development of this wellbeing training package that they  
16 were interested and enthusiastic about implementing this and taking it forward.  
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### 19 20 *Using the NGT to start discussions on wellbeing*

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22 The NGT proved to be a beneficial method for aiding the group discussions. It also  
23 had additional benefits that were not known prior to the implementation of the NGT.  
24 This included the benefits of starting a discussion with the staff about their own  
25 wellbeing and what they thought could help improve this. Simply allowing the staff  
26 space and time to have the opportunity to discuss wellbeing as a topic was evidently  
27 important to the staff that attended. With staff finding that simply talking about the  
28 definitions of burnout and mental toughness, sparked enough interest to get them  
29 starting to think about their own wellbeing and how to improve this. Discussing  
30 wellbeing and a burnout prevention plan with colleagues can be a beneficial tool and  
31 is recommended in burnout prevention training (Salyers *et al.*, 2011).  
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### 34 35 *Limitations of the study*

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37 Despite the NGT been a successful method for data collection some limitations of  
38 this method are recognised. The NGT can be regimented in the way that it focusses  
39 on one question and has a single purpose in a one off meeting. Although during this  
40 group the staff engaged in discussion to share ideas and add clarity to points made,  
41 it is recognised that compared to other methods the NGT can minimise discussion.  
42 Therefore, it is sometimes argued that this can limit the full development of ideas and  
43 be less stimulating for the individuals involved (Cantrill *et al.*, 1996). However, as this  
44 method allowed for effective data collection with the staff and positive feedback was  
45 received from individuals, this method was successful for this study.  
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### 48 49 *Future recommendations*

50  
51 The findings from the NGT will be of great value in developing a wellbeing training  
52 package for staff burnout and mental toughness. It is recommended that the NGT is  
53 a beneficial method to capture mental health staff views on what could improve their  
54 wellbeing. Further recommendations would be to carry out the NGT with the same  
55 question at different services. This could include asking the same question to staff  
56 from other mental health rehabilitation services, including those from other  
57 organisations. This could include services and organisations from areas outside of  
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3 the North West, across the rest of United Kingdom. It could also include carrying out  
4 the NGT with services other than mental health rehabilitation, such as with staff in  
5 hospital settings, on acute wards and those working in the community. This would  
6 allow for comparison of ideas from different mental health settings and different  
7 organisations. It would be interesting to discover if the opinions on strategies and  
8 techniques to improve burnout and mental toughness were universal or are specific  
9 to services or organisations. This would allow more generalizable wellbeing training  
10 packages to be developed. Alternatively, it may suggest that each service has  
11 different opinions and that it would be beneficial to always directly include the staff in  
12 the development of a wellbeing training package for each individual service.  
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## 15 Conclusion

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17 Staff who engaged in the NGT discussion displayed a clear interest in the topic area  
18 of improving staff wellbeing. They offered many ideas and engaged in open  
19 discussion on the strategies and techniques that they thought could help improve  
20 self-reported burnout and mental toughness in mental health staff. They also valued  
21 being engaged in the decision making process and development of the proposed  
22 training package. This study showed that mental health staff want to improve the  
23 organisational culture towards mental health and their wellbeing and want to be  
24 educated about this topic.  
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