Clinicians’ awareness of staff - patient dynamics and processing emotional impact; determining validity and reliability of The Relational Aspects of CarE scale (TRACE)

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Developing the TRACE

Background

• Working with disturbed patients poses challenges for staff

• Dynamics are more intense when working closely / long-term with patients in forensic settings

• Clinicians’ awareness of staff-patient dynamics and openness of clinicians and the organisation as a whole to process / make sense of the emotional impact of the work

• May well be disturbing for treating clinicians
Background

Reflective practice groups

- Aim to try and help staff register their responses to patients, explore the meaning of these in terms of the interpersonal dynamics, consider the potential for unhelpful responses and explore helpful ones (Thorndycraft & McCabe 2008; McAvoy 2012; Johnston & Paley 2013).

- For clinicians who are overly emotionally disturbed by the patients the groups can help provide perspective and objectivity; and for clinicians who have become more detached and inured to clinical work the groups encourage closer awareness of the emotional aspects (Evans 2016).
Background

• There is a need for robust evaluation

• A first step is investigating impact of reflective practice groups on staff

• No existing suitable outcome measure to capture this
### Development of a measure:

#### Content
- 20 items
- Uses a 5-point Likert scale
- Items relate to clinician awareness of staff-patient dynamics
- Higher scores indicate improved awareness

#### Intended use
- Designed to capture clinician awareness of staff-patient dynamics and capacity to process emotional impact
- First time used in high secure forensic services

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Selection of the TRACE items

Starting point: searched through qualitative studies on reflective practice and established themes that had been generated

Developed this basic information into questionnaire items

Items refined for comprehension and readability
Rationale for the present study

• A number of questionnaires exist that examine staff attitudes / perceptions while working with challenging patients.

• Given the increasing use of reflective practice and the importance of protecting staff, it is important to establish the TRACE’s validity and psychometric properties to increase the quality of reflective practice evaluation.
Research aims

- Determine the underlying psychometric structure
- Explore convergent validity

Permissions

- Ethical approval from UWS and TSH Research Committee and R&D approval via TSH
- Exempt from NHS REC (IRAS) (staff participants)
Participants

Multi-professional staff sample (N = 80) from high secure forensic mental health setting

**Discipline of participants**
- Nursing: 76%
- Psychology: 9%
- Medical: 4%
- OT: 5%
- Other: 6%

**Gender**
- Female: 71%
- Male: 29%
Participants

Average age was 39 years (range 23-65). Participants had worked in mental health for an average of 15 years and in their current role within the high secure unit for an average of 10 years (range = 1-29)

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Developing the TRACE
Participants

Number of reflective practice groups attended sub divided by discipline

- Nursing
- Medical
- Psychology
- OT
- Other
Aim 1
Determine the underlying psychometric structure of the TRACE

*Exploratory factor analysis*
## Exploratory factor analysis

<table>
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<th>Step</th>
<th>Outcome</th>
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| 1. Assessed suitability for factor analysis  
KMO, Bartlett’s Test | No items unsuitable; none removed |
| 2. Determined possible number of factors  
Scree test | Suggested 1 to 5 factors |
| 3. Specified models  
Models with 1-5 factors specified using principal axis factoring and **varimax** rotation | n/a |
Developing the TRACE

- Awareness of common responses
- Normalising and discussing feelings
- Fondness
- Hopelessness / Affectionate
- Utilising feelings
Developing the TRACE

1. When working with a/some patient(s) I am aware of feeling.... anxious
2. ....a dislike towards him/them
3. ... angered
4. ...’cut off’ or not interested
7. When working with a/some patient(s) I notice myself...responding in a harsh way
8. ....acting in a rejecting way
10. ...avoiding him/them
14. I feel comfortable talking to colleagues about feelings to do with work.
16. I sometimes (e.g. at least monthly) have the opportunity to talk with colleagues about feelings to do with work.
13. Having feelings (e.g. anxiety, anger etc) in response to patients is unprofessional.
12. Staff should discuss their emotional responses to patients with colleagues.
11. Having feelings (e.g. anxiety, anger etc) in response to patients is weak.
20. When I have a different view to colleagues about a clinical situation I feel able to express my ideas.
15. When at work staff should try and block out their feelings to do with patients.
17. How I feel when I’m with a patient can tell me something useful about the patient’s state of mind

18. Talking with colleagues about my feelings to do with patients improves relationships with patients

19. My emotional responses to a patient can potentially lead to unhelpful actions by me
6. When working with a/some patient(s) I am **aware of feeling a sense of hopelessness**
9. When working with a/some patient(s) I notice myself showing extra affection
5. When working with a/some patient(s) I am **aware of feeling fondness and a wish to care**
Aim 2
Explore convergent validity of the TRACE

Relationship between scores on the TRACE and Attitudes to Personality Disorder Questionnaire (APDQ) and Mentalization Questionnaire (MZQ)
Preliminary convergent validity

**Participants:**
N = 80

**Measures:**
• The Relational Aspects of CarE scale (TRACE) (Polnay and Walker)
• Attitudes to Personality Disorder Questionnaire (Bowers & Allan, 2006)
  37-item staff self report measure on attitudes of PD patients

  - **Enjoyment:** warmth for and interest in contact with PD patients
  - **Security:** lack of fears, anxieties in relation to PD patients
  - **Acceptance:** absence of anger towards and sense of difference from patients
  - **Purpose:** feelings of meaning and purpose in the work
  - **Enthusiasm:** energy and absence of tiredness in the work

**Hypothesis:** TRACE scores will positively correlate with APDQ scores

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Preliminary convergent validity with APDQ

**Participants:**

\( N = 80 \)
Preliminary convergent validity

**Participants:**

N = 80

**Measures:**

- The Relational Aspects of CarE scale (TRACE) (Polnay and Walker)
- The Mentalization Questionnaire (MZQ) (Hausberg et al., 2012) is a 15 item self-rating scale with 4 sub scales:
  - *Refusing self-reflection* (e.g., “Most of the time it is better not to feel anything”.)
  - *Emotional awareness* (e.g. “Sometimes I only become aware of my feelings in retrospect”.)
  - *Psychic equivalence mode* (e.g. “Often I feel threatened by the idea that someone could criticise me or offend me”.)
  - *Regulation of affect* (e.g., “Often I can’t control my feelings”.)

**Hypothesis:** TRACE scores will positively correlate with MZQ scores
Preliminary convergent validity with MZQ

Participants:
\[ N = 80 \]
Further data analysis

Tests of intra rater reliability
Used Intra Class Correlation (ICC) [continuous data and more than 2 raters] on 10% of the sample.

The average measure ICC score was .94, with a 95% confidence interval from .78-.98 (F=17.4, p<.001)

Result indicate excellent agreement by raters (Fleis, 1986; P&W, 2009).

If above .92 = excellent.
Further data analysis

APDQ
Using the Attitudes to Personality Disorder Questionnaire (APDQ) there is no significant difference in scores of people who attended the reflective practice group by comparison to those who did not attend ($t = .66, df = 77, p = .51$).

MZQ
Indicates no significant difference between groups ($t = -.48, df = 78, p = .62$).

TRACE
Indicates no significant difference between groups ($t = 1.19, df = 78, p = .23$).

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In summary

- Reflective Practice offered across Scotland to mental health practitioners
- Consider use of TRACE as outcome measure
- Five factor structure: (1) Awareness of common responses (2) Normalising and discussing feelings (3) Utilising feelings (4) Hopelessness/Affection (5) Fondness

Future work

1. Repeat with Broadmoor data
2. Finalise item set
3. Test-retest reliability
4. Sensitivity to detect change
5. Further validity research

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References

Thank you

For further information on the TRACE please get in touch

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