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Morning Connections: How do you support hospital staff working remotely during a global pandemic without providing 'staff support'?

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Abstract
When lockdown was announced in the United Kingdom, kitchen tables transformed into offices overnight, as many National Health Service (NHS) workers adapted to new ways of working from home. To respond to the developing situation, we established a programme of weekly 'Connections' meetings where staff could be together, remotely. This article describes the evolution of our Morning Connections and Oncology Connections virtual meetings, including the content of sessions, how they were evaluated and whether they met their intention to support colleagues during a particularly challenging time, both personally and professionally, for NHS staff.

Keywords
Staff Support, COVID-19, COVID-19 Staff Support, NHS Staff, Connecting Colleagues

The remote workforce of the National Health Service

When the UK Prime Minister announced official 'lockdown' on 23rd March 2020, kitchen tables transformed into offices overnight as the UK's workforce, including many National Health Service (NHS) workers, adapted to new ways of working from home. For many healthcare professionals this meant navigating virtual clinic appointments, whilst colleagues on site faced longer hours, redeployment and a higher risk of contracting COVID-19. With equal measures of gratitude and guilt, the remote workers of the NHS clapped each Thursday evening for their team members still in hospital, mindful of their privilege working safely at home. Yet not all 'NHS Heroes' wear Personal

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Protective Equipment (PPE), and the remote workforce of the NHS, and indeed of our Paediatric division at University College London Hospital (UCLH), faced their own unique and unprecedented challenges of how to keep non-COVID related healthcare services going during periods of lockdown. It was these challenges that contributed to setting up the initiative 'Morning Connections', a virtual group intended to facilitate staff connections during the COVID-19 pandemic.

Staff support during COVID-19

As a result of fast changing working conditions across the NHS and high demands placed on doctors, nurses and allied health professionals working to tackle the pandemic, many Psychologists were recruited to support NHS staff through the crisis. The necessity for this additional support occurred on a backdrop of an already financially burdened and burnt-out NHS workforce (Murray et al., 2014), only exacerbated by the pandemic. Emotional exhaustion, depersonalization from patients and low personal success encompass staff burnout (Maslach & Jackson, 1981), which is associated with worse patient care and higher staff absence and turnover (Johnson et al., 2018). NHS staff require flexible support at a peer, organisational and professional level (Billings et al., 2021). At the peer level, established group interventions for healthcare professionals, such as 'Schwartz Rounds', have shown to reduce staff burnout and improve team cohesion, staff wellbeing and patient care (Allen et al., 2020). Within paediatric cancer care, staff support most commonly encompasses reactive 'debriefs' following patient deaths, whilst proactive facilitated support groups are less frequent (Beresford, 2018). During a pandemic, healthcare staff are at increased risk of burnout and adverse mental health outcomes (Chen et al., 2020) and support that reinforces social connection between colleagues protects the mental wellbeing of frontline workers (Tam et al., 2004).

A drive to support the wellbeing of staff on the frontline occurred both on a national and local level, with many Psychologists, Counsellors and Therapists called upon to offer additional 'staff support', but guidance on how best to do this was limited. During the first week of April 2020, four members of the Child and Adolescent Psychology Team at UCLH met to think about how best to support staff within their own Paediatric Division during this period of change and uncertainty.

Our context

The paediatric and adolescent division at UCLH is a busy central London service comprising a wide range of acute and tertiary services including paediatric diabetes, epilepsy, general paediatrics, adolescent services for young people with complex medical conditions, urology and cancer services. Additionally, there are two inpatient wards within the hospital specifically for adolescents and children under 12 years old, offering acute, rehabilitation and day care services. Staff groups include nursing, medical, physiotherapists, occupational therapists, play specialists, social workers and administrative and management staff. The Child and Adolescent Psychology team sits within the Child and Adolescent Psychological Medicine service, including psychiatry, psychotherapy and clinical psychology, which provides support to young people and staff with the paediatric and adolescent division.

The pandemic had an immediate and significant impact on the usual ways of working for the division. Acute inpatient services for young people were centralised across North London hospitals and the UCLH inpatient wards became adult wards to help the hospital adapt to the rising number of patient admissions with COVID-19. Ward nurses were either redeployed to the adult wards or to a different hospital site. Many outpatient staff were also redeployed on a part-time basis to help with

the COVID response and reduced outpatient services were largely run remotely through video and telephone support, with many staff working from home.

Consultation and Development

Discussing how we could best be of help, we were faced with the dilemma of what we were able to offer (as we were working remotely) and when, given the ever-changing situation. Offering something that was genuinely useful to those on site and at the right time felt important. We noted that traditional "staff support" in these contexts might suggest we offer a type of "debriefing" space; despite research showing the potential harm caused by early intense psychological intervention in traumatic situations (McNally et al., 2003; NICE, 2018; Rose et al., 2002). We also wondered about how safe a space might feel to talk in the 'eye of the storm' and reflected on the importance of creating a 'safe place to stand' for our colleagues (Ncube, 2006).

Through informal consultation with nurses on the ward (discussion and in team meetings), it seemed that the opportunity for breaks and a cup of coffee was needed much more than any kind of formal therapeutic space at that time. Some previous research described how medical staff often decline psychological intervention in these contexts on the basis of not feeling that they are experiencing 'psychological distress' (Chen et al., 2020); with psychologists often pathologising this distress and describing *"a constant struggle [for medical professionals to] receive mental health care"* (Rugema et al., 2015). We wondered if these findings might connect with the pressure felt by many NHS staff to continue to provide care in adverse circumstances (Jiang, 2020; Khalid et al., 2016; Nickell et al., 2004) with a strong focus on the need for 'resilience' to get through these times (Traynor, 2018).

So what support, if any, could be offered that would be both wanted and useful to our colleagues, at that moment in time? We thought about all our colleagues across the paediatric division and the ripple effects of the pandemic. The impact of traumatic events is not limited to those on the front line, for example ambulance call centre workers were also at risk of trauma-related mental health difficulties following the London 2007 bombings, as well as those in front line responses teams (Misra et al., 2009). We reflected on our own experience of suddenly working remotely, and separately to our colleagues and hospitals; there was a very sudden upheaval and sense of uncertainty. There were challenges of remote working; from troublesome internet connections to cats appearing on screens, we shared how much we missed casual 'corridor conversations', both personal and professional, and working in a large busy office. We found ourselves more isolated during a time of great uncertainty. Indeed, it was these personal connections within our teams that made the working day enjoyable and felt the biggest loss whilst working from home. There was also a sense of guilt of being part of the hospital but not on the 'front line' and a worry for our colleagues within the division who had been redeployed, and colleagues across the hospital (Maunder et al., 2003). We found this was echoed by other multi-disciplinary colleagues; that the biggest challenge of working from home was working alone. Cohesiveness and connection has been found to be a protective factor for teams working in traumatic situations (Bridges et al., 2018; Jones et al., 2012; Maben & Bridges, 2020). There was a challenge in providing face-to-face support to paediatric staff while the workforce as staff were either working from home or split across multiple sites, often doing shift work. Staff support services at the hospital provided increased rest break areas for those on site, and drop-in support for staff on COVID wards. It was therefore agreed that finding a way of facilitating connections between remote workers and when possible, to those on site, normalising the multitude of reactions towards these unprecedented events, rather than pathologising, would be the most helpful way to support our multidisciplinary teams (MDTs) through the uncertainty of

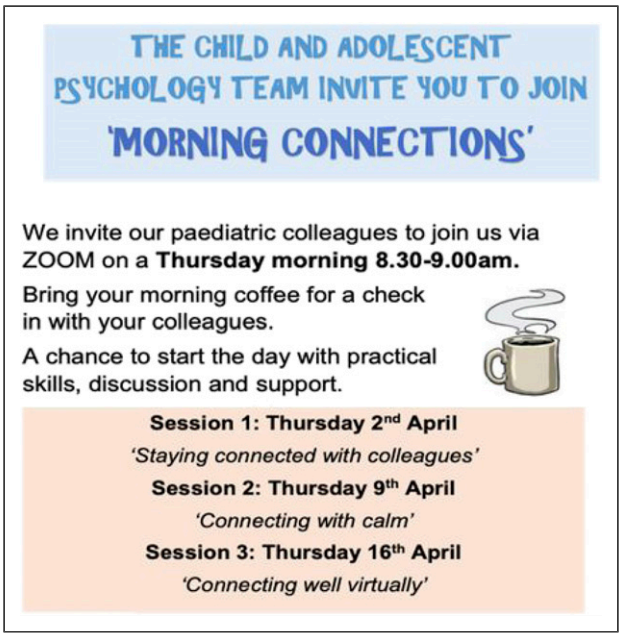

Figure 1. Morning connections poster.

COVID-19 (Walton et al., 2020). Morning Connections was set up as a way to face the uncertainty of the situation together, even if we were sitting alone physically.

Three Session Pilot

Our intention in setting up this initiative was to create a space for colleagues to re-join together and connect with one another virtually, at a time when this was no longer possible. The name 'Morning Connections' felt to us to align with this intention. The response to ongoing high stress should aim to support coping, foster resilience and reduce burnout (Billings et al., 2020). When considering the structure, content and format of the space, we were influenced by narrative therapy principles of connecting with strengths, skills, and values (White, 2007), and that in the face of trauma and challenges we all engage in small acts of resistance (Wade, 1997). We decided to run the group 8.30–9.00 a.m., during commuting time and when we might usually be connecting with one another in the kitchen over morning coffee. It felt important to consider how we would invite our colleagues; taking an expert position and offering 'staff support' when this had not been explicitly requested felt presumptuous and unhelpful. Therefore, a poster was sent out inviting all paediatric staff, both clinical and non-clinical. The poster read "Morning Connections. Bring your morning coffee for a check in with your colleagues. A chance to start the day with practical skills, discussion and support". The poster was sent out via email from an established Clinical Psychologist within the paediatric division who had positive working relationships across a number of teams (Figure 1).

Morning Connections was initially piloted as a three-session initiative. The first session was named 'Connecting with Colleagues' and was promoted as an opportunity to virtually meet and reconnect with colleagues over a morning coffee, hearing from each other where we were each working and what was helping sustain us at the current time. The second, 'Connecting with Calm'

Table 1. Example Session Structure.

Example timings	Example activity
8.15a.m.	Facilitators join zoom link
8.30a.m.	Admit attendees from zoom waiting room
8.30am–8.40a.m.	Welcome, introductions, check in
8.40am–8.50a.m.	Brief presentation from facilitators to introduce topic/discussion
8.50am–9am	Attendees invited to share their reflections
9am–9.15a.m.	Facilitators debrief and plan next session

was a Mindfulness based session focussed on helping people to find calmness and stillness during this period of upheaval, and the third 'Connecting Well Virtually' was an opportunity to share learnings early on about this new way of working and what everyone had learnt so far. The sessions were each facilitated by two of the author group to help invite attendees to speak and take turns. The facilitators were active participants to help create a sense of community. Each session followed a similar structure (see Table 1) with all participants welcomed and invited to share where their role, where they were working from, followed by a brief introduction to the topic for the session, and then an opportunity for group discussion and reflection. In each 'welcome' the facilitators briefly explained some Zoom functions, encouraged all attendees to keep cameras on and demonstrated ways of raising hands.

Morning Connections and Oncology Connections

As a result of positive feedback and attendance for the pilot sessions, we responded by coordinating a further 15 weekly sessions of Morning Connections covering a range of topics. During the pilot all attendees were working from home entirely or part-time. No nursing staff from the wards attended. We also noticed that very few staff from oncology services joined Morning Connections during the pilot, and this reduced week on week. Our psychology team is based in a large hospital which has a cancer division in addition to the paediatric division. Within our hospital the general paediatric and oncology services operate under different management structures, despite working in close proximity. The cancer service offers paediatric (up to 12-years-old) and Teenage and Young Adult (TYA; 12–24-years-old) inpatient and outpatient treatment. It felt important to think about how to reach these staff as they were also working increasingly remotely; informal feedback suggested people felt isolated, which was particularly challenging given the emotional nature of this work and the increased anxieties of their clients, many of whom had been instructed to shield due to their vulnerability to COVID-19 complications.

Using the same model as Morning Connections, an additional meeting space was also launched specifically targeted for staff working in the cancer services, which was named "Oncology Connections". This was facilitated by three members of the 'psycho-oncology' team (two clinical psychologists and a child and adolescent psychotherapist), who sent out invitations across all paediatric and TYA cancer services in the hospital. The space was also convened weekly.

Content

The content of both Morning Connections and Oncology Connections varied each week (see Table 1). Themes included: sharing stories of kindness and cultivating self-compassion, feeling guilt

(e.g. the privilege to work from home whilst hospital-based colleagues were on the 'frontline'); ideas for staying connected to wider teams while working from home; managing uncertainty; and, keeping diversity issues on the agenda while working online, including discussing how to use NHS Rainbow Badges to signal that we are still safe people with whom to discuss issues of gender and sexuality (Huckridge et al., 2021) Table 2.

As time went on, Morning Connections and Oncology Connections became less of a Psychology led intervention and more of a collaborative, shared space between attendees. Throughout the programme we encouraged ongoing feedback and topic suggestions and invited our colleagues to facilitate sessions connected to their skillset or interests, with the promise that we would do all the coordinating! This became a real opportunity to share skills and resources across the MDT and learn from one another. This included Psychiatry and Social Work led sessions on managing risk and safeguarding whilst working remotely, a session by our Hospital School Teachers on the impact of COVID-19 on young people's education, and Physiotherapy sessions on looking after our bodies whilst working in makeshift home office spaces (see Table 1). We learnt more about how our colleagues worked, despite having always worked alongside them. Feedback from staff showed us many of our colleagues enjoyed being part of Morning Connections as both an attendee and facilitator. One of our Physiotherapist attendees told us *"I had fun leading the session and it was truly my pleasure to help you all feel energised for the day"*.

Importantly, in addition to the learning, connecting and sharing of expertise, we also heard from attendees that they would value some space to have fun at the meetings. We invited our hospital resident artist to join on a couple of occasions to lead a creative activity, which brought lots of smiles and laughter. We also integrated Tai Chi and 'Sightless Discos' (dancing to music together with our cameras off). Morning and Oncology Connections shone light on the rich variety of skills, passions and talents that exist within our MDTs. One attendee shared that "I really enjoy seeing everyone on the video; it makes me feel less alone."

Following each session, resources related to the session were circulated and collated in a shared folder so that all staff, whether or not they had attended, could access them. These often included a brief powerpoint or a collection of ideas, tips and skills shared within the group. Following one Psychiatry led session on managing risk whilst working remotely, the ideas and tips shared within the group were collated into a collective document and shared amongst the wider paediatric division as part of a standard operating procedure.

Attendees

As expected, many of the medical staff working on wards during shift hours were not able to join. Despite this, many staff groups including Divisional Managers, Medical Consultants, Nurses, Physiotherapists, Occupational Therapists, Psychologists and Administrators were able to attend. 22 members of staff attended the three pilot sessions and a total of 54 members of staff attended Morning Connections, with some attending one or two sessions and others joining most weeks. On average, we usually had around 10 attendees each week. Whilst the majority of those attending were working from home, we were also joined by a small number of staff who were working on site. This allowed those who were working in a largely empty office to feel connected to their colleagues at home and for those at home to stay up to date with changes occurring in the hospital.

We noted the most frequent attendees came from teams that the facilitating Psychologists were predominantly connected to. We believe these existing relationships contributed to the popularity and overall success of the group. No staff joined from the wards. At the end of July,

Table 2. Morning and Oncology Connections Session Content.

Session theme	Content	Facilitated by
Connecting with compassion	Included mindfulness practices and compassion focused practices. Discussion of the guilt felt whilst working from home when other colleagues were on the 'frontline'	Psychology
Connecting in crisis	Discussion and tips for responding to risk whilst working remotely	Psychology and psychiatry
Connecting with self-care	Sharing ideas of how to maintain practices of self-care during the lock-downs. Included a tai-chi practice	Psychology
Connecting well virtually	Sharing tips on best practices for working online, including hybrid working	Psychology
Connecting with kindness	Sharing stories of acts of kindness, included a loving kindness mindfulness practice	Psychology
Stop! in the name of self-love. Let's take care of the body, as we move into new ways of working	A physiotherapy led movement session focusing on how to look after our bodies particularly whilst working from home. Included a 'sightless disco'	Physiotherapy
Connecting with change	A space to reflect on the multiple changes staff were needing to navigate	Psychology
Responding to safeguarding	Reminder of safeguarding procedures with particular focus and discussion on managing safeguarding concerns whilst working remotely	Social workers
Looking after yourself during difficult conversations	Tips for inviting self-care and compassion when facing	Psychology
Managing beginnings and endings with clients and colleagues whilst working remotely	Facilitated discussion on how to say hello and goodbye to colleagues and clients when we might not be able to do it face to face	Psychology
Keeping diversity issues on the agenda whilst working remotely	Included discussing how to use NHS rainbow badges while working remotely (Huckridge et al., 2021)	Psychology
Improving sleep	A space to gain an understanding of what has been recommended by sleep professionals, and share ideas/tips that have been helpful to maintain a healthy sleep during the lockdown	Psychology
Connecting with education	A reflection and discussion on the impact of the pandemic on education and the possible opportunities for young people living with chronic health conditions	Head teacher of hospital school
Connecting with identity	Introduction to the social GGRRAAACCEEESSS as a way of understanding the intersections of identity (Burnham et al., 2008)	Social worker and occupational therapist

(continued)

Table 2. (continued)

Session theme	Content	Facilitated by
Maintaining motivation	Discussion about what keeps us motivated in our work, whether that's working from home or on site. Ideas shared about what factors might influence motivation and share tips and ideas to help maintain motivation	Psychology
Connecting with creativity	Creative sessions led by hospital artist using origami and drawing	Artist
Lockdown learnings	Space to reflect on what was learnt personally and professionally throughout the pandemic and what everyone might like to hold onto	Psychology
Keeping alive in our work	A space to reconnect with what it is that we love about our work and how we can hold onto that amidst challenging and uncertain times	Psychology

we noticed numbers began to reduce for Morning Connections as some staff members were slowly going back into hospital and others were having time off. We decided to take a 1 month 'summer break' during the month of August and then re-convene for a final Morning Connections in September.

Staff in the cancer services valued having their own space to connect and between two and eight staff each week (including nurses, allied health professionals and 'Young Lives vs. Cancer' Social Workers (who are oncology specific social workers) attended Oncology Connections. The discussions at these sessions suggested staff valued the opportunity to connect with their colleagues who were working with the same client group and attendees valued the opportunity to discuss specific dilemmas related to the oncology context during the pandemic.

Evaluation and Feedback

Following this three-session pilot, a short online survey was sent out to all attendees by email. Across the three sessions, 22 members of staff attended. These included a variety of roles including community nurses, consultants, administrators and psychologists. 13 attendees completed the survey. Six of these 13 attendees attended one session, four attendees attended two sessions and three attendees attended three sessions. Attendees were asked about the reasons they joined the group; the most popular reason was to stay connected with colleagues. Sharing tips and skills with each other were also cited as important reasons for attending. Moreover, all attendees reported finding the sessions useful and wanting them to continue.

> *"Yes, continue with discussing ways/tips to overcome the current challenges we face. Continuing to incorporate mindfulness activities as I find this very helpful."*

> *"I think continuing to think about the challenges of working online would be good, as this is such a new area and we are finding both the positives and pitfalls out as we go along, often with little or no support, clinical supervision or place to go for help. Also finding a way to articulate that working from home is challenging in a way that can be heard by those that are very frontline and COVID centric and may not value the work being done remotely in the same way."*

"It would be good to do more on managing / getting the most out of remote sessions working from home - governance issues /confidentiality etc. I found doing mindfulness together helpful - perhaps we could have 5 minutes mindfulness each time - doing something on helping young people and families cope with coronavirus anxiety. Thank you for setting these sessions up"

A further survey was sent to all Morning Connections attendees 5 months after it had been running ($n = 54$) with 15 responses. The response rate was poorer for the second survey and we wondered if this connected with the reduction in attendance we had noticed as more colleagues returned to working on site. Additionally, the hospital issued regular staff surveys to evaluate staff wellbeing and the support available, which may have increased survey fatigue. Interestingly, when asked about the main reason attendees joined Morning Connections, 75% said to stay connected with colleagues, 50% said to learn and share tips and skills, 0% said they joined for their own support and 25% selected all of the above. We were struck that not one person said they had joined the group purely for their own personal support, despite many of the sessions offering ideas and tools for emotional support. Similarly, when asked about what attendees valued most about Morning Connections, responses included "to see familiar faces", "spending time with colleagues" and "meeting up in a less formal way". One attendee said, "I feel like I don't see enough people at UCLH, things like this really help... you find yourself much more accessible" Only one attendee mentioned attending to the emotional impact of COVID-19. As psychologists, this somewhat challenged our ideas about 'staff support' and re-connected us with the original intentions of the group; to connect with each other over morning coffee. Moreover, 87% of responders wanted the group to continue either weekly or fortnightly, despite some colleagues returning to work on site.

After the first 14 weeks of running Oncology Connections, we sent a survey to all those who had attended at least one session ($n = 13$). We received five responses to this survey with the majority of respondents reporting they found the space useful and that the topics discussed were helpful. We also gathered qualitative comments, where staff let us know they found that the sessions where we focused on topics such as: *endings/identity/sharing remote working practices/services that are working remotely most helpful* in relation to supporting their clients. Also, it was helpful to think about *staying sane* in this current climate and the changed work environment, alongside how to cope with feelings of *burn out* despite *sitting at home*. The connection aspect was also reported as useful with people letting us know they valued maintaining links with colleagues.

Future directions

We drew the original Morning Connections sessions to a close in September 2020 after 20 sessions as the workforce began to increasingly work on site and attendance numbers started to reduce. In our final group we explored the theme of reactions and responses to change, in the context of structural changes occurring across the hospital, and talked about the uncertainty of our future working arrangements. Feedback from attendees was that a regular space to connect would still be useful and so we piloted three sessions of Lunchtime Connections, using a 'fireside chat' format and invited colleagues to speak about their own experiences of managing change. We decided to use this model as we hoped it would still provide an opportunity for connection between staff but would also enable stories of resilience. The timing was changed to lunchtime as we had received feedback that the morning time clashed with commuting when more people were travelling to the hospital and school drop offs. We hoped the lunch timing would enable colleagues at home and onsite to attend. However, attendance dwindled each week and we decided not to continue. It felt that the clinical

demands of being onsite made it much harder for protected space to connect with one another, and increased time on site perhaps reduced the need for this space. It may also have been that the slightly revised format was less appealing to previous attendees.

When we surveyed attendants from Oncology Connections there was a strong preference to change the frequency of sessions to 'fortnightly or monthly' (all respondents). We ultimately moved these sessions to monthly and have since evolved the group into a specific psycho-oncology and 'Young Lives versus Cancer' consultation space. These had been the most consistent Oncology Connections attenders and were also primarily working remotely, so wanted to maintain the connection opportunity.

Learnings

As we reflected on our time coordinating Connections (both Morning Connections and Oncology Connections), we as facilitators felt it was a small success story amongst the disarray of COVID-19. Firstly, drawing on feedback we received, staff reported they appreciated the balance of skills-based teaching, self-care and time for group discussion. However, it seemed the most valued aspect of Connections was its ability to join colleagues together in a relaxed and informal space that was not clinically focused. This was in line with the aim of the group to connect colleagues in a similar way to a morning cup of coffee. The sessions that were light-hearted and fun, including the art activities, sessions involving exercises and silent disco dancing, and a sharing of festive traditions over a hot chocolate at a December Oncology Connections, all appeared to create a lively and joyful atmosphere, which attendees reported enjoying. The apparent benefit of creating a lighthearted atmosphere amongst the chaos and trauma of the pandemic connects with Angel Yuen's (2009) idea of 'less pain, more gain', rather than sessions solely focused on the challenge and difficulty we were all living through. Whilst some sessions focused on clinical advice, taking a position of sharing skills and expertise offered opportunity for learning that was clinician focused rather than client focused. The feedback highlighted that attendees appreciated a personal development aspect to the group, which may also have made it more possible for the space to be protected to attend. The themes and content for each session developed organically based on requests and offers of facilitation. This meant the content was not always how we may have expected from our outset, but it was responsive to what attendees valued and the psychology facilitators always ensured there was space for interaction and connection. When working in MDTs there are many opportunities to learn from our colleagues and it seemed that remote working had left our colleagues, and ourselves, missing this.

Secondly, we believe how the group was set up and offered was an important contributor to its success. Listening to what was being asked for (or indeed, not asked for!) was important. Not assuming that our colleagues were in need of emotional support and being thoughtful in how we offered our support was important. To some degree, with the offer of a therapy group comes the assumption our colleagues are not coping. However, what we observed was the opposite; we noticed how teams across the division quickly adapted to the sudden changes brought about by COVID-19. Therefore, setting up the group with the intention of joining together disjointed teams that would offer a supportive space for us all, felt far more useful than offering explicit, therapeutic 'staff support'.

On a practical level, there were a number of relevant learnings for conducting a group virtually. During initial sessions, we found taking a more directive stance asking individuals one at a time helped relieve some of the uncertainty about if and when to contribute. We also made use of the 'chat' function on Zoom, which allowed attendees to share thoughts, reflections and ideas

throughout and for us to compile and share these after the group. We also felt it was important to model self-care strategies within the group, therefore made a conscious effort to invite attendees to 'land' and get a hot drink on arrival, then ended each session promptly and on time to allow people to have breaks before their next meeting and minimise Zoom fatigue.

In the true ethos of our systemic psychology team, we drew on the strengths, abilities and knowledge that already exists within our wider MDTs. This allowed for a collaborative group to emerge, without taking the expert position as psychologists facilitating the group. This appeared to create a space where many voices were heard and valued, at a time that felt as if decisions were being made at a higher level without choice or consultation. We therefore believe for staff to be truly engaged in any kind of staff support, it should not only attend to their needs but also highlight and utilise their resilience and resourcefulness.

The attendance of Morning Connections and Lunchtime Connections reduced over time, and the initial sessions were brought to an end, which we hope reflected a reduction in the need for the group. This also connects with a wider sense that immediate self-soothing and self-care was less in focus, as people adjusted to the 'new normal' and new ways of working, demonstrated by the Oncology Connections continuing, but becoming more of a traditional psychological consultation space. However, there were also practical challenges to attending for those on site. No ward nurses were able to attend due to the timing and staff cover. The hospital wifi connection made joining from site challenging. More engagement with managers over how to enable staff to attend if they had wished to may have made the group more accessible.

Conclusions

Morning Connections and Oncology Connections provided a responsive alternative to traditional staff support in unprecedented circumstances. Whilst it was well received, its applicability to other contexts is unclear. As the pandemic progressed and more of the workforce were able to be on site more regularly, and 'Zoom fatigue' grew, the demand for an online space to connect with colleagues reduced.

Our learnings from running the online staff groups may be applicable to other settings. Combining an opportunity for connection with personal development and skill learning was appreciated by colleagues in this health setting. The sessions were just half an hour long making them more accessible in a busy workplace. Learning from others, valuing colleagues' expertise and creating a space to bring people together, were valued more than emotional support.

A constant theme within the meetings was the significant impact of the pandemic on both the personal and professional for healthcare staff; a spirit of *collective care* emerged as attendees used the space to check in with colleagues they were not seeing as regularly as usual, whilst also generously sharing their personal self-care ideas. This seemed to allow the attendees to stand alongside each other amongst the storm of the pandemic, shouldering each other up and creating a virtual 'solidarity team' (Reynolds, 2011). We witnessed the potential for virtual communities of support to bolster resilience and the opportunities for collaboration and innovation that can be sparked through huge challenges (Weingarten et al., 2020). This extended to those of us who are writing this paper, who found great benefit in the support, camaraderie and solidarity that came from joining with our valued colleagues and facilitating the Connections spaces.

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