

Creating the conditions for good care (Retaining staff & supporting them to care well)

Professor Jill Maben
20th March 2019
 @nursingpolicy



UNIVERSITY OF
SURREY

Enabling Environments of care

Adequate staff and
good skill mix

Good role models
Motivated and
receptive colleagues

Ideas welcomed and
change encouraged

Support for staff –
mentorship and
preceptorship

Philosophy of care that
supports
compassionate care

Where staff feel valued
and receive feedback

Where staff
performance is well
managed

Where staff feel heard
and their voice counts

Excellent team
leadership

Supportive co-workers
'Family at Work'


Low demand- high
control

Space and opportunity
to 'process' work
challenges with
colleagues

Healthcare work assumptions

Key to Retention:

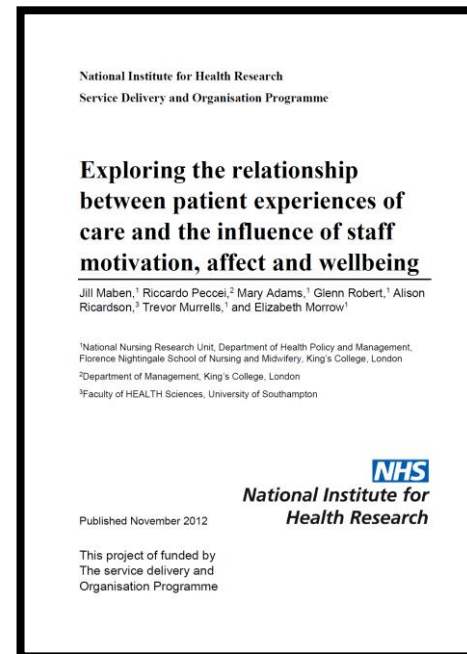
- Meaningful work / supporting patients
- 'Making a difference'
- Opportunities for development
- Improving practice
- Maintaining healthy relationships with managers / rest of team
- Working for a larger good
- Feeling valued and supported

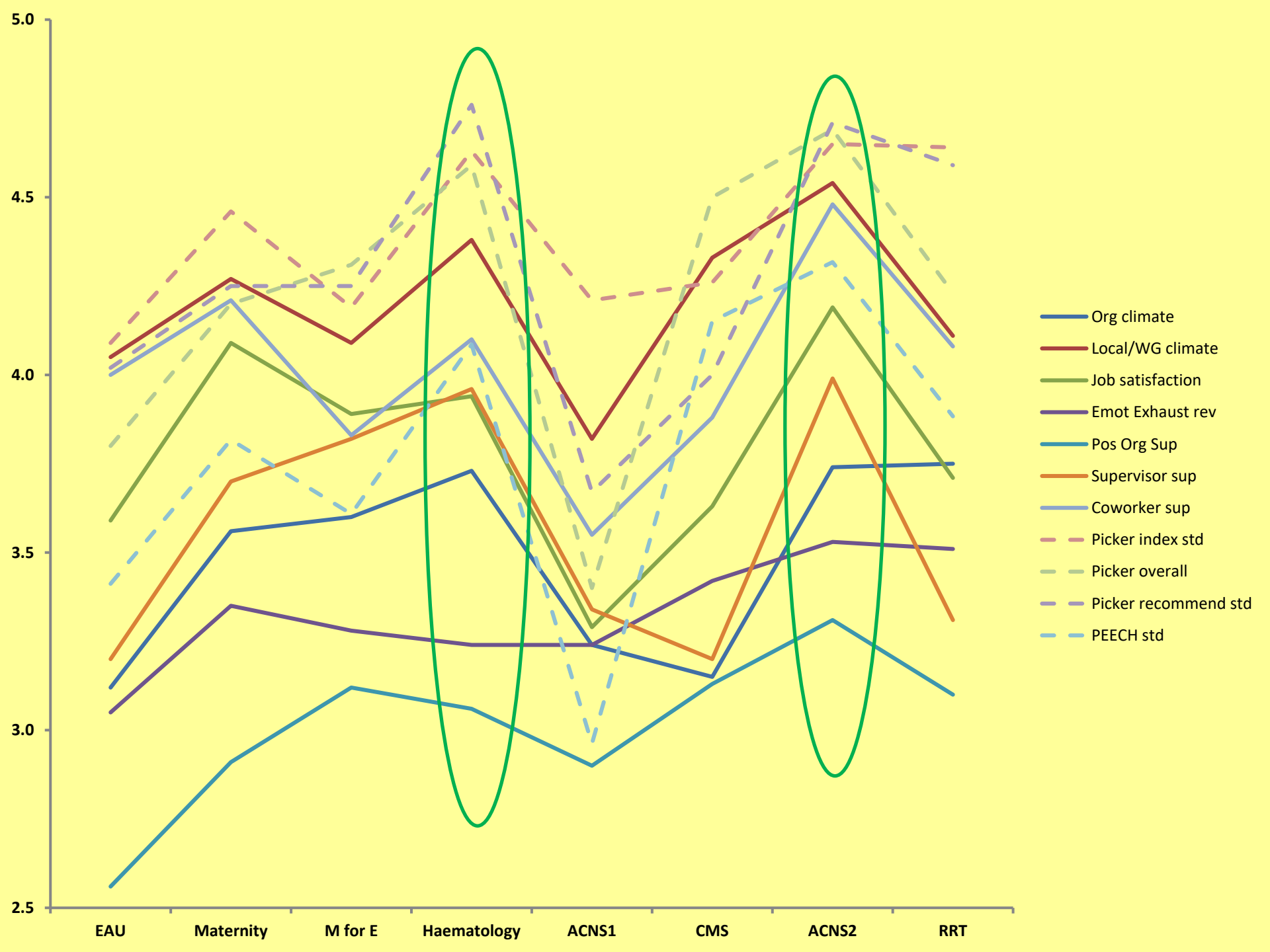
The background of the image is a dense collection of numerous small, circular buttons. Each button is a different color, including yellow, green, and pink. Every button features a simple black line drawing of a sad face, with a curved line for a mouth and two dots for eyes. The buttons are scattered across the entire frame, creating a textured, colorful backdrop.

Happy staff mean
happy patients?

Staff wellbeing an important antecedent of good patient care

- There is a relationship between staff wellbeing and (a) staff-reported patient care performance and (b) patient-reported patient experience.
- “it is the experience of healthcare staff that shapes patient experiences of care for good or ill, not the other way round”.
- Seven staff variables (“wellbeing bundles”) correlate positively with patient-reported patient experience:
 - local/work-group climate
 - co-worker support
 - job satisfaction
 - organisational climate
 - perceived organisational support
 - low emotional exhaustion, and
 - supervisor support





Factors shaping staff experience

- Local work climate key to staff wellbeing & patient experience
 - Demanding work: in high-demand work need control
 - Colleagues: A family at work: local work climate
 - Job satisfaction and ability to deliver high quality care
 - Adequate staff to do the to well (job satisfaction)
 - Good managers and leadership (who listen and respond)

NHS

NHS England survey reveals 'alarming downturn' in staff wellbeing

Number of those sick due to work-related stress is highest in five years



Waiting for dt.adsafeprotected.com...

- One in seven staff said they had been attacked by a patient or a patient's relative over the past year, especially ambulance crews and mental health staff.
- Just under one in five said they had been bullied, harassed or abused by a Colleague...

(There are) higher levels of bullying in times of organisational change, in hierarchal organisations, in the presence of destructive leadership styles, and where bullying goes unchecked through lack of disciplinary action

(NIHR Illing et al 2013 HS&DR - 10/1012/01).

Second victim

“Organisations often fail to recognise the impact of adverse events on healthcare providers who can suffer emotional distress as ‘second victims’ of the same incidents that harm patients”


Edrees et al 2016 BMJ Open

Second victim

- Gap between the second victim's need for organisational support and the organisational support provided.....
- Need for more transparency in the investigation of adverse events....
- Stress and burnout
- Suicide
- PTSD




HEE Mental Wellbeing commission


Health Education England


NHS Staff and Learners' Mental Wellbeing Commission

February 2019



Developing people
for health and
healthcare

www.hee.nhs.uk


THE NHS
CONSTITUTION
the NHS belongs to us all

“

It is not a question of whether we should be recruiting more 'resilient' people into the emergency services. What we need to do is to make sure that the organisations that people are coming into are set up in a way that can support people properly.

Spaces and places to discuss and reflect



BMJ Open Can Schwartz Center Rounds support healthcare staff with emotional challenges at work, and how do they compare with other interventions aimed at providing similar support? A systematic review and scoping reviews

Cath Taylor,¹ Andreas Xyrichis,² Mary C Leamy,² Ellie Reynolds,² Jill Maben³

To cite: Taylor C, Xyrichis A, Leamy MC, et al. Can Schwartz Center Rounds support healthcare staff with emotional challenges at work, and how do they compare with other interventions aimed at providing similar support? A systematic review and scoping reviews. *BMJ Open* 2019;0:e024254. doi:10.1136/bmjopen-2019-024254

► Reproduction history and additional material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2019-024254>).

Received 17 May 2018

Revised 27 July 2018

Accepted 23 August 2018



© Author(s) (or their employer(s)) 2018. Re-use permitted under CC BY. Published by BMJ.

¹School of Health Sciences, University of Surrey, Guildford, UK

²Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London, London, UK

³School of Health Sciences, University of Surrey, Guildford, Surrey, UK

Correspondence to: Dr. Cath Taylor; cath.taylor@surrey.ac.uk

ABSTRACT

Objectives: (i) To synthesise the evidence-base for Schwartz Center Rounds (Rounds) to assess any impact on healthcare staff and identify key features; (ii) to scope evidence for interventions with similar aims, and compare effectiveness and key features to Rounds.

Design: Systematic review of Rounds literature; scoping reviews of comparator interventions (action learning sets; after action reviews; Balint groups; caregiver support programme; clinical supervision; critical incident stress debriefing; mindfulness-based stress reduction; peer-supported storytelling; psychosocial intervention training; reflective practice groups; resilience training). Data sources: PsychINFO, CINAHL, MEDLINE and EMBASE, internet search engines; consultation with experts.

Eligibility criteria: Empirical evaluations (qualitative or quantitative); any healthcare staff in any healthcare setting; published in English.

Results: The overall evidence base for Rounds is limited. We developed a composite definition to aid comparison with other interventions from 41 documents containing a definition of Rounds. Twelve (10 studies) were empirical evaluations. All were of low/moderate quality (weak study designs including lack of control groups). Findings showed the value of Rounds to attendees, with a self-reported positive impact on individuals, their relationships with colleagues and patients and wider cultural changes. The evidence for the comparative interventions was scant and also low/moderate quality. Some features of Rounds were shared by other interventions, but Rounds offer unique features including being open to all staff and having no expectation for verbal contribution by attendees. **Conclusions:** Evidence of effectiveness for all interventions considered here remains limited. Methods that enable identification of core features related to effectiveness are needed to optimise benefit for individual staff members and organisations as a whole. A systems approach conceptualising workplace well-being arising from both individual and environmental/structural factors, and comprising interventions both for assessing and improving the well-being of healthcare staff, is required.

Strengths and limitations of this study

- This is the first systematic review of Schwartz Center Rounds (Rounds), a healthcare staff intervention from the USA that has spread rapidly through UK healthcare organisations.
- Additional scoping reviews of 11 interventions with similar aims to support the well-being of healthcare staff, enables a novel comparative analysis to key features of Schwartz Rounds.
- This paper compares other staff well-being interventions to Rounds, thereby resulting in a focus on key features of Rounds; we did not explicitly draw out key features of other interventions or compare them against each other.
- The use of scoping reviews for comparator interventions, and exclusion of evidence in populations other than healthcare staff means that some evidence may have been omitted.
- The heterogeneity of study designs and outcomes, and weak study designs, means that findings are summarised narratively rather than using meta-analysis.

Schwartz Rounds could be considered as one strategy to enhance staff well-being.

INTRODUCTION

In this paper, we report the systematic review of evidence regarding Schwartz Center Rounds (Rounds) and conduct a comparative analysis of 11 interventions also broadly aimed at supporting healthcare staff with the emotional challenges of their work. In doing so, we define Rounds from the literature and discuss the future potential use of interventions to support staff with the emotional challenges of providing healthcare. Healthcare providers are among the largest employers in



the schwartz center
FOR COMPASSIONATE HEALTHCARE



STUDY INTRODUCTION

NATIONAL UK EVALUATION 2014-17

Literature review:

Scoping of 12 other staff interventions & systematic of Rounds evidence

9 in-depth case study sites

177 interviews, 42 Rounds, 29 panel preparation meetings and 28 steering group meetings observed

Phase 1: Mapping

Secondary data collected on **77 organisations** running Rounds July 2015

Surveys completed by **41 organisations**

Interviews completed in **45 sites** (involving 48 clinical leads/facilitators)

Staff survey:

500 participants in **10 case study sites**

Data from **two time points**, eight months apart

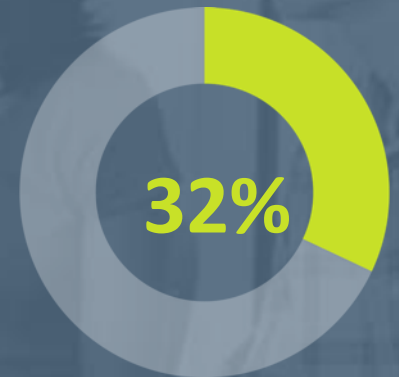
HUMAN ELEMENT

“Under pressure to just keep doing more and more, it’s very easy to forget that your patients are people and just see them as tasks to be completed as quickly as possible. So I think a real reminder of the importance of a human element to care for the patients is huge and also a reminder to keep in touch with your own humanity as a health professional is important for (...) self-preservation”. (Willow-34- Rounds Attender, Maben et al 2018)



KEY FINDINGS EVALUATION OF SCHWARTZ ROUNDS UK: PSYCHOLOGICAL WELLBEING

All staff-baseline



KEY FINDINGS EVALUATION OF SCHWARTZ ROUNDS UK: PSYCHOLOGICAL WELLBEING AND ROUNDS ATTENDANCE

Did not attend



37%

Start of study



34%

8 months later

KEY FINDINGS EVALUATION OF SCHWARTZ ROUNDS UK: PSYCHOLOGICAL WELLBEING AND ROUNDS ATTENDANCE

Attended



25%

Start of study



12%

8 months later

FINALLY.....

“..... Really relating to patients takes courage, humility and compassion, it requires constant renewal by practitioners and recognition, re-enforcement and support from colleagues and managers. It cannot be taken for granted.”

Maben, Cornwell and Sweeney. 2009. *Journal of Research in Nursing* 15(1) 9-13



THANK YOU

Professor Jill Maben on behalf of the project team

j.maben@surrey.ac.uk



[@nursingpolicy](https://twitter.com/nursingpolicy)

NIHR Funding Acknowledgement:

This presentation (and the Guide and Film to which it refers) presents selected findings from independent research commissioned by the National Institute for Health Research (HS&DR – Project: 13/07/49 and SDO/213/2008); awarded to King's College London. The views expressed in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, MRC, CCF, NETSCC, the HS&DR programme or the Department of Health.



The
University
Of
Sheffield.

TheKingsFund>