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

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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
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 England survey reveals 'alarming downturn' in staff wellbeing

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

- 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
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
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

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ABSTRACT

Objectives (1) To synthesise the evidence-base for Schwartz Center Rounds (Rounds) to assess any impact on healthcare staff and identify key features; (2) to stop 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: PsycINFO, CINAHL, MEDLINE, and EMBASE, informal search engine; 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 concept definition to aid comparison with other interventions from 11 documents containing a definition of Rounds. Twelve (10 studies) were empirical evaluations. All were of low-incidence 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 change. The evidence for the comparative interventions was scant, and also low-incidence 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 key features related to effectiveness are needed to optimise benefit for individual staff members and organisations as a whole. A systematic approach conceptualising workplace well-being relating both individual and environmental/structural factors, and comparing 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 US healthcare organisations.
- Additional scoping reviews of 11 interventions with similar aims to support the well-being of healthcare staff, enable 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 evaluation 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
STUDY INTRODUCTION
NATIONAL UK EVALUATION 2014-17

**Literature review:**
Scoping of 12 other staff interventions & systematic of Rounds evidence

**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

**9 in-depth case study sites**
177 interviews, 42 Rounds, 29 panel preparation meetings and 28 steering group meetings observed
“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

32%
KEY FINDINGS EVALUATION OF SCHWARTZ ROUNDS UK:
PSYCHOLOGICAL WELLBEING AND ROUNDS ATTENDANCE

37% Did not attend

34% Did not attend

37% Start of study

34% 8 months later
KEY FINDINGS EVALUATION OF SCHWARTZ ROUNDS UK: PSYCHOLOGICAL WELLBEING AND ROUNDS ATTENDANCE

25% 12%
Start of study 8 months later
“….. 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.”

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