

Exploring the links between staff well-being at work and patient experiences of care: the role of positive practice environments



Professor Jill Maben

29th April 2021

Healthcare work assumptions



- » Much of what is valued by patients and staff is 'human'
 - Relational
 - Emotionally charged
 - Satisfying / dissatisfying
 - Requires and reveals humanity
 - Requires organisational enabling – not just individual
 - Requires support and systemic investment
- » much of this is 'Invisible' and not valued / 'counted', so hard to get recognition of this work and its impact on healthcare staff

Human work takes its toll



- » ER doctor grieving the loss of his 19-year-old patient.
- » A paramedic posts this photo (with permission) online. Minutes after the photograph, the doctor returns to work ...
- » The photo went viral and thousands of others shared their own experiences of grief and raw emotion...
- » The photo reveals the emotional reality of doctoring / healthcare work - a side that people don't usually see -while uniting us all in our common humanity.
- » The photographer captures a poignant moment in a stoic profession that trains doctors to remain professionally distant.



The Impact of Covid-19 on Nurses' psychological well-being during the pandemic: how best to support nurses



“we’re on our knees here, and it’s really difficult and we’re all trying the best we can and ... we feel like we could be doing more, and I know we can’t ... we’re staying away from our families and we’re putting ourselves in danger to try and save other people’s loved ones, it feels like a losing battle but it’s not, we’ve all got hope and we’re all trying to do what we can”

Shirley Watts, UK ICU Nurse, BBC news 04.04.20



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

Maben, J., Latter, S. & Macleod, C. (2007) The challenges of maintaining ideals and standards in professional practice: evidence from a longitudinal qualitative study. *Nursing Inquiry* 14(2):99-113.

Maben J. (2008) *A critical analysis of employee engagement, turnover and retention in the nursing workforce: A case study of an inner London acute trust*" Funded by a Post –doctoral fellowship by the Health Foundation.

Why does this matter?

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

Link between staff wellbeing at work and patient experiences of care



- Link between staff experiences of work and their psychological wellbeing and patient experiences of care makes intuitive sense.....
- But in 2008 not well identified in healthcare
- Much work undertaken outside of health care and many large companies believe that HAPPY Staff
- John Lewis motto is ‘partners first’ –treat staff well good customer care will follow.....
- Healthcare a safety critical industry and staff wellbeing an important element of this.....

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

National Institute for Health Research
Service Delivery and Organisation Programme

**Exploring the relationship
between patient experiences of
care and the influence of staff
motivation, affect and wellbeing**

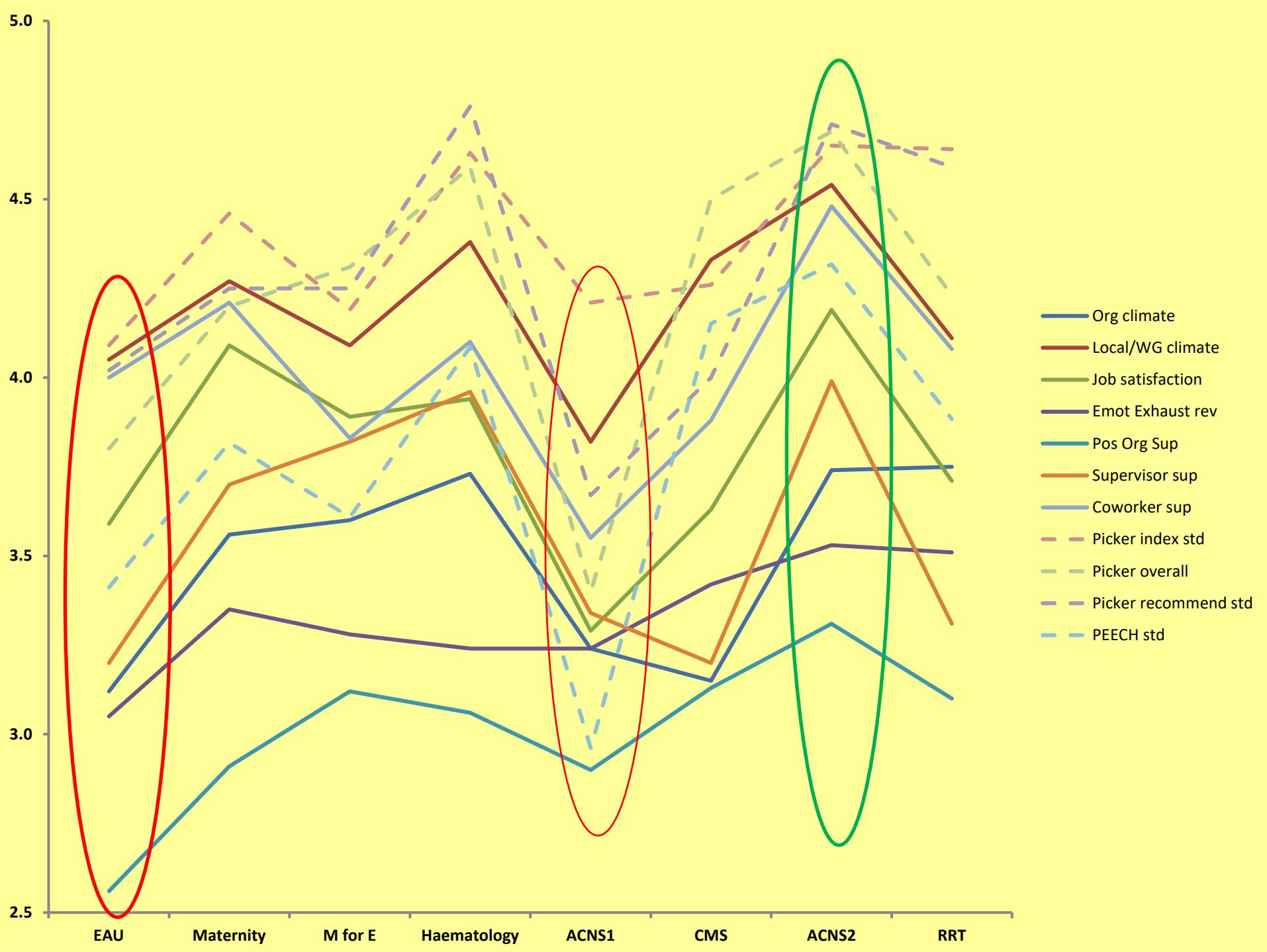
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'Poppets and parcels': the links between staff experience of work and acutely ill older peoples' experience of hospital care

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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 & managers
who listen and act

Supportive co-
workers
'Family at work'

Low demand-high
control work

Space and opportunity
to 'process' work
challenges with
colleagues

What helps? What else in enabling in positive practice environments? Creating spaces and places.....

Open access

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

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Abstract

Objectives: (i) To synthesize the evidence-base for Schwartz Center Rounds (Rounds) to assess its 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; critical incident stress debriefing; mindfulness-based stress reduction; 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. Twenty (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 agenda set by others.

Conclusions: Evidence of effectiveness for all interventions considered here remains limited. Methods that enable identification of core features related to effectiveness are needed to optimize benefit for individual staff members and organizations as a whole. A systems approach conceptualizing workplace well-being taking both individual and system-environment 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

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Taylor C, et al. *BMJ Open* 2018;8:e024254. doi:10.1136/bmjopen-2018-024254

BMJ

- » Restorative Supervision
- » Samaritan's approach to supporting volunteers
- » Group supervision
- » Balint groups
- » After action reviews
- » Debriefing huddles
- » Mindfulness and online support
- » Schwartz Rounds



“I have learned that medicine is not merely about performing tests or surgeries, or administering drugs... For as skilled and knowledgeable as my caregivers are, what matters most is that they have empathized with me in a way that gives me hope and makes me feel like a human being, not just an illness.”

Ken Schwartz, Boston Globe 1995

“(Rounds) provide an opportunity for dialogue that doesn’t happen anywhere else in the hospital”

(Rounds participant quote in Lown and Manning 2010)

What is a Schwartz Round?

- regular (usually monthly) meeting for multidisciplinary healthcare staff
- provides a space to reflect upon, explore and tell stories about the difficult, challenging & rewarding experiences when delivering patient care
- focus on the non-clinical aspects of care (e.g. psychosocial, emotional, ethical issues)
- a panel of staff share short 5 min pre-prepared stories organised around a patient case or theme (e.g. “a patient I’ll never forget” or “what keeps me awake at night”)
- these stories describe impact that caring for the patient has had on them- encouraged to talk about their feelings about it- not problem solving
- opened to the audience for group reflection and discussion, usually facilitated by a senior doctor and psychosocial practitioner
- two facilitators maintain a safe and confidential environment where attendees encouraged to be open, honest, reflect, discuss & explore experiences
- Not compulsory- Staff can come to as many or as few rounds as they want/feel are useful

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

KEY FINDINGS

- interviewees described Rounds as interesting, engaging /source of support
- valued the opportunity to reflect /mentally process work challenges & learn more about colleagues & their management of challenging patient cases
- panellists experienced catharsis & release of burden
- a few questioned purpose of unearthing feelings of sadness, anger/ frustration
- Rounds attendance difficult for some and sustainability a challenge

KEY FINDINGS

Realist evaluation found Rounds offer:

- safe reflective space for staff to share experiences (self-disclosure) and reveal and role model their vulnerability
- a space to come together to interact as a group with staff with different roles creating a level playing field
- a unique counter-cultural space
- time in which trust is built and emotional safety and containment is offered
- an opportunity to hear and tell stories about the social, emotional & ethical aspects of work that resonate prompting reflection & further sharing

KEY FINDINGS

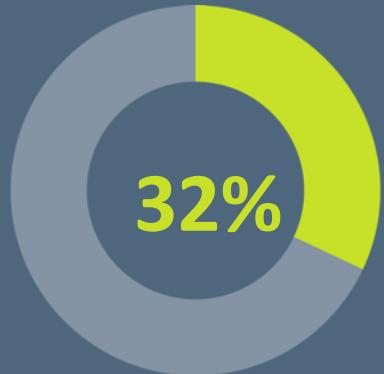
Realist evaluation found Rounds offer (continued):

- an opportunity to uncover and shine a spotlight on hidden organisational stories & roles making people more visible & valued
- multiple perspectives which provide increased insight and understanding of staff and patients' experiences resulting in more compassion & empathy

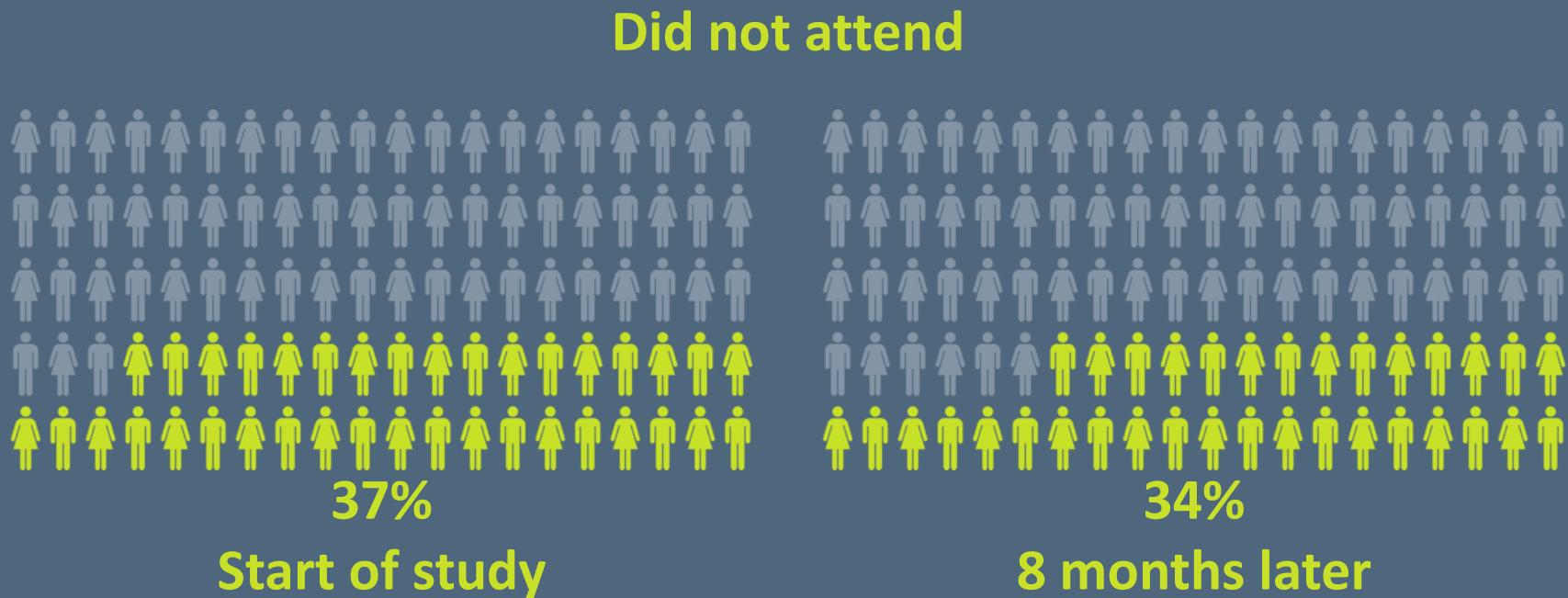
KEY FINDINGS EVALUATION OF SCHWARTZ ROUNDS UK: PSYCHOLOGICAL WELLBEING



All staff-baseline

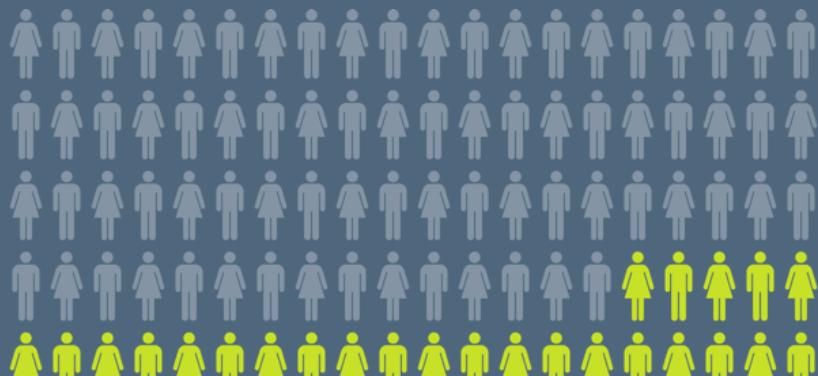


KEY FINDINGS EVALUATION OF SCHWARTZ ROUNDS UK: PSYCHOLOGICAL WELLBEING AND ROUNDS ATTENDANCE

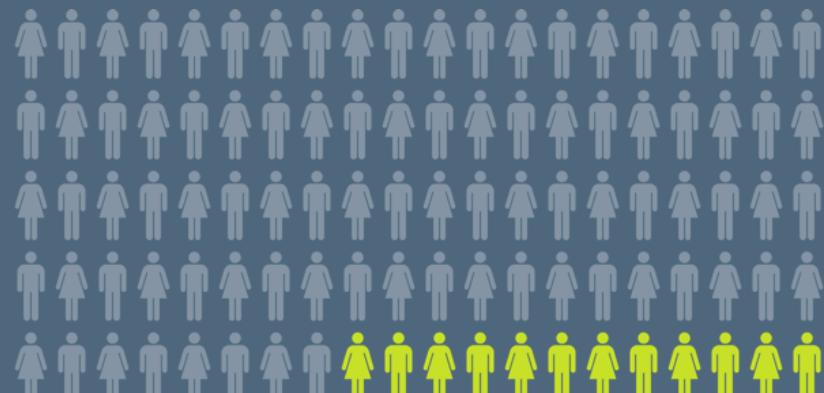


KEY FINDINGS EVALUATION OF SCHWARTZ ROUNDS UK: PSYCHOLOGICAL WELLBEING AND ROUNDS ATTENDANCE

Attended



Start of study



8 months later

25%

12%

FILM



<https://youtu.be/C34ygCldjCo>

ORGANISATIONAL GUIDE

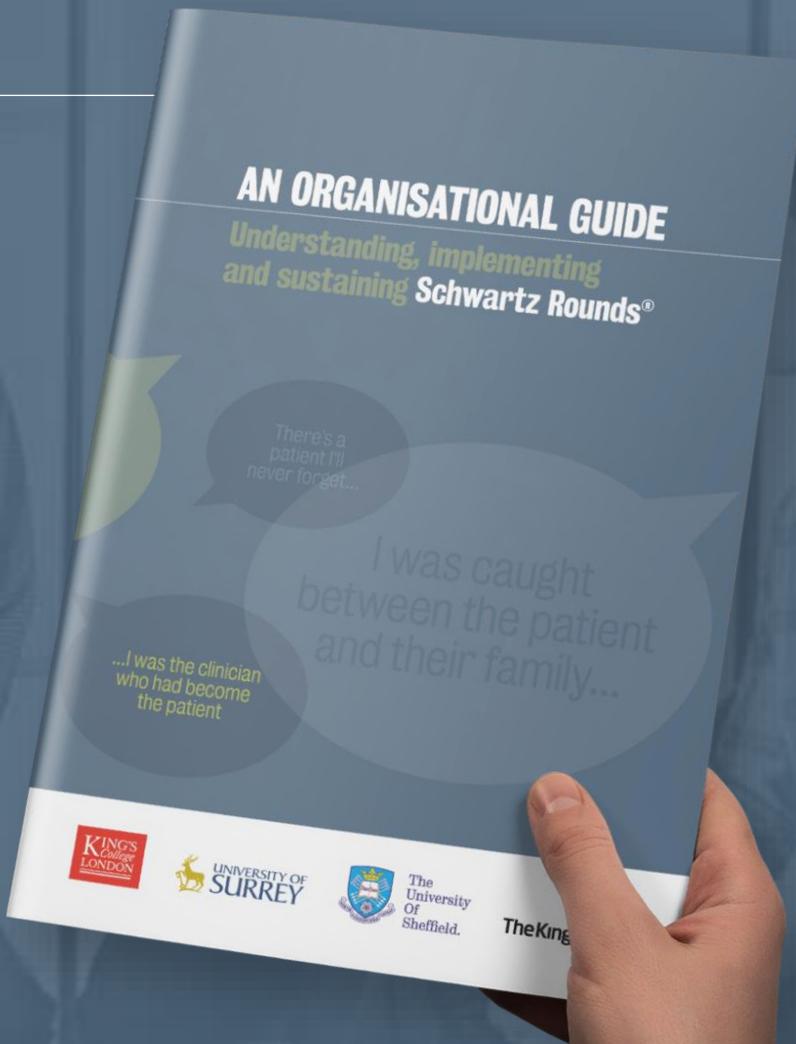
Free to access...

Forewords by:

Sir Robert Francis QC

Dr Beth Lown

Dr Jocelyn Cornwell



<https://www.surrey.ac.uk/content/schwartz-organisational-guide-questionnaire>

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

Guest Editorial

In praise of compassion

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Compassion, in its original meaning in Latin, means 'with suffering'. Compassion is usually expressed towards others when we experience their suffering, being there with them in some way that makes their pain more bearable (Firth-Cozens and Cornwell, 2009). A simple definition is that it is 'a deep awareness of the suffering of another coupled with the wish to relieve it' (Chochinov, 2007).

The casual reader of recent reports might be forgiven for thinking that nurses have no interest in compassion. The mainstream media have interpreted the regulator's shocking and disturbing reports about the quality of care in hospitals in Mid Staffordshire and Maidstone and Tunbridge Wells as poor nursing delivered by insensitive, even bad, nurses. More recently, the Patients Association has fuelled public concern with a report documenting 'dreadful, neglectful, demeaning, painful and sometimes downright cruel treatment elderly patients had experienced at the hands of NHS nurses' (Patients Association, 2009).

A great many practising nurses share the concern. Nurses' and ex-nurses' own accounts of poor experiences of care feature regularly in the nursing press. In interviews and evidence (Dawood and Maben, 2008; Maben and Griffiths, 2008) over and over again a wide range of nurse suggested that the essence of nursing, being with patients, performing essential but intimate care, where relationships are forged and built has been passed over to health care assistants. The broad consensus seems to hold: compassion once seen as 'the essence of caring and therefore the essence of nursing' is no longer 'always the central focus of nursing practice' (Chambers and Ryder, 2009).

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Thank you

