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In this article...

- The impact of nursing on wellbeing, particularly during the coronavirus pandemic
- Four studies into nursing interventions and their impact on mental health
- The researchers' recommendations for nursing teams to promote staff wellbeing

RESEARCH THAT SUPPORTS NURSING TEAMS, PART 4 OF 4

Nursing interventions that promote team members' psychological wellbeing



ARE YOU OK

Key points

Employers have a duty of care to support nurses' wellbeing, and this affects patient experience of compassionate care

The National Institute for Health Research commissioned four studies investigating nursing interventions following the Francis inquiries

Time for nurses to talk and reflect together is vital, but can be difficult to implement and sustain

Patients' and staff's intense psychological needs during the pandemic have emphasised the toll on nurses and the importance of support

Authors Jill Maben is professor of health services research and nursing, University of Surrey; Ruth Harris is professor of health care for older adults, King's College London; Antony Arthur is professor of nursing science, University of East Anglia; Jackie Bridges is professor of older people's care, University of Southampton.

Abstract This article is the last in a four-part series about using research evidence to support nursing teams. It examines four studies that were undertaken following the two Francis inquiries into care failings at Mid Staffordshire NHS Foundation Trust and highlights the evidence about the importance of promoting team members' wellbeing to optimise care in acute hospital settings, particularly in light of the coronavirus pandemic.

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Nurses are required to care for patients with increasingly complex needs, which can be physically and psychologically demanding and draining (Maben et al, 2012). Nurses have higher rates of stress, burnout and suicide than the general population and, in some cases, higher than those of other health professionals (Davies, 2020).

Employers have a duty of care to ensure staff are supported and protected from occupational harms (Health Education England, 2019). It is known that there are important links between staff wellbeing and patient outcomes and experiences of care (Maben et al, 2012; Raleigh et al, 2009). However, despite burgeoning evidence about how best to support staff at work (Health Education England, 2019; Taylor et al, 2018), it is not always implemented. Nurses do not routinely have clinical supervision and, in spite of evidence that they improve nurse wellbeing, nurses struggle to find spaces and time for reflection, mutual support and learning due to

shift patterns and competing clinical work (Bridges et al, 2018; Maben et al, 2018). Delivering care to patients with Covid-19 has potentially further exacerbated nursing stress and burnout; the long-term consequences of being at the frontline of these services is currently unknown (Maben and Bridges, 2020).

This article summarises the evidence from four national studies which, in varying ways, highlight the importance of promoting the wellbeing of nursing team members. The studies were commissioned to improve care delivery following Francis' (2013; 2010) reports into care failings at Mid Staffordshire NHS Foundation Trust. One study evaluated Schwartz Rounds, an intervention to support staff wellbeing and thereby compassionate care delivery, and another examined a programme called Creating Learning Environments for Compassionate Care, which is based on reflective opportunities for staff teams to come together to support each other in care delivery. The other two studies developed and evaluated interventions called Older

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People's Shoes and Intentional Rounding, which support staff to enhance the quality of the relational care they deliver to patients. This article examines the experiences of staff in these studies.

Schwartz Rounds

Schwartz Rounds are named after a patient, Kenneth Schwartz, who died of lung cancer over 25 years ago in the US, aged 40. When he was terminally ill, he observed that staff members who empathised and connected with him “made the unbearable bearable” (Schwartz, 2012). He noticed that some staff could do this readily, while others could not, and that even those who could empathise with him might not be able to do it every day. This led him to wonder what it was like for nurses and doctors to work in such settings where people their own age might be dying, and he considered how staff members can stay connected to patients yet protect themselves emotionally. Before he died, Mr Schwartz founded the Schwartz Centre for Compassionate Care and developed Schwartz Rounds as a way of supporting staff.

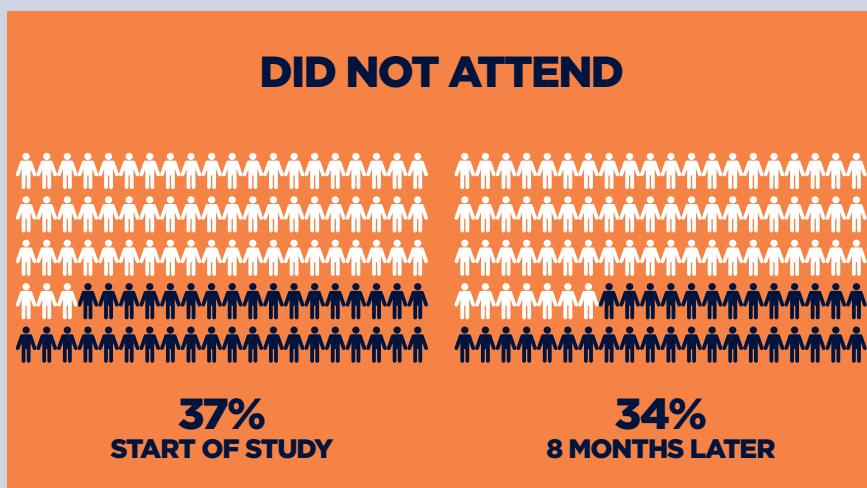
Schwartz Rounds enable staff to support each other through the difficult caring work they undertake every day by sharing the social, emotional and ethical experiences of their work with each other; this strengthens their opportunities to deliver compassionate care. Schwartz Rounds are usually run monthly and provide an hour-long safe psychological space for staff to share both positive and difficult work experiences. This is based on the idea that, if staff members have insight into their own responses and feelings, they can make better connections with patients and colleagues. Schwartz Rounds provide a safe space for nurses to reflect on what they are doing and why – reconnecting them with their values and why they originally joined the profession.

Our study found that staff attending Schwartz Rounds valued having the time to hear colleagues' stories, which often resonated with and informed them. The intervention improved teamwork, reduced

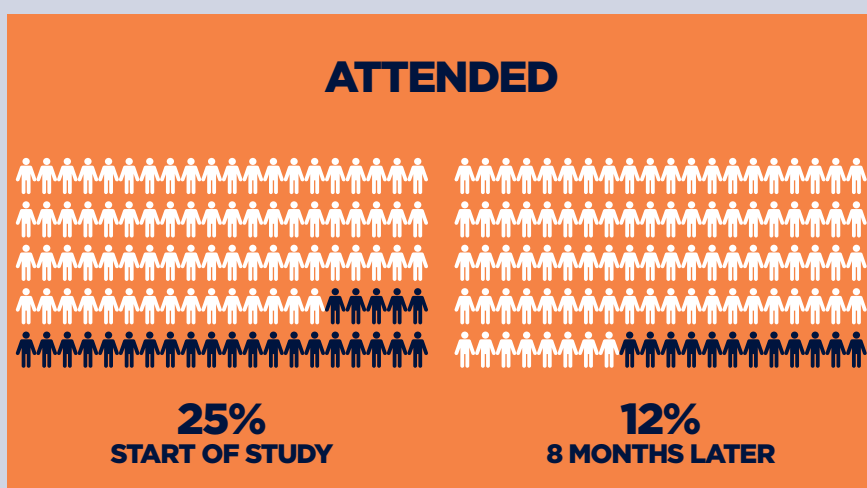
“Getting to know patients removes some of the emotional armour staff can put on to protect themselves from poor patient outcomes”

Fig 1. Impact of Schwartz Rounds on staff wellbeing

Percentages of poor psychological wellbeing in sample of staff who did not attend Schwartz Rounds regularly as measured by the 12-item General Health Questionnaire



Percentages of poor psychological wellbeing in sample of staff who attended Schwartz Rounds regularly as measured by the 12-item General Health Questionnaire



feelings of isolation and encouraged staff to show empathy and compassion for patients, colleagues and themselves (Maben et al, 2018). We undertook a longitudinal survey, using the General Health Questionnaire, to measure the psychological wellbeing of healthcare staff; this showed that poor psychological wellbeing halved in staff members who regularly attended Schwartz Rounds (Fig 1).

The study also found that patient-facing nurses and healthcare assistants (HCAs) were the groups least likely to be able to attend Schwartz Rounds. The Rounds often took place during lunch-times, when nurses and HCAs may be busy helping with patients' meals; they were trialled at many other times of the day but with little impact. Nurses who have more

autonomy and control over their working days were more likely to be able to attend. However, 12-hour shift patterns were an impediment for many, as they offer only two half-hour breaks instead of the hour required to attend Schwartz Rounds.

Creating Learning Environments for Compassionate Care

The Creating Learning Environments for Compassionate Care (CLECC) programme focuses on developing nursing teams' capacity to provide relational and compassionate care; it facilitates workplace learning and support through the personal and organisational development of team members (Bridges et al, 2018). In the programme, all registered nurses and HCAs from participating teams attend a study

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day, with a focus on team building and understanding patient experiences. CLECC also involves a number of other activities to support staff to deliver compassionate care and for nursing teams to support each other to do so, including:

- Team manager learning sets;
- Peer observations of practice;
- Classroom learning;
- Creating spaces in busy shifts.

These activities provide opportunities for nursing teams to get together and support each other to think differently about compassionate care delivery.

During the study, staff identified stressors in their work; one such stressor was the busy hospital environment in which care can be very task-oriented, impeding satisfactory patient care delivery. Nurses and HCAs said they valued CLECC because it created shared space with other team members, promoting the feeling of being part of a team and refocusing them on the relational care of patients as people (Bridges et al, 2018).

Participants in the CLECC study valued its contribution to their own wellbeing and to better team working. However, it was not easy to sustain CLECC practices in all settings, including finding spaces to meet and reflect; this required the support of nurse managers and the wider organisation. Opportunities for teams to speak and reflect together, particularly with a focus on sharing experiences, are linked to the development of individual emotional abilities. However, staff need to feel psychologically safe to participate fully (Edmondson, 2018).

When working long shifts, nursing can be lonely; CLECC can help ameliorate this by better connecting teams. This is particularly important at the moment, as nursing work may be even lonelier during the coronavirus pandemic due to reduced team and patient contact and the isolation enforced by the use of dehumanising personal protective equipment.

Older People's Shoes

Older People's Shoes is a two-day training programme for HCAs, which helps them find ways to get to know patients better as people, thus improving relational care delivery practices (Arthur et al, 2017). The programme aims to draw on HCAs' existing expertise, increase their awareness and suggest alternative ways of working with patients, for example, avoiding hurrying older patients despite being busy. While wearing old-age simulation suits, HCAs take turns to feed and

mobilise each other. During these simulation events in the Older People's Shoes training for some participants this experience was revelatory, causing them to feel overwhelmed as a result of directly experiencing care delivery. HCAs identified the need for greater support in managing their own and other people's emotions, for example, methods of managing rather than projecting work-related stress. They identified a training need to help them manage their own emotions to prevent work pressures and staff shortages compromising ideal care delivery opportunities; they also highlighted the emotional challenges inherent in dealing with bad news and in caring for patients with dementia (Sarre et al, 2018).

HCAs reported finding their work much more rewarding when they knew the patients they cared for better and had some knowledge about their lives. However, there were also challenges: getting to know patients better removed some of the 'emotional' armour that staff can put on to protect themselves from difficult encounters and poor patient outcomes (Arthur et al, 2017). Older People's Shoes is an asset-based training programme that draws on HCAs' existing strengths. The training workshops provided space to reflect on and share these with each other, however they also identified the need for more emotional support to help nursing teams deliver improved relational care for patients.

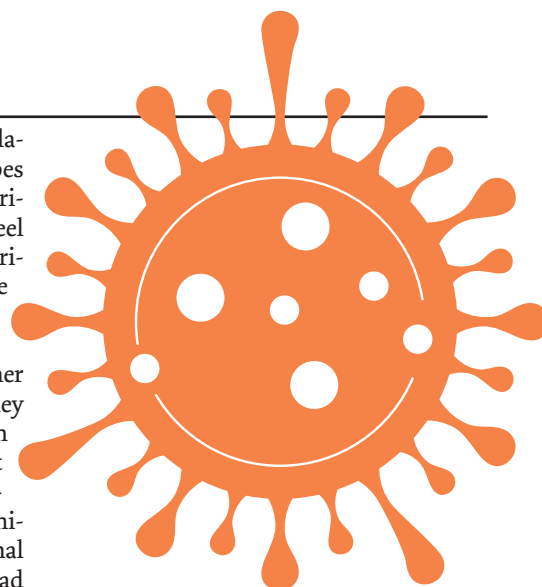
Intentional Rounding

Intentional Rounding (IR) provides a structure of regular nursing rounds, every 1-2 hours, during which nurses and HCAs are required to check every patient using standardised protocol and documentation (Harris et al, 2019; Sims et al, 2018). These checks aim to meet patient care needs in a systematic way and usually focus on the four Ps:

- Positioning;
- Personal needs;
- Pain;
- Placement of items.

NHS organisational cultures are often preoccupied with risk management, leading to staff sometimes feeling 'checked-up on'; interventions such as IR are implemented to oversee care delivery and reassure managers, yet this can be detrimental to nurses' autonomy and ownership of care delivery practices. This may contribute to staff stress, particularly when there are staff shortages and high bed-occupancy rates (Harris et al, 2019).

Harris et al's (2019) study found large variation in the implementation of IR.



When short-staffed and under pressure, nursing staff used their clinical judgement to prioritise care activities to meet patient needs; therefore, IR's regular nursing rounds were often delayed or missed. Patients were rarely aware that IR was taking place but, as other studies have found (Arthur et al, 2017; Maben et al, 2012), they valued the interactions with nurses and the more relational elements of care delivery (Sims et al, 2020). Few nurses interviewed believed that IR improved the quality of their interactions with patients, and many felt that communication – and, therefore, those relationships – suffered due to a lack of time generally.

However, some positive elements of IR were noted: some nursing staff thought it encouraged staff communication, meaning more information was shared about patients during handovers between nursing staff or across shifts, and helped nursing staff share their tasks and responsibilities. Another benefit was that nursing staff felt IR offered a reassuring safety net, in that it provided evidence that patients were safe and attended to. When short-staffed and required to prioritise some care activities over others, nurses perceived the IR documentation to offer them some protection in what they saw as a culture of oversight and managerialism, irrespective of whether IR had been fully completed. However, some staff members felt the added pressure placed on them to complete the IR paperwork – sometimes retrospectively – was another burden in an already pressurised work environment, adding to their stress and sense of being closely monitored and surveilled.

The impact of the coronavirus pandemic on teams' wellbeing

The coronavirus pandemic has placed additional occupational stress on nurses,

“When working long shifts, nursing can be lonely – especially during the coronavirus pandemic, due to reduced team and patient contact”

as processes and practices have changed rapidly in response to service demand and national directives. Nurses are now dealing with more acutely ill patients at greater risk of death, and are required to maintain their dignity and enable them to have personal contact with loved ones while simultaneously restricting contact to lower the risk of viral transmission. Nurses and HCAs are also being exposed to the new SARS-Cov-2 pathogen and are, therefore, worried about their own health and that of their families, as well as their role in transmission. All of this has the potential to increase nurses’ anxiety and stress (Maben and Bridges, 2020), and there is concern about the long-term impact on their health and wellbeing.

Nurses who value face-to-face support may feel they have less support from managers who are working remotely during the pandemic. Team configurations and working patterns have also changed (Maben and Bridges, 2020): team membership sometimes changes from day to day, as new members join and as staff are redeployed to work elsewhere, sometimes in new specialties. This creates stress, but also potentially new opportunities for some staff members. The psychological needs of patients and staff during the pandemic are intense. This takes a toll on nursing teams and emphasises the importance of support for them and their families.

Recommendations

The four studies have highlighted the importance of good support for nursing teams to improve staff wellbeing and enhance compassionate care delivery. These findings suggest it is crucial to support nurses, midwives and HCAs to access work-based spaces to reflect on the social, ethical and emotional aspects of caring for patients, learn together and support each other. Based on our evidence, we strongly advocate the following:

- Nursing teams’ attendance at Schwartz Rounds. This can be supported by rotating staff attendance and hosting pop-up rounds in clinical areas or online. Due to the pandemic, remote working is now very much a part of NHS culture; hosting virtual Schwartz

Rounds suits the context of remote working and supports the whole nursing team, including students (Jakimowicz and Maben, 2020);

- Implementation of the CLECC programme to allow nursing teams to build reflective spaces into the working day, or the use of CLECC principles to inform team practices during the pandemic;
- Support for staff to feel that care delivery and opportunities to connect with patients are optimised through the following:
 - Although IR was not universally supported and was sometimes implemented as a tick-box exercise, it provided managerial safety net (Harris et al, 2019). Nursing staff were reassured by the evidence IR provides of accountability for care delivered, despite being unable to conduct the intervention’s rounds or accompanying documentation at the required frequency;
 - Older People’s Shoes provided tailored support for HCAs, who liked having the devoted attention of a training intervention focused on their needs; different sections of the workforce have varying needs and experiences and, therefore, require different support and attention.

We plan to host an event in spring 2021 to engage nursing leaders, policy makers and practitioners in a national conversation about how nursing policy and practice can better support nursing teams to promote wellbeing, learning and compassionate care delivery, responding to the findings of these four studies. You can register your interest at [Bit.ly/NursingTeamsNT](https://bit.ly/NursingTeamsNT)

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