Acute healthcare is a demanding work environment and does our current target driven, clinical outcome culture, necessarily lead to emotional burn out in tired hard-working staff that feel ‘undervalued’ and ‘lost’ with no clear sense of vision or mission?

What is your current situation and experience?
Our Association’s confidential professional advice service is a key membership benefit, where members finding themselves with clinical questions, professional concerns or facing an apparent personal work-based challenge, can find support, encouragement and independent advice.

Offering and receiving advice is a distinct psychological, professional and personal responsibility for all perioperative managers, clinical leaders and mentors (Maxwell 2017). Even fairly junior registered staff can now find themselves in the role of ‘team leader’ for an operating list, period of duty or teaching clinical skills to a range of students. Supervision of non-registered staff, theatre support staff and assistant theatre practitioners is also an area of increasing concern to our members.

Time and time again finding time to have a meaningful conversation with those concerned in the current work place remains a key problem, such that often the emotional and personal effects; of the situation affect not just the enquirer but productivity of the team!

Could the answer be available by holding a Schwartz round? Why are Schwartz rounds necessary?

What is a Schwartz round?
Schwartz rounds are an evidence-based forum for hospital staff from all backgrounds to come together to talk about emotional and social challenges of caring for patients. Founded in the United States (Point of Care Foundation 2017), they are based on the idea of medical ‘grand rounds’.

However, Schwartz rounds focus on the non-clinical aspects of care and a multi-professional meeting.

Schwartz rounds were developed following the death of Ken Schwartz in 1995 (Schwartz 1995), a seemingly healthy non-smoker who died of lung cancer. Mr Schwartz set up the not-for-profit Schwartz Centre for Compassionate Healthcare prior to his death to promote kindness and compassion, and healthcare workers and the Centre continues to research and fund his vision to this day. In the words of an American sports brand participant:

’Rounds are a place where people who don’t usually talk about the heart of the work are willing to share their vulnerability, to question themselves. Rounds are an opportunity for dialogue that doesn’t happen anywhere else in the hospital.’

(www.theschwartzcenter.org/supporting-caregivers/schwartz-center-rounds)

They are designed for staff to come together once a month to provide a confidential space to reflect on and share experiences.

What happens in a round?
• The session follows a clear structured format
• A case or situation is presented by staff members (3-4 staff share their experience)
• A facilitated discussion then takes place regarding our feelings on those cases
• Audience encouraged to share if themes resonate with them
• Key focus is on staff experience – not clinical or problem solving.

Evidence of staff benefit
• Decreased feelings of stress and isolation
• Greater appreciation for other disciplines / roles
• Increased feelings of compassion towards patients
• Increased attentiveness to the emotional aspects of patient care.

I have only recently attended our hospital’s first round, where four staff members (panel) told their story of a memorable patient in their careers and explained the impact that they had on them. Each panel member had very different reasons for talking about their specific case. Some were sad cases where the patient had passed away; other stories were more humorous but still had a significant impact on the individual’s career. After all four had shared their story, the room was opened up to all attendees to share how listening to the stories had resonated with them.

One comment received in our rounds, Organisation Wide Learning (O.W.L) feedback report (Winch 2017) resonated with me:

’I had no idea what to expect but it was 100% above expectations. The personal stories really resonated and I very much appreciated the open / frank sharing of experiences from attendees’

I personally shared how difficult it can be when you become a carer for elderly family members undergoing hospital care and are asked to sign off ‘Do Not Resuscitate’ orders!

Staff well-being and patient well-being are demonstrably inter-linked and compassionate, high-quality, patient focused care may suffer if staff members do not receive support for their psychosocial and emotional issues raised in their day-to-day working. At our recent Residential event the human factors and patient safety sessions, I believe, supported this observation.

Senior theatre manager, Robert recruited me 23 years ago! By the time you read this, he will be off cycling into his well-earned retirement. A colleague, friend and mentor, an ear to bend! But always ready to offer a robust opinion of seasoned wisdom; “Why don’t you try? I will miss you Sir – thank you. Just who do you turn to in times of crisis?

References
Maxwell E 2017 Good leadership in nursing: what is the most effective approach? Nursing Times 113 (8) 18-21

Acknowledgement: Schwartz OWL - ‘Care for the people who care’ 2017 Hilary Winch, Head of Workplace Health, Safety & wellbeing Norfolk & Norwich University Hospital - Available on request from President.

http://www.theschwartzcenter.org/supporting-caregivers/schwartz-center-rounds
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