

In this article...

- Relevance of Francis inquiry findings to the Covid-19 response
- Four studies examining new and existing care interventions in acute hospital settings
- How the studies' findings can inform policy and practice improvements

RESEARCH THAT SUPPORTS NURSING TEAMS: PART 1 OF 4

How research can improve patient care and nurse wellbeing



Are You OK

Key points

Care failings at Mid Staffordshire NHS Foundation Trust generated the need for evidence about how to improve patient care

In response to this, four studies have each investigated a different intervention method in acute hospital settings

The studies' findings highlight changes that can help nursing teams to deliver high-quality care and protect nurses' wellbeing

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Abstract This article, the first in a four-part series about using research evidence to inform the delivery of nursing care, discusses four studies that were funded following the two Francis inquiries into care failings at Mid Staffordshire NHS Foundation Trust. Each study evaluated an intervention method in an acute hospital setting that aimed to improve patient care and protect the wellbeing of nursing staff; these included a team-based practice development programme, a relational care training intervention for healthcare assistants, a regular bedside ward round (intentional rounding), and monthly group meetings during which staff discussed the emotional challenges of care. The remaining articles in this series will explore the results of the studies and how they can be applied to nursing care during, and after, the coronavirus pandemic.

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When asked what would make their working life easier or how they could be better supported to deliver the care to which they aspire, nurses most often say "better staffing", according to a body of research evidence linking nurse staffing with staff wellbeing, care quality and patient outcomes (Bridges et al, 2019; Aiken et al, 2012). What is not always given much attention by nursing teams and managers is the 'taken-for-granted' context in which individual nurses work – the way nursing care is organised, the learning opportunities available to the team and the attention paid to staff wellbeing. It may be possible to change these to support nurses and the care on which they lead and deliver, but opportunities may be missed to think differently about them. The evidence base is growing in this area but does not always reach those nurses who are managing and delivering care.

This is the first in a series of four articles highlighting nursing research findings that can directly inform the management and delivery of nursing care in acute hospital settings. The articles highlight four studies that were funded after publication of Francis' (2013; 2010) reports on the independent and public inquiries into care failings at Mid Staffordshire NHS Foundation Trust. However, as this series will argue, the inquiries' findings have relevance for nursing practice during, and beyond, the coronavirus pandemic, as nursing teams regroup and reset what they do in response to a rapidly changing care environment.

Using research evidence to improve patient care

Change in the complex, adaptive system of healthcare is usually incremental, rather than transformative, and it is unusual for events to lead to a 'phase transition', in which radical and transformative change



Clinical Practice Discussion

occurs (Braithwaite et al, 2017). Arguably the coronavirus pandemic has stimulated a phase transition in healthcare (and in wider society), disrupting certainties about healthcare and how it should, and can, be delivered. As we move through this system shock, there are opportunities to think about new ways of working; however, it is also important to retain the valuable knowledge gained from other events that have affected the healthcare system.

The lessons learned from the care failings at Mid Staffordshire NHS Foundation Trust during the late 2000s and the inquiries that followed had an important impact on hospital nursing and the wider system, stimulating reflection, innovation and research to improve nursing care quality. The evidence generated as a result, some of which is explained below, is a reminder of aspects of care that are at risk of being overlooked during the current pandemic. These include the:

- Complexities of caring for older people;
- Importance of nurses' relational work;
- Importance of nursing care, especially when there is no surgical/medical 'cure'.

In the absence of a cure for Covid-19, nursing is at the forefront of the supportive care needed by people with the most severe symptoms. As such, it is important to draw on evidence that supports good nursing care and how best to support nurses' wellbeing, which can be negatively affected by their caring work.

Research studies investigating intervention

The research world responded to the Francis inquiries: the National Institute for Health Research (NIHR) funded several studies to inform policy and practice improvements in this area. The research delivered through four such studies (Box 1) – each of which was led by an author of this article – is summarised below.

Study 1: Creating Learning Environments for Compassionate Care

Bridges et al (2018) investigated the feasibility of implementing a team-based practice development programme into acute care hospital settings. Under the Creating Learning Environments for Compassionate Care (CLECC) programme, all registered nurses and healthcare assistants (HCAs) from participating teams attended a study day, with a focus on team building and understanding patient experiences. A senior nurse educator supported the teams to try new ways of working on the ward, including holding regular, supportive

Box 1. The four studies

Creating Learning Environments for Compassionate Care (CLECC)

This study trialled a pilot intervention focusing on team building and understanding patient experiences. Participants felt it improved their capacity to be compassionate.

Chief investigator: Jackie Bridges

Full study report available at: [Bit.ly/NIHRCLECCReport](https://bit.ly/NIHRCLECCReport)

Older People's Shoes

This study trialled an interactive programme to help healthcare assistants (HCAs) get to know older people and understand the challenges they face. The programme was well received by participants, especially as HCAs' training needs are often overlooked.

Chief investigator: Antony Arthur

Full study report available at: [Bit.ly/NIHROlderPeopleShoesReport](https://bit.ly/NIHROlderPeopleShoesReport)

Intentional Rounding

This study aimed to evaluate how intentional rounding works in diverse ward and hospital settings. Participants expressed concern that rounding oversimplifies nursing, and favoured a transactional and prescriptive approach over relational nursing care.

Chief investigator: Ruth Harris

Full study report available at: [Bit.ly/NIHRRoundingReport](https://bit.ly/NIHRRoundingReport)

Schwartz Center Rounds

This study aimed to understand the unique features of Schwartz Rounds, comparing them with 11 similar interventions. Attending rounds increased staff members' empathy and compassion for colleagues and patients, and improved their psychological health.

Chief investigator: Jill Maben

Full study report available at: [Bit.ly/NIHRSchwartzRoundReport](https://bit.ly/NIHRSchwartzRoundReport)

discussions on improving care. Each ward manager attended learning groups to develop their compassionate care leadership role, and two team members received additional training in carrying out observations of care and feeding back to colleagues.

The programme was piloted on four wards in two English hospitals, with two control wards continuing with business as usual. Researchers interviewed staff and observed activities related to the project to understand whether these could be easily put into practice and whether changes were needed. They also tested evaluation methods, including ways to measure compassion and ensuring enough older patients could be recruited to a future study.

The study found that the CLECC programme can be made to work with nursing teams on NHS hospital wards and that staff felt it improved their capacity to be compassionate. Researchers also learned they could improve the programme to help staff continue using it, for example, by helping senior nurses to understand their role in supporting staff with this.

Study 2: Older People's Shoes

Arthur et al (2017) studied the feasibility of a relational care training intervention for HCAs to improve the relational care of older people in acute hospitals. They initially

conducted a telephone survey of acute NHS hospitals in England to understand what training HCAs received. They undertook group interviews with older people and individual interviews with HCAs and staff working with them to establish what participants thought should be included in HCA training. Training was highly variable and focused on new, not existing, staff; relational care was not a high priority.

In response to their findings, the study team designed and produced an innovative interactive training programme called Older People's Shoes, which aimed to encourage HCAs to consider how to get to know older people and understand the challenges they face. A train-the-trainer model was used to allow the intervention to be viable beyond the testing sites. To see whether they could formally test this new training, the team conducted a pilot cluster-randomised trial in 12 wards from three acute hospitals; it concluded that a larger study to examine whether changes in patient outcomes could be observed would be challenging, but possible.

Older People's Shoes was well received by participants. This was particularly so for the HCAs, whose training needs were often overlooked or restricted to mandatory requirements, where the focus is almost exclusively on safety.

Study 3: Intentional Rounding

Originating in the US, intentional rounding is a timed, planned intervention that aims to address fundamental elements of nursing care through a regular bedside ward round. Harris et al's (2019) study aimed to explain which aspects of intentional rounding work, for whom and under what circumstances. It aimed to do this by exploring how intentional rounding works when used with different types of patient, by different nurses, in diverse ward and hospital settings, and whether and how these differences influence outcomes. The study methods included:

- An evidence review to create a theory of why intentional rounding may work;
- A national survey of how intentional rounding had been implemented;
- A case study evaluation exploring the perspectives of senior managers, health professionals, patients and carers;
- Observations of intentional rounding being undertaken;
- An analysis of costs.

The national survey found that 97% of NHS trusts had implemented intentional rounding, although with considerable variation: fidelity to the intentional rounding protocol was observed to be low. All nursing staff thought intentional rounding should be tailored to individual patient need and not delivered in a standardised way. Few felt intentional rounding improved either the quality or frequency of their interactions with patients; they perceived the main benefit of intentional rounding to be the documented evidence of care delivery, despite concerns that documentation was not always reliable. Patients and carers valued the relational aspects of communication with staff, but this was rarely linked to intentional rounding. It is suggested these results should feed into a wider conversation and review of intentional rounding.

Study 4: Schwartz Center Rounds

These were developed in the US to support healthcare staff to deliver compassionate care by helping them to reflect on their work. Schwartz Rounds are monthly group meetings, in which staff discuss the emotional, social and ethical challenges of care in a safe environment. The number of organisations hosting Schwartz Rounds has increased markedly over recent years.

Maben et al (2018) conducted a study to evaluate Schwartz Rounds and understand how the system works. The study used mixed methods, including:

- An evidence review to understand the unique features of Schwartz Rounds;

- A comparison with 11 other similar interventions, such as action learning sets;
- A national survey of 48 staff running Schwartz Rounds in 46 organisations, using telephone interviews to discuss how these had been implemented;
- A survey of 500 staff in 10 organisations to examine how Schwartz Rounds affect work engagement and wellbeing;
- A case study evaluation investigating the perspectives of people who shared their stories at Schwartz Rounds (panellists), audience members who listened and contributed, facilitators, and people who did not attend.

The researchers also observed preparation meetings, actual Schwartz Rounds and steering group meetings to determine how the rounds worked, and under which circumstances they worked optimally.

Their survey found psychological health improved in those attending Schwartz Rounds but not in those who did not attend. Participants described Schwartz Rounds as interesting, engaging and supportive. How they were run varied, creating different levels of trust and safety, and who attended varied – frontline staff found attendance difficult.

It was concluded that Schwartz Rounds are a 'slow intervention' that increases its impact over time and creates a safe, reflective space for staff to talk together confidentially. In the staff observed, attending Schwartz Rounds increased their empathy and compassion for colleagues and patients, supported them in their work and helped them make changes in practice.

Applying research findings

The findings from the above studies not only tell us about the impact of each of these four interventions, but also highlight the changes required to better support nursing teams to deliver high-quality care. Written by nursing professors, who were the chief investigators on each of these studies, this series will bring together the findings from the four studies to:

- Highlight the impact of care organisation and related learning opportunities on nurses and on care delivery, as well as the need for staff wellbeing interventions to support nurses;
 - Signpost to practical, evidence-based ways in which individuals and teams can improve support for nurses and nursing care;
 - Pose questions that individuals and teams can ask in the context of the coronavirus pandemic to optimise support for nurses and care.
- The series is part of a collaboration

funded by the NIHR to bring the findings of the individual studies to a wider audience; more details about the collaboration and the individual projects can be found at go.soton.ac.uk/cn4. This work will culminate in an event, due to be held in spring 2021, to engage a range of stakeholders in considering how nursing policy and practice should respond to the findings. Readers interested in finding out more can register their interest at Bit.ly/NursingTeams.

The series aims to provide evidence to support nursing teams as they work to recover from the coronavirus pandemic, review ways of working to retain the better areas of nursing care that existed before it took hold and, also, to embrace any lessons learned through their experiences during the pandemic. **NT**

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