

Why run Schwartz Rounds?

What are Schwartz Rounds?

Schwartz Rounds are a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the non-clinical aspects of caring for patients - that is, the emotional and social challenges associated with their jobs. Attending Rounds can be experienced as both supportive and transformative and staff attending Rounds report (Lown & Manning, 2010) (Goodrich, 2012):

- decreased feelings of stress and isolation
- improved team work and interdisciplinary communication
- increased insight into social and emotional aspects of patient care and confidence to deal with non-clinical issues relating to patients
- changes in departmental or organisation wide practices as a result of insights that have arisen from discussions in Rounds.

Why is it important to help reduce stress of NHS staff?

The 2015 NHS staff survey reported that 37% of staff reported feeling unwell due to work related stress and pressure. 63% of staff reported coming to work in the last 3 months despite feeling unable to perform their duties. Only 52% felt involved in deciding on changes in their team, department or work area and 64% of staff reported that their most recent experience of physical violence was at work.

If staff are unsupported they are more likely to:

- Withdraw from their work for emotional protection
- Feel more isolated and stressed
- Have a lowered sense of personal effectiveness
- Feel emotionally exhausted
- Depersonalise care.

How does an organisation benefit from running Rounds?

Links between patient and staff experience are increasingly clearly articulated (Raleigh 2009b). Evidence suggests that if staff are positive about the care they are offering and feel that they are supported in providing that care, this is beneficial for them, the patients, and the organisation as a whole; staff wellbeing is the antecedent to patients' wellbeing. The Boorman Report (Boorman S, 2009) demonstrates clear linkages between staff health and wellbeing and the levels and quality of both patient care and patient satisfaction. The report sets out the case for change and the benefits that will accrue to staff and NHS organisations from effective investment in staff health and well-being. It argues that improving staff health and well-being is not only the right thing for NHS Trusts to do as exemplary employers, but that investment in such services can bring financial and performance benefits.

Is there a cost benefit argument that can be put forward for running Rounds?

i. Absenteeism

It is estimated that the median cost of sickness absence to each NHS organisation is £3.3 million annually. Improving staff well-being leads to reductions in sickness and absence, in the use of bank and agency staff and in the costs associated with recruitment and induction (The Work Foundation, 2009). The difference in absenteeism rates between an average and good trust with regard to health and wellbeing measures is approximately 0.4%, which equates to an estimated cost of £350,590 for an average sized trust.

ii. Staff turnover rates

Organisations known to be committed to improving staff experience are better able to recruit and retain staff and consequently benefit from cost savings in relation to improved productivity (MIND, 2011). Staff

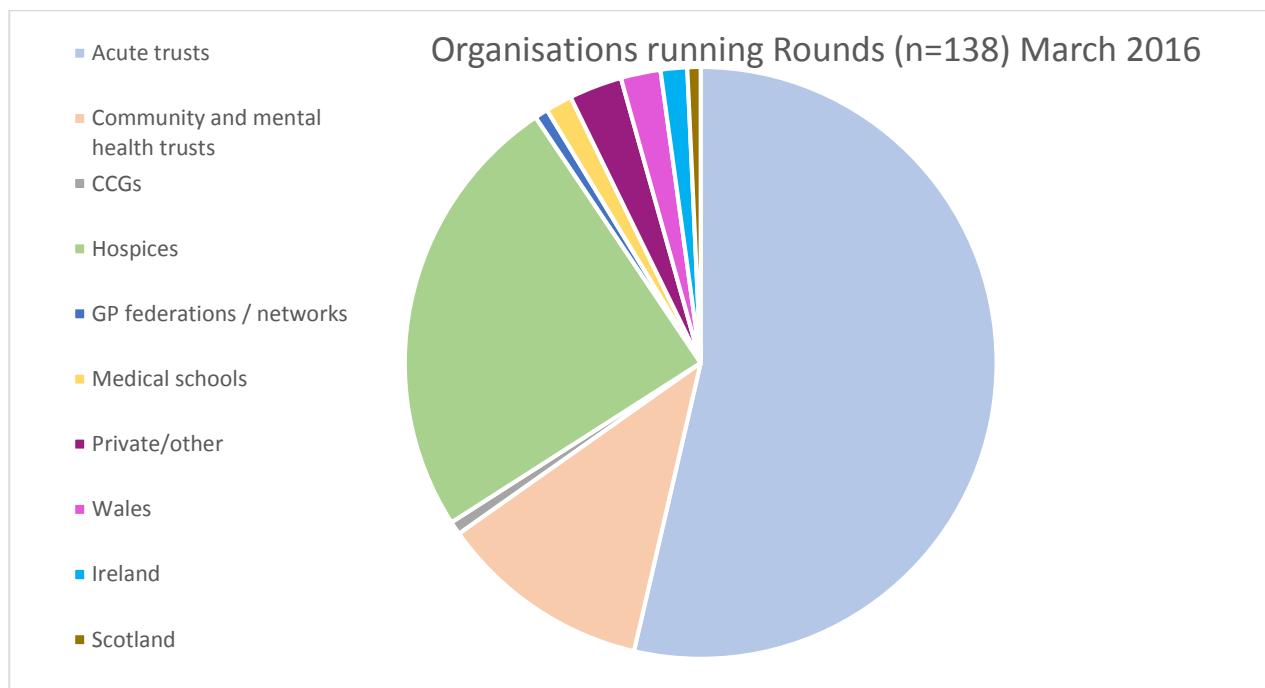
intention to leave the organisation are a proxy measure of psychological wellbeing and are significantly related to both actual turnover levels and the proportion of overall staff costs spent on agency staff (The Work Foundation, 2009).

The costs of staff turnover in terms of replacement have been variously reported to be anything between 37% - 114% of annual employee salary.

iii. Patient satisfaction and complaints

West et al (2002) show how, in organisations which score more highly for staff engagement, not only are staff less likely to be planning to leave but patient satisfaction is higher. Staff attending Schwartz Rounds report an increased confidence in communicating with patients – the impact of which may help reduce complaints from patients and families. Indeed, complaints are costly in terms of time, money and are often related to communication issues (10%) and attitude of staff (11%).

What organisations are currently running Rounds?



References

- Boorman S (2009) *NHS health and well-being review*. [Online]. Available from: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108799 (Accessed 6 April 2016).
- Goodrich, J. (2012) Supporting hospital staff to provide compassionate care: Do Schwartz Center Rounds work in English hospitals? *JRSM*. 105 (3), 117–122.
- Lown, B.A. & Manning, C.F. (2010) The Schwartz Center Rounds: evaluation of an interdisciplinary approach to enhancing patient-centered communication, teamwork, and provider support. *Academic Medicine*. 85 (6), 1073–1081.
- MIND (2011) *Taking care of business: Employer's guide to mentally healthy workplaces*. Available from: http://www.mind.org.uk/media/43719/EMPLOYERS_guide.pdf (Accessed 19 January 2016).

Raleigh, V.S., Hussey, D., Seccombe, I. & Qi, R. (2009a) Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England. *Quality and Safety in Health Care*. 18 (5), 347–354.

Raleigh, V.S., Hussey, D., Seccombe, I. & Qi, R. (2009b) Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England. *Quality and Safety in Health Care*. 18 (5), 347–354.

The Work Foundation (2009) *Health and Wellbeing of NHS Staff – A Benefit Evaluation Model Report prepared for the Department of Health as part of the NHS Workforce Health and Wellbeing Review by The Work Foundation, Aston Business School and RAND Europe*.