

“I can’t stop thinking about it”: Schwartz Rounds[®] an intervention to support students and higher education staff with emotional, social and ethical experiences at work

1 | INTRODUCTION

It was my first clinical nursing placement and I was giving a patient a bed bath. My preceptor said, ‘Sit him up when you’ve finished and make sure he has his call bell close by’ and then she left. I carefully finished his wash and put his gown back on while chatting with him. I found it a bit difficult; he was an older man and my English wasn’t easy for him to understand. But he smiled when I spoke to him. I used the bed controls and sat him up and just as I was cleaning up he made a strange noise – I turned around and he had blood all down his clean gown and he kept vomiting blood. It soaked into the clean sheets and was everywhere. I was very shocked. I had never seen so much blood. I frantically searched for the emergency button and couldn’t find it, I then ran out into the hall and called for help as loudly as I could – I felt like everything was in slow motion. Eventually my preceptor came and asked what was wrong and looked into the room. She pushed the emergency bell and everyone came running. I stood back, I felt like I was in the way. My mind was racing, why didn’t I know where the bell was, this was all my fault. It was all a flurry, the medical team including nurses I hadn’t seen on my ward before worked hard to try and save my patient. Their resuscitation attempts were not successful; the patient died. The man who had just been smiling at me was gone. My preceptor said it wasn’t my fault and not to worry. But I did worry, I couldn’t stop thinking about it. I’m an international student. I live in student accommodation and haven’t made many friends. I called my parents, they are both doctors in my home country. They said not to worry, it wasn’t my fault. But I still felt it was my fault, it was constantly on my mind. Three weeks later I returned to university. In class I was asked how my clinical placement went and for the first time I told the story of my patient to other students and I couldn’t believe how good it felt to be able to talk about it with others. The lecturer followed up afterwards and again

assured me that it wasn’t my fault. The relief at speaking with someone who understood how I felt was so healing. I have learned that (while clinical practice can be difficult and I felt out of my depth) sharing my experience was an important part of me making sense of a difficult situation and reflecting on it. I will always remember my patient.

[First year student nurse, Australia]

This story told only a few weeks ago, highlights the emotional challenges nursing students face in clinical practice. Recent stories of caring for patients with the COVID-19 virus in the most difficult of circumstances (Chen et al., 2020; Maben & Bridges, 2020) suggest students are likely to encounter ever more distressing, social, emotional and ethical challenges in clinical practice. Students are feeling anxious, but ready to help and now, more than ever it is important to provide support to our nursing students, immediately and long-term.

Compelling research indicates that the first years of nursing as undergraduates or newly graduated nurses can be harrowing and may lead to students and newly qualified staff leaving the profession if not properly supported (Maben, Latter, & Macleod, 2007; Porteous & Machin, 2018). Beginning practice, newly registered nurses have been known to experience feelings of anxiety, inadequacy and insecurity (Pascale Blakey & Jackson, 2016) and now, in a healthcare system facing an unprecedented challenge, are likely to experience these feelings more so. In this current environment, where nurses are at high risk of contracting COVID-19 and suffering extreme levels of stress, fatigue and unprecedented working conditions, it is important our healthcare systems locally and internationally seek to support students and newly graduated nurses with the challenges they will encounter.

Clinical placement is often thought of by students as highly stressful (Levett-Jones, Reid-Searl, & Bourgeois, 2018). Healthcare students are required to participate in a large number of hours of clinical placement in UK and Australian undergraduate nursing degrees. On completion of placements, timetabling often results in little or no opportunity for students to debrief and reflect on their clinical experience for long periods of time, leaving them feeling isolated and alone. Provision of opportunities for students to connect with each other and debrief with university lecturers or in a safe facilitated space after clinical experience may result in positive

engagement, improved student well-being and transition and improved retention in the first years of professional practice.

In these uncertain times, COVID-19 has dramatically changed the clinical placement landscape. Countries around the world are handling clinical placement and nursing education differently (Jackson et al., 2020) and students are feeling anxious about their skills and their own safety and confused about what is expected of them. Nurse academic leaders have been negotiating with health services and government bodies to ensure their students are safe, remunerated if possible, but prepared to support the needs of the community and hospital staffing levels during this unprecedented global pandemic.

Nursing, midwifery and other undergraduate allied health professional students suffer similarly to fully qualified healthcare professionals in terms of stress and burnout (Maben et al., 2007) with student empathy levels, like medical students (Hojat et al., 2004) declining during their degree programmes. Students often require counselling support during and after attending clinical and/or professional placement (Alshahrani, Cusack, & Rasmussen, 2018). Retaining nurses and other health professionals in the workforce is a significant ongoing problem globally. A current shortage of 40,000 registered nurses in the UK and a predicted shortfall of 85,000 nurses in Australia alone by 2025 is extremely concerning (Mills, Chamberlain-Salaun, Harrison, Yates, & O'Shea, 2016). Globally, health services face difficulties in delivering both a high-quality education to healthcare students and retention of their healthcare workforce (WHO, 2016). For example, factors contributing to the intention of nurses to leave the profession include burnout and compassion fatigue (Sawatzky, Enns, & Legare, 2015), specifically in early career nurses (Jakimowicz, Perry, & Lewis, 2018).

According to the National Center for PTSD in the US, due to COVID-19 it is almost certain that many members of the global nurse workforce will suffer stress injury and psychological trauma as they witness high biosecurity measures, encounter the risk of disease as well as numerous ethical, medical and personal demands (US Dept VA, 2020). Prevention is therefore imperative. Peer support at such times is vital, particularly as healthcare students and qualified staff often put patients and colleagues first and themselves last, not wanting to let the team down. As Maben and Bridges (2020) suggest 'health professionals are "wired" to look after others and not self - they are therefore likely to need others (colleagues, friends (peers) and managers) to remind them to think of themselves'. It is therefore up to each and every one of us to look out for one another, to help students and colleagues take care of their psychological needs during this most testing of times.

Recent reports indicate the suicide rate for nurses has increased since the virus' outbreak (Giuffrida & Tondo, 2020). It is vital to take notice of these reports and act now. Novice and expert nurses use strategies such as sharing their experiences to combat challenging and existential situations in their work (Hoeve, Kunnen, Brouwer, & Roodbol, 2018). It is therefore important we provide our undergraduate healthcare students with the time and a safe space to spend time sharing and learning from each other. An intervention

gaining momentum in the UK and introduced by the authors at the University of Surrey, UK, and at University of Technology Sydney (UTS), in Australia for undergraduate students and academic health-care staff is Schwartz Rounds.

2 | ORIGINS OF SCHWARTZ ROUNDS IN THE USA AND UK NHS AND INTRODUCTION INTO UNDERGRADUATE EDUCATION

Schwartz Rounds (Rounds) were developed in Boston Massachusetts, USA over 25 years ago and were inspired by the experiences of a patient, Kenneth Schwartz, who died aged 39 of lung cancer. Ken noted that when medicine could no longer support him in terms of a cure what made the '*unbearable bearable*' was the support and empathy shown by his caregivers including nurses (Schwartz, 1995). He observed that some staff could connect with him as a human being, sharing stories of their lives and connecting with him about his children and their children. However, he noted that not all staff could do this and even those that did, could not empathise and connect every day—they could do so some days and not others. This made him think about what it is like to work in that environment, to be confronted with patients at the end of their life, who may be same age as staff members and who may have children the same age. How did staff protect themselves? How did they continue to care and offer support and empathy to patients, or not? Before he died Ken established the Schwartz Center for Compassionate Care and a small team including his oncologist, oncology nurse and sister in law developed Schwartz Rounds (Rounds) to support staff with the emotional, social and ethical aspects of care giving. Rounds are multidisciplinary staff meetings that focus not on what happened in the patient case and how we might have done things differently, but how the experience of caring for this patient or of having this experience made staff *feel* (Taylor et al., 2018). Rounds are now run, usually monthly, in over 450 healthcare organisations in the USA. They were brought to the UK in 2009 by the Point of Care Foundation and now run in over 200 organisations in the UK and Ireland. More recently, they have been adopted in Australia and New Zealand. A national evaluation of Rounds in the UK (Taylor et al., 2018) found that poor staff well-being halved in regular Rounds attenders and that staff who attended felt better supported, better connected to each other and to patients and their carers—felt greater compassion and empathy for patients, carers, colleagues and for themselves and they felt better re-connected to the values that brought them into health care in the first place. Rounds are open to all staff in health care regardless of experience, discipline or position in the hierarchy—students, porters, receptionists attend alongside medical consultants, nurses, midwives, physios and dieticians to name but a few.

Noting the challenges students faced in clinical practice and in processing the emotions these challenges produced, Rounds were introduced in the undergraduate curriculum in the UK. Dr Faye Gishen was the first to do this in the undergrad medical curriculum

at University College London in 2015 (Gishen, Whitman, Gill, Barker, & Walker, 2016) and there are now 5 other Higher Education Institutions running Rounds for healthcare students in the UK, including the University of Liverpool and the University of Surrey, Jill's home institution. At the University of Surrey, two pilot Rounds were undertaken in 2019—one for staff (initially to help them understand what Rounds were so that they could tell students about them) and one for students. Both were very well-received. Students shared stories around the themes of 'A Patient I'll never forget' and "A day I made a difference" in the pilot and autumn term Rounds in 2019 and feedback was very positive, with 50% of students rating the Round as good or excellent and 50% as exceptional. Positive attendance and student evaluation underlined the importance of reflection as a tool for learning as well as for self-care, with some students describing the experience of the Round as cathartic as they realised that others had the same thoughts and fears; so that they did not feel as alone in their role. *Schwartz Rounds have now been* introduced at a university in Australia (University of Technology Sydney) and the inaugural Round has received similar evaluations from students this semester.

The underlying premise of Schwartz Rounds is for people to connect and treat others with compassion and empathy. Thus this philosophy can easily be adapted to other contexts such as academia. Indeed at the University of Surrey, although Rounds were initially run for academic colleagues, so that they would understand what they were and could promote them to students, the stories of stress and burnout shared by academic staff made us realise academic health sciences staff needed Rounds too. Recent research supports this highlighting the challenges faced by staff in HE institutions in health care (with nurse academics' well-being impacted with burnout and stress threatening the sustainability of the academic workforce (Singh, Cross, Munro, & Jackson, 2019)). If nurse academics were already overstretched (increased student numbers, additional administrative tasks and extreme working hours), the need to revise and rewrite their education programmes as COVID-19 moves swiftly through our communities has increased working hours and stress levels substantially. Predominantly experiential face-to-face curricula have had to be rewritten to be delivered online within a few days. Academic staff need peer support now more than ever before.

In the UK, the University of Surrey have therefore begun running Schwartz Rounds for their health services academics and professional staff alongside those running for their student cohorts. UTS are about to do the same. Feedback from academics at Surrey has been equally positive, with comments including the importance of finding out others have similar experiences, highlighting that staff have a difficult/stressful role and can sometimes feel unsupported. Staff also noted that they now had an improved understanding of colleagues work and appreciated the honesty of the sharing and the time to discuss issues with a group of supportive colleagues that Rounds provided.


In the UK, this peer support through Rounds is being adapted during the self-isolation required in the COVID-19 pandemic, with

online video support groups through 'Team Time' supported by the Point of Care foundation (Groves, 2020). Team time has the core features of Schwartz Rounds, but in a virtual format, to be run in smaller groups, not organisation-wide, where individuals are known to each other and within the same cohort/ department. Care is taken with the selection of stories in storyteller preparation time, ensuring these are not too emotionally 'raw' and are psychologically safe for the storyteller to share. It is important not to disrupt the coping processes of individuals and not to encourage the processing of raw and difficult experiences too soon (Groves, 2020).

In an increasingly busy and fragmented world with fewer opportunities to get together with fellow students and colleagues day to day, the importance of creating spaces where students, newly qualified nurse and indeed all healthcare staff can talk about the social, emotional and ethical challenges of their work is vital. The first year nursing student whose experience of losing her patient we presented at the beginning of this paper said she felt relieved to be able to speak with someone about how she felt. If a space like Schwartz Rounds had been available to this student, she may have not had to suffer alone with her feelings. Evaluation suggests Schwartz Rounds support staff well, reducing feelings of isolation, connecting individuals to others, building teams and strengthening empathy and compassion (including self-compassion) (Taylor et al., 2018). Providing such spaces in undergraduate education, will, we hope support students with the social, emotional and ethical challenges they face as they learn how to become registered nurses and will also sensitise students to the need to create opportunities in their future careers and embed the importance of such reflective group spaces for processing the difficult work of health care in their working lives.

CONFLICT OF INTEREST

No conflict of interest to declare.

Samantha Jakimowicz Lecturer¹ 
Jill Maben Professor^{2,3}

¹School of Nursing and Midwifery, Faculty of Health, University of Technology Sydney, Ultimo, NSW, Australia

²Faculty of Health and Medical Sciences, School of Health Sciences, University of Surrey, Surrey, UK

³University of Technology Sydney, NSW and Murdoch University, Perth, WA, Australia

Correspondence

Samantha Jakimowicz, School of Nursing and Midwifery, Faculty of Health, University of Technology Sydney, Building 10, Jones Street, Ultimo, NSW 2007, Australia.
Email: samantha.jakimowicz@uts.edu.au

ORCID

Samantha Jakimowicz  <https://orcid.org/0000-0002-3029-4252>

REFERENCES

- Alshahrani, Y., Cusack, L., & Rasmussen, P. (2018). Undergraduate nursing students' strategies for coping with their first clinical placement: Descriptive survey study. *Nurse Education Today*, 69, 104.
- Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., Wang, L., ... Zhang, Z. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *Lancet Psychiatry*, 7(4), e15–e16. [https://doi.org/10.1016/S2215-0366\(20\)30078-X](https://doi.org/10.1016/S2215-0366(20)30078-X)
- Gishen, F., Whitman, S., Gill, D., Barker, R., & Walker, S. (2016). Schwartz centre rounds: A new initiative in the undergraduate curriculum-what do medical students think? *BMC Medical Education*, 16(1), 246. <https://doi.org/10.1186/s12909-016-0762-6>
- Giuffrida, A., & Tondo, L. (2020). 'As if a storm hit': more than 40 Italian health workers have died since crisis began. The Guardian. Retrieved from <https://www.theguardian.com/world/2020/mar/26/as-if-a-storm-hit-33-italian-health-workers-have-died-since-crisis-began>
- Groves, J. (2020). 'Team Time' - reflecting together on the Covid crisis. Retrieved from <https://www.pointofcarefoundation.org.uk/blog/team-time-reflecting-together-on-the-covid-crisis/>
- Hojat, M., Mangione, S., Nasca, T. J., Rattner, S., Erdmann, J. B., Gonnella, J. S., & Magee, M. (2004). An empirical study of decline in empathy in medical school. *Medical Education*, 38(9), 934–941.
- Jackson, D., Bradbury-Jones, C., Baptiste, D., Gelling, L., Morin, K., Neville, S., & Smith, G. D. (2020). Life in the pandemic: Some reflections on nursing in the context of COVID-19. *Journal of Clinical Nursing*, 1–3. <https://doi.org/10.1111/jocn.15257>
- Jakimowicz, S., Perry, L., & Lewis, J. (2018). Compassion satisfaction and fatigue: A cross-sectional survey of Australian intensive care nurses. *Australian Critical Care : Official Journal of the Confederation of Australian Critical Care Nurses*, 31(6), 396–405. <https://doi.org/10.1016/j.aucc.2017.10.003>
- Levett-Jones, T., Reid-Searl, K., & Bourgeois, S. (2018). *The Clinical Placement*. Chatswood, NSW: Elsevier.
- Maben, J., & Bridges, J. (2020) Covid-19: Supporting nurses' psychological and mental health. Editorial Journal of Clinical Nursing. Early online; April 22nd 2020. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.15307>
- 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.
- Mills, J., Chamberlain-Salaun, J., Harrison, H., Yates, K., & O'Shea, A. (2016). Retaining early career registered nurses: A case study. *BMC Nursing*, 15, 57.
- Pascale Blakey, E., & Jackson, D. (2016). Editorial: Reflections on being a new nurse: 10 insights after four weeks as a registered nurse. *Journal of Clinical Nursing*, 25(11–12), 1483–1485. <https://doi.org/10.1111/jocn.13310>
- Porteous, D. J., & Machin, A. (2018). The lived experience of first year undergraduate student nurses: A hermeneutic phenomenological study. *Nurse Education Today*, 60, 56–61. <https://doi.org/10.1016/j.nedt.2017.09.017>
- Sawatzky, J.-A.-V., Enns, C. L., & Legare, C. (2015). Identifying the key predictors for retention in critical care nurses. *Journal of Advanced Nursing*, 71(10), 2315–2325. <https://doi.org/10.1111/jan.12701>
- Schwartz, K. (1995). *A patient's story*. Boston Globe.
- Singh, C., Cross, W., Munro, I., & Jackson, D. (2020). Occupational stress facing nurse academics - A mixed methods systematic review. *Journal of Clinical Nursing*, 29(5–6), 720–735. <https://doi.org/10.1111/jocn.15150>
- Taylor, M. J., Dawson, C., Leamy, J., McCarthy, M., Reynolds, I., Ross, E., ... Foot, L. C. (2018). *A Realist informed mixed methods evaluation of Schwartz Center Rounds® in England*. Health Services and Delivery Research. Volume: 6, Issue: 37, Published in November 2018. doi: <https://doi.org/10.3310/hsdr06370>. <https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr06370#/abstract>.
- Ten Hoeve, Y., Kunnen, S., Brouwer, J., & Roodbol, P. F. (2018). The voice of nurses: Novice nurses' first experiences in a clinical setting. A longitudinal diary study. *Journal of Clinical Nursing*, 27(7–8), e1612–e1626. <https://doi.org/10.1111/jocn.14307>
- US Dept VA (2020). *Managing healthcare workers' stress associated with the COVID-19 virus outbreak*. In: US: National Center for PTSD.
- WHO (2016). *Global strategy on human resources for health: Workforce 2030*. Geneva, Switzerland: World Health Organisation.