

Nurses need support during Covid-19 pandemic

Stress in mental health nursing has long been recognized as impacting on individual performance, sickness and employment retention (see Edwards & Burnard, 2003). Schwartz Rounds (SR) are interdisciplinary fora designed for staff to come together to reflect on the emotional and challenges associated with working in health care. They are utilized to promote compassion and to prevent burn-out among caregivers across care services (Pepper, Jaggar, Mason, Finney, & Dusmet, 2012), including mental health services (Farr & Barker, 2017).

Social distancing measures prevented SR taking place in this healthcare provider. Anticipating adverse emotional responses during the Covid-19 crisis, a multidisciplinary group of SR facilitators participated in the rapid development and provision of an online staff forum called “wobble rooms.” These are regular, brief, small-group processes using videoconferencing, to which staff self-refer. They are open to all staff, clinical and non-clinical. Wobble rooms also have a physical embodiment termed “staff chill-out rooms.” These are safe places, off base/ward but easily available 24 hr a day, offering comfort, distraction (music/reading materials), foodstuffs, relaxation and episodes of facilitated reflection, exercise and peer support. Staff were familiar with “sensory rooms” which are in all CNTW wards for service users, and the online version is an adaptation of the physical rooms occurring across the NHS as part of an agile response to staff support. Greenberg, Docherty, Gnanapragasam, and Wessely (2020) suggest interventions based on SR as a support mechanism for staff to “make sense” of moral challenges they face in care provision during the pandemic to prevent “moral injury.”

The primary purpose of these online and physical spaces is to help staff who perceive themselves to be struggling with pandemic related pressures, and for promoting and preserving staff wellbeing. They are the antithesis of the typical hospital ward staff room where noise and interruption are common. They provide immediate psychological support as staff rise to extraordinary challenges and learn to adapt quickly, often without the full range of inputs we would ordinarily see in our inpatient facilities. They are in keeping with British Psychological Society guidance (BPS, 2020) with a relationship to “compassion circles” and trauma informed care. They create an emotional space to strengthen camaraderie, to help regulate difficult feelings and focus on the emotional response to the crisis. They encourage staff from across wards and departments to come together, to talk and practice techniques to help mental wellbeing and coping with adversity. They foster a sense of community,

encouraging staff to be kind and compassionate to themselves. They are a response to a specific healthcare challenge and accompanying global anxiety to which we are exposed and the human responses to these.

Experience to date of the online wobble rooms is that participants give examples of how situations have emerged, exploring the overlap between professional and personal life where staff are concerned not only with patient care but worry about bringing pathogens into their homes. Participating and listening to colleagues is experienced as validating. Significant levels of anxious anticipation about potential scenarios of patient management difficulties along with experiences of loss were noted. Staff shared the difficulties of working from home and the impact of not seeing colleagues regularly or losing routine.

We are trialling another online forum focused on clinical teams termed “team time” and generated from the Point of Care Foundation who license SR in the UK. It is envisaged that the suite of interventions, the online wobble room, the staff chill-out spaces and “team time” developed specifically to aide staff responding to a healthcare system severely impacted by Covid-19 will provide a protected, preventative and encouraging opportunity for staff. The uptake of these sessions is monitored, and they continue to be adapted to meet need. They also require formal evaluation of effectiveness, and we are presently collecting data.

CONFLICT OF INTEREST

No conflict of interest to declare.

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