

A realist informed mixed-methods evaluation of Schwartz Center Rounds® in England

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Declared competing interests of authors: Jill Maben reports that she was a member of an advisory group from 2006 to 2009, advising on the development of the Point of Care project at The King's Fund, and a member of the Point of Care Foundation (PoCF) Board 2013–14; she stepped down as board member at the start of the evaluation. Jeremy Dawson reports that he is a board member of the National Institute for Health Research Health Services and Delivery Research programme. Shilpa Ross and Laura Bennett report that they are currently employed by The King's Fund, and Catherine Foot reports that she was previously employed by The King's Fund. The PoCF, which supports the implementation of Schwartz Center Rounds® in the UK, was set up in 2013 by colleagues who were previously also employed by The King's Fund between 2007 and 2013.

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Plain English summary

Schwartz Center Rounds® in England

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Plain English summary

Schwartz Center Rounds® (Rounds) were developed to support health-care staff to deliver compassionate care by helping them to reflect on their work. During monthly group meetings, staff discuss the emotional, social and ethical challenges of care in a safe environment. We used different methods across two phases to understand how Rounds work, and if they work for everyone, depending on the local circumstances. In phase 1, we found few other studies of Schwartz Rounds. We compared Rounds with 11 other similar interventions (e.g. action learning sets) and identified unique features. The number of organisations running Rounds increased quickly between 2013 and 2015, and costs vary. Forty-eight staff running Rounds were interviewed in 46 organisations and reported needing others' support to sustain them.

In phase 2, a survey of 500 staff in 10 organisations found that psychological health had improved in those who attended Rounds but had not improved in those who had not. After attending Rounds, their positive feelings towards work (work engagement) remained the same. We also interviewed 177 staff in nine organisations, including facilitators of Rounds, those telling their stories at Rounds (panellists) and audience members who listened and contributed. We also observed preparation meetings, the Rounds themselves and steering group meetings. Participants described Rounds as interesting, engaging and supportive. How Rounds were run varied in terms of the levels of trust and safety created; who attended Rounds, with frontline staff finding it difficult to attend; and how panellists told their stories, including how much they shared. Rounds are a 'slow intervention' that develop their impact over time. Our analysis highlights the necessary conditions for Rounds to work. Rounds create a safe, reflective space for staff to talk together confidentially, and attending Rounds increased staff's empathy and compassion for colleagues and patients, supported them in their work and helped them to make changes in practice.

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