

## EVIDENCE TO DEMONSTRATE THE IMPACT OF SCHWARTZ ROUNDS

### 1. NIHR National Evaluation

A national, independent large scale mixed methods evaluation of Schwartz Rounds was carried out by a team of researchers from King's College London, and the University of Sheffield. It was a robust, 30-month research study, funded by the National Institute of Health Research as part of a funding stream for research following the [Francis Inquiry](#). The researchers concluded that Rounds offer a safe, reflective space for staff to share stories with their peers about their work and its impact on them. Attendance is associated with a statistically significant improvement in staff psychological wellbeing: the wellbeing of staff who attended Rounds regularly significantly improved, with the proportion of those with psychological distress halving down from 25% to 12%.

Other reported outcomes included increased empathy and compassion for patients and colleagues and positive changes in practice.

Summaries of the study and the full report can be found [here](#). For a more detailed briefing on the research see this [summary of the national evaluation](#). Two useful blogs which summarise the research:

- <https://discover.dc.nihr.ac.uk/content/signal-000725/a-reflective-group-activity-supports-healthcare-staff-in-england>
- <https://www.pointofcarefoundation.org.uk/blog/enabling-and-supporting-staff-to-care-well/>

The research team have written an [Organisational Guide](#), which makes recommendations for the implementation and sustainability of Rounds based on their research findings. This includes a key recommendation that organisations should not attempt research to show outcomes for staff within just one organisation (because they will not be able to find a large enough, longitudinal and controlled sample), but that they should use the findings from the national study.

**Organisations should use evidence from this study to demonstrate impact of Rounds attendance on psychological staff wellbeing**, as individual organisations will not be able to find a large enough, longitudinal and controlled sample for use of the GHQ-12 or other such survey measures.  
**We do not recommend measuring outcomes quantitatively** (e.g. in surveys) without having cross-case (more than one site) and control group comparisons and large enough samples to 'power' the evaluation.

A more detailed explanation can be found [here](#).

Schwartz Rounds are different from eleven other interventions which might be compared with them, for example supervision, Balint Groups, mindfulness. [This paper](#), which summarises the literature review carried out for the national evaluation study demonstrates this. The authors conclude:

'Compared with other interventions reviewed here, Rounds offer a unique organisation-wide 'all staff' forum to reflect on the emotional impact of providing patient care, offering opportunities for staff to reflect, whether or not they choose to disclose/contribute to discussions'.

## 2. Other published research

There is now a good body of literature about Schwartz Rounds, including journal papers. A list of references can be found [here](#). There are evaluations of Rounds in a variety of healthcare settings (acute, community, mental health, hospices) which draw on the evaluation forms completed at each Round and on qualitative interviews and focus groups. There are also conference papers, dissertations and theses on the subject of Schwartz Rounds.

To keep abreast of new published research, a virtual network, open to all, has been set up, which you can [join here](#). This will also give you access to a database of research literature on Schwartz Rounds, compassion, empathy and relevant workforce issues.

## 3. Local evaluation forms

Evaluation (feedback) forms from the monthly Rounds are analysed to show how Rounds are being received by those who attend. Raymond Chadwick and colleagues at South Tees NHS Trust collected quantitative and qualitative data from their evaluation forms over time and published the results in the *Journal of the Royal Society of Medicine*.

Data from feedback forms across the country, collected by The Point of Care Foundation have been analysed in the same way and is published in the *Journal of Interprofessional Care 2019*.

## 4. Qualitative data

Collecting qualitative data is important when seeking to understand people's thoughts, opinions and feelings. A qualitative approach is often the most appropriate method when evaluating a new intervention or idea, or to understand what might lie behind the responses to survey questions. It is therefore right to use qualitative data to describe the evolution and benefits of Schwartz Rounds in an organisation over time or to provide evidence of Rounds contributing to change in organisational culture.

Qualitative data can be collected through interviews or focus groups, or by analysing the free text comments on feedback forms, or by analysing write-ups of Rounds. A qualitative approach is not about size of sample – sometimes one case is enough to shed light on an issue – but rather to explore how a selection of people think or feel, and why. We expect to see more qualitative research published on the 'ripple effects' in organisations.

## 5. Do Schwartz Rounds benefit patients?

The national evaluation did not attempt to show whether Rounds impact on patient outcomes because of the challenges of designing a study which could demonstrate a direct impact. (It would not be possible to say, for example, that a patient's experience of care improved because staff looking after them had attended Rounds - because so many other factors come into play which could not be isolated).

There is a robust argument to make - which states that we know from the national evaluation that Schwartz Rounds improve staff wellbeing, and we also know that staff wellbeing impacts positively on patient care. Therefore, Schwartz Rounds can benefit patients. The key study which joins up the steps in this argument was another big, mixed method, three year study funded by NIHR, led by Professor Jill Maben, who concluded: "Staff experience is the antecedent. It comes first and shapes patients' experience, not the other way round." [Maben, J., et al \(2012\). \*Exploring the relationship between patients' experience of care and the influence of staff motivation, affect and wellbeing\*.](#)

In addition, there is evidence from the original evaluation of Schwartz Rounds in the US, replicated in the pilot evaluation in the UK, and in other studies since, that staff who attend Schwartz Rounds report that they feel better able to care for patients compassionately, and better able to communicate with them.

- Lown BA, Manning MA (2010) 'The Schwartz Center Rounds: Evaluation of an interdisciplinary approach to enhancing patient-centered communication, teamwork, and provider support.' *Academic Medicine*, vol 85, pp 1073–81.
- Goodrich, J. 'Supporting hospital staff to provide compassionate care: Do Schwartz Centre Rounds work in English hospitals?' *JR Soc Med* 2012; 105:117-122

Linked with this, we know that better communication with patients, as a key element of patient-centred care, impacts on how pain is felt, and on recovery from illness, and on safety for patients.

Meterko M, Wright S, Lin H, Lowy E, Cleary PD (2010). Mortality among patients with acute myocardial infarction: the influences of patient-centered care and evidence-based medicine. *Health Service Research* 45 (5 pt 1): 1188-204.

Shuldham C (1999) A review of the impact of pre-operative education on recovery from surgery. *International Journal of Nursing Studies* 36:171-7

There is a correlation between safety culture and employee engagement over time  
Daugherty Biddison EL, Paine L, Murakami P, et al. *BMJ Qual Saf* 2016;25:31–37.  
<https://qualitysafety.bmj.com/content/25/1/31.long>

There is a strong body of evidence accumulating to show the associations between staff experience and patient experience. See Evidence Briefing [Making the case for staff experience](#).

See two other Point of Care Foundation publications:

- [Behind Closed Doors](#)
- [The case for employee engagement in the NHS](#)

## 6. Will the Rounds have economic benefits for the organisation?

A new evaluation from Pro Bono Economics, prepared for the Point of Care Foundation, which drew on Jill Maben's findings in the national evaluation, has sought to examine some of the benefits of the Schwartz Rounds.

With insufficient evidence available it has only been possible to quantify the direct benefits relating to a reduction in sickness absence (which is a major concern for most NHS organisations). As such, it has not been possible to robustly estimate the economic value of other potential benefits, including improved in-work productivity, impacts on wider teams and benefits to patients.

The report's conservative findings therefore show that for every £1 spent on the programme, the healthcare organisation will benefit from around £0.10 in value from the reduction in direct costs of employee absence.

The evaluation and prospective understanding of the potentially wider benefits would of course be strengthened by further work along the sensitivity tests showing that benefits from in-work productivity and additional costs reduced use of Agency staff alone could increase this return to £0.30-£0.40 for each £1 spent on the programme.

*Full report available on request*

## 7. Supporting staff is the right thing to do – and now a policy priority

The Point of Care Foundation's mission is to humanise healthcare – for both patients and staff. There is plenty of evidence for the urgent need to provide support to healthcare staff.

<https://www.theguardian.com/uk-news/2019/feb/26/nhs-england-survey-reveals-alarming-downturn-in-staff-wellbeing>

The mental health and wellbeing of staff has become a government policy priority, and the government has set out plans for an 'NHS workforce wellbeing guardian' in every NHS organisation, responsible for championing mental health and wellbeing support for staff.

<https://www.gov.uk/government/news/mental-health-and-wellbeing-support-for-nhs-staff-government-pledges-overhaul>

Health Education England NHS Staff and Learners' Mental Wellbeing Commission Feb 2019

<https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf>

A financial incentive for focusing on supporting staff is the health and wellbeing CQUIN

<https://www.england.nhs.uk/publication/nhs-staff-health-and-wellbeing-cquin-supplementary-guidance/>

The guidance provides the arguments with facts and figures to back them up.

See also p.47 of the *NHS Workforce Health and Wellbeing Framework*, which suggests Schwartz Rounds as an intervention.

[https://www.nhsemployers.org/-/media/Employers/Publications/Health-and-wellbeing/NHS-Workforce-HWB-Framework\\_updated-July-18.pdf](https://www.nhsemployers.org/-/media/Employers/Publications/Health-and-wellbeing/NHS-Workforce-HWB-Framework_updated-July-18.pdf)