MAKING SPACE

Barriers and Enablers to System-Led Schwartz Rounds for Global Majority Staff

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WHAT ARE SCHWARTZ ROUNDS?

Schwartz Rounds are structured, facilitated reflective forums where healthcare staff share personal stories about the emotional, social and relational aspects of their work. Unlike problem-solving meetings, rounds focus explicitly on feelings, relationships and the human experience of caregiving.

In West Yorkshire, system-led rounds bring together staff across NHS, voluntary and third-sector organisations, creating opportunities for shared learning and connection across the integrated care system.

WHY THIS EVALUATION?

Despite widespread adoption across 200+ UK healthcare organisations, concerning gaps emerged:

- Point of Care Foundation acknowledged low participation by Black and Asian staff
- Lack of diversity monitoring in Schwartz activities
- Virtually no research exploring experiences of global majority staff

- NHS Workforce Race Equality Standard (WRES) shows global majority staff face:
    - Higher rates of bullying and harassment
    - Barriers to developmental opportunities
    - Under-representation in leadership roles
    - Limited access to reflective spaces

Are reflective initiatives like Schwartz Rounds genuinely accessible to the diverse workforce they aim to serve, or do they risk reinforcing existing inequities?

WHO IS THE "GLOBAL MAJORITY"?

Throughout this evaluation, "global majority" refers to people of African, Asian, Latin American, Arab and Indigenous heritage who collectively constitute the majority of the world's population but are minoritised within UK healthcare settings.

This term centres the numerical reality globally while acknowledging experiences of marginalisation locally.

THE RESEARCH GAP

While evidence shows Schwartz Rounds can:

- Reduce isolation and burnout
- Increase empathy and connection
- Support staff wellbeing
- Improve team culture

We don't know:

- How global majority staff experience these spaces
- What enables or prevents their participation
- Whether psychological safety is equally experienced
- How representation shapes engagement

This evaluation aimed to fill that gap.

WHAT WE DID

Method: Qualitative service evaluation using semi-structured interviews

Participants: Seven staff from diverse global majority backgrounds (Black African, Black Caribbean, South Asian, mixed heritage) who had engaged with system-led Schwartz Rounds as:

- Storytellers
- Facilitators
- Attendees

Professional roles included:

- Psychologists
- Diversity & inclusion leads

- Clinicians
- Managers

All had attended multiple rounds across in-person and online formats at local and system-wide levels, bringing experiences from various organisations throughout their careers.

Additional data: Evaluation forms from four race and equity-focused rounds (2022-2025) delivered within West Yorkshire.

KEY FINDINGS

1. Rounds can be safe, but access isn't equal.

No participants reported experiencing discrimination *within* Schwartz Rounds themselves, suggesting rounds can function as relatively safe spaces within otherwise inequitable organisational contexts.

The barriers:
Access is shaped by **systemic** issues:

PERSONAL

- Self-doubt ("Is my story worthy?")
- Fear of tokenism/hypervisibility
- Representing entire communities

PROFESSIONAL

- Managers present inhibits openness
- Fear of judgment/backlash
- Team dynamics affect safety

SYSTEMIC

- Workload pressure
- No protected time
- Professional autonomy determines attendance
- "Nice-to-do, not need-to-do"

CULTURAL

- "Is Schwartz for clinicians?"
- "Am I allowed to come?"
- Perception it's not for frontline/admin staff

"We don't have as much thinking space when we need it most"

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2. Representation matters, but it's complicated.

Seeing facilitators and storytellers from global majority backgrounds was described as:

- "Protective"
- "Confidence-building"
- "Motivating"

"When you see someone like you in the space, it makes a difference"

However:

- Representation must be authentic and sustained, not performative
- There is a risk of tokenism when individuals are spotlighted
- "Minority tax"—burden of educating others, representing entire groups

"Representation is simultaneously important and also a pitfall"

Lack of diversity was impossible to ignore:

- "You notice when there aren't many people that look like you"
- Being "the only one" requires courage
- Creates cycle: absence of representation deters future participation

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3. Facilitation quality determines psychological safety

What Enables Safety:

✓ Structured preparation for storytellers
✓ Empathetic, containing facilitation
✓ Stories are "honoured" not just heard
✓ Clear boundaries
✓ Thoughtful aftercare and endings
✓ "Closing the loop"—feeding back outcomes

What Undermines Safety:

✗ Facilitation becomes "operational" or procedural
✗ Flat/unsupported responses to vulnerability

✗ Abrupt endings leaving "open wounds"
✗ No follow-up or acknowledgment

"It wasn't what people thought of the story... it's how it was honoured"

Facilitation is best understood as "hosting":

- Creating warmth
- Containing emotion
- Honouring stories
- Maintaining safety
- Providing closure

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4. Identity safety shapes participation

Global majority staff assess multiple factors before engaging:

"Is it safe to speak about race here?"
"Will my contributions be judged more harshly?"
"Am I here to represent my entire community?"
"Will I be misunderstood or tokenised?"

"The same thing that somebody else said, if I said it, might be perceived differently"

These aren't just concerns. They actively influence:

- Whether staff attend
- What they choose to share
- Whether they return

Psychological safety isn't equally distributed. It depends on:

- Visible representation in the room
- Quality of facilitation
- Organizational commitment to equity
- Power dynamics and hierarchy

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5. Intersectionality compounds barriers

Race intersects with:

- **Professional role** (managerial vs clinical vs admin/support staff)
- **Seniority** (managers vs frontline)

- **Gender** (women of colour face compounded discrimination)
- **Employment type** (shift-based vs office-based)

Research suggests global majority staff, particularly those in lower-banded, shift-based or frontline roles, face layered constraints:

- Less autonomy to ring-fence time
- Greater workload pressures
- Less organizational power
- Identity-specific safety concerns

"It's not just about being invited—it's about whether you can actually attend and whether you feel safe when you're there"

WHAT PARTICIPANTS VALUED ABOUT RACE & EQUITY-FOCUSED ROUNDS

1. **They legitimise difficult conversations**
   "It opens the door to conversations we don't normally have"

2. **Personalises abstract inequities**
   "When you sit and listen to a story, it becomes a bit real"

3. **Creates permission to speak about race**
   These topics often feel “risky” or "off-limits" elsewhere

4. **Builds understanding and empathy**
   Helps staff recognise privilege and bias

BUT participants warned such Rounds may:

Risk of tokenism—expecting one story to represent many

Risk of over-empathy—centring allies' feelings rather than storytellers' experiences

"Better the energy is in just listening and pronouncing the name right rather than feeling bad about it"

Risk of performative allyship—celebrating basic actions as exceptional

Risk of extraction—taking stories without structural change

RECOMMENDATIONS

1. MANDATE PROTECTED TIME & SECURE LEADERSHIP BUY-IN

Move Schwartz Rounds from "nice-to-do" to organisational priority. Provide protected time, particularly for frontline and shift-based staff. Ensure visible senior leadership participation.

2. PRIORITISE DIVERSITY IN FACILITATION

Recruit and train facilitators from global majority and non-global majority backgrounds. Ensure race and equity-focused rounds are co-facilitated by individuals with lived experience. Ideally, these rounds should be co-facilitated by both global majority and non-global majority individuals.

3. PROVIDE STORYTELLER SUPPORT & AFTERCARE

Offer structured preparation, clear communication about emotional intensity, and follow-up support. Ensure storytellers aren't left with "open wounds."

4. IMPROVE ACCESSIBILITY & PROMOTION

Send invitations with adequate notice. Frame rounds as relevant to all staff roles. Use targeted outreach to administrative, support and third-sector colleagues who may question whether they're "allowed."

5. MONITOR REPRESENTATION CONTINUOUSLY

Track demographic attendance. Intervene when diversity declines. Ensure representation is sustained across multiple rounds, not one-off participation.

6. FUTURE SCHWARTZ ROUNDS RESEARCH

- Explore experiences of frontline and lower-banded staff. This evaluation captured perspectives of relatively senior global majority staff.

- Examine perspectives of white and non-global majority staff. Understanding how white and non-global majority staff experience race and equity-focused rounds, including whether they perceive barriers for colleagues, how they experience discussions of race/equity and what supports their engagement.

- Investigate the experiences of staff who have not attended or discontinued attendance. This evaluation focused on staff who had attended Schwartz Rounds. Research exploring why some global majority staff choose not to attend, or why they attended once and did not return, would reveal barriers not captured in this sample and inform targeted interventions to improve accessibility.

THE BOTTOM LINE

"Do I belong here?"

This shouldn't be a question global majority staff have to ask when entering spaces designed to support them.

Schwartz Rounds hold significant potential to support staff wellbeing and foster compassionate cultures, but only when designed to actively remove barriers, not just create opportunities. We need to demonstrate through action, not just rhetoric, that staff wellbeing matters.

LEARN MORE

Full Report:
Blog Post:

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