

In this article...

- The effect of Covid-19 on a stressed and overstretched nursing workforce
- How reflecting on the emotional impact of nursing work can improve wellbeing
- Recent developments in reflective practice

Reflective practice 2: improving nurses' mental health and wellbeing

Key points

Nurses use reflection to improve their practice, but increasingly reflection is also being viewed as an effective form of self-care

The Covid-19 pandemic has highlighted the need for this kind of reflective practice

There is no one-size-fits-all model of reflection and talking about emotions should be voluntary

Senior nurses have a particular need to access reflective space but may fear appearing vulnerable

Reflection, although extremely valuable, is only one part of what nurses' need to support good mental health and wellbeing

Author Thelma Agnew is a freelance health journalist.

Abstract There is evidence that reflective practice, which focuses on the emotional aspects of nursing, can improve nurses' wellbeing and mental health, a need further highlighted by the Covid-19 pandemic. This article, the second in a series on reflective practice, looks at the main forms of reflection for wellbeing and mental health, and considers recent developments aimed at making it more supportive and accessible.

Citation Agnew T (2022) Reflective practice 2: improving nurses' mental health and wellbeing. *Nursing Times* [online]; 118: 6.

Reflection has been viewed primarily as a means of improving practice and delivering benefits to patients, with the Nursing and Midwifery Council (NMC) giving reflection a central role in revalidation to formalise its link with practice improvement and patient safety (Agnew, 2022). Increasingly, however, reflection is also being viewed as a way for practitioners to explore the emotional challenges of nursing and cope with escalating pressures. It is being promoted as a form of self-care – more necessary now than ever due to the unprecedented demands of the Covid-19 pandemic. Nurses are encouraged to reflect not just for their patients' benefit, but for their own mental health and wellbeing.

Nurses' mental health needs

The Covid-19 pandemic increased pressure on an already overstretched and stressed nursing workforce. A *Nursing Times* survey of 3,500 nurses in early 2020 found 33% of respondents rated their overall mental health and wellbeing as "bad" or "very bad" (Ford, 2020). This was worse when the survey was repeated a year later. Of 1,200 respondents, 44% said their mental health and wellbeing was "bad" or "very bad", and 84% felt more stressed or anxious than

before the pandemic (Ford, 2021). The surveys informed *Nursing Times*' Covid-19: Are You OK? campaign, which is lobbying employers and governments to increase mental health support for nurses (Ford, 2021).

An NHS Staff survey, conducted between September and December 2021, found 46.8% of staff had felt unwell due to work-related stress in the previous 12 months, up from 44% in 2020 and 8% higher than in 2017; 40.5% of nurses and midwives felt burnt out, with only ambulance staff faring worse (51%) (NHS, 2021). Worryingly, the *Impact of Covid-19 on the Nursing and Midwifery Workforce* (ICON) study, published in December 2021, identified a significant proportion of participants with probable post-traumatic stress disorder (Couper K et al, 2021). While there was some improvement shown over three surveys undertaken during 2020, 29% of respondents continued to report experiences indicative of post-traumatic stress disorder three months after the first wave of the pandemic (Box 1). Severe or extreme stress was reported by almost 17.5% of respondents three months after the first wave.

Making time for reflection

Before the pandemic, concern was already growing about the high mental health toll on the nursing workforce. Reflection was

identified as a potentially powerful support, with a 2019 joint statement by the nine regulators of health and care professionals, including the NMC, calling on employers to give clinical staff time to reflect, as “valuable reflective experiences help to build resilience [and] improve wellbeing” (NMC, 2019).

Nurses can reflect on the emotional impact of experiences and process the stresses of the day, formally or informally, alone or with others. This can mean chatting to colleagues mid-shift, de-briefing after a shift, writing a journal or reflective account for use in the revalidation process, participating in structured group reflection or regular clinical supervision.

Different models of supervision

According to Butterworth (2022), clinicians are often confused about what clinical supervision is, and how to apply it, and nurses outside mental health have been slow to engage, partly due to lack of time and opportunity. However, Butterworth says this may be changing because of the need to support the profession during a challenging time, evidence in its favour and government policies.

Butterworth defined clinical supervision as a “formal process of professional support, reflection and learning that contributes to individual development” and said the form of supervision should fit local circumstances and nurses’ preferences. For example, supervision underpinned by influences from psychodynamic therapy may suit mental health nurses, but others may be more comfortable with influences from counselling or education. The delivery method can be one-to-one, group or web-based, using tools such as Microsoft Teams and Zoom. Regardless of the form it takes, clinical supervision can support staff in these “troubled times”. Critical staff shortages are creating an “employees’ market”, which should make it easier for nurses to challenge employers who refuse to give them time for supervision (Butterworth, 2022).

Clinical supervision is sometimes criticised as being too closely associated with practice improvement and management objectives to work as an emotional support. In response, the Foundation of Nursing Studies (FoNS) has developed a form of group clinical supervision (FoNS, nd), which focuses on how our emotional regulatory systems prompt us to respond to work situations. This includes elements of mindfulness and reflective discussion and is underpinned by the principles of compassion-focused therapy (Gilbert, 2010).

In 2020, Health Education England commissioned the FoNS to develop a programme of resilience-based clinical supervision (RBCS) for learning disability and mental health nursing students, delivered virtually. Feedback was extremely positive, with one participant describing the programme as “the first and only real safe space I feel that I have had to really explore difficulties as a student nurse”; another said RBCS could potentially equip a new generation of nurses with tools to spot “not only their own struggles but also the struggles of fellow nurses” (Cope et al, 2021).

RBCS was initially aimed at all undergraduates transitioning into registered practitioners (Stacey et al, 2017), but the pandemic prompted the FoNS to expand its availability to “create a space” to support the wellbeing of the entire nursing workforce (Bosanquet, 2022).

“Experiences at the height of a pandemic may be too ‘raw’ to be discussed with psychological safety in an open forum”

One of the best-evidenced forms of group reflection, Schwartz Rounds, is also explicitly focused on the emotional and social impact of experiences and is implemented by the Point of Care Foundation in the UK (Point of Care Foundation, nd). Non-hierarchical and open to all staff (clinical and non-clinical), Schwartz Rounds were introduced in the UK in 2009 by the King’s Fund Point of Care programme. Trained facilitators ensure the discussion – based on a panel of three staff members’ accounts of different cases, or a set theme such as “when things go wrong” – remains reflective and does not become a problem-solving exercise. Importantly, experiences are shared from the perspective of panel members, not patients.

A 2018 evaluation of Schwartz Rounds in England found attendance was associated

with a statistically significant improvement in staff psychological wellbeing (Maben et al, 2018). The quantitative aspect of the evaluation showed a much greater fall in incidence of poor psychological wellbeing in regular Schwartz Rounds attenders (25% to 12%) compared with non-attenders (37% to 34%). Case studies revealed participants found Schwartz Rounds “a source of support and valued the opportunity to reflect and process work challenges”.

Support during the pandemic

Evidence-informed guidance to support nurses’ psychological and mental health throughout the pandemic suggested that, while group reflective spaces, such as Schwartz Rounds, can reduce stress in non-crisis times, experiences at the height of a pandemic may be too “raw” to be discussed with psychological safety in an open forum (Maben and Bridges, 2020). The authors welcomed the Point of Care Foundation’s decision to adapt the Schwartz Rounds to staff needs during the pandemic by developing “Team Time”. This is a 45-minute reflective practice run online and, unlike Schwartz Rounds, draws participants from an existing department or team rather than across the organisation.

The guidance warns that nurses will need adequate support in the “recovery phase” after the pandemic, to avoid burdening a generation of nurses with poor psychological health. It also emphasises the importance of ensuring interventions do no harm and are tailored to individual need: “Attendance at talking therapies and reflective groups should be optional. If conducted too early or inappropriately, detailed processing could disrupt an individual’s normal coping mechanism”.

This warning is also found in guidance for supporting hospital staff by the COVID Trauma Response Group (Billings et al, 2020). This says organisations should provide opportunities for staff to talk about their experiences “to enhance support and social cohesion”, but this “should not

Box 1. How Covid-19 increased the pressure on nurses

- In pandemics prior to Covid-19, nurses and midwives experienced worse psychological problems compared with other health professional groups
- Almost 30% of NHS staff in a UK national online survey reported experiences indicative of probable post-traumatic stress disorder three months after the first wave of the Covid-19 pandemic
- During Covid-19, workplace-related factors were associated with adverse psychological effects including redeployment to other clinical areas without adequate training and inadequate infection control training

Source: Couper K et al (2021)

Clinical Practice Discussion

involve anyone being mandated to talk about their thoughts or feelings". Box 2 outlines recommendations for supporting nurses through the pandemic.

Meeting senior nurses' needs

There is no one-size-fits-all model of reflection for wellbeing. Other options include Balint groups, which are only open to certain staff groups (Maben et al, 2018). Shared governance councils, a leadership model that places frontline staff at the centre of decisions to improve care, have been shown to empower staff but the main aim is to benefit patients (Chivinge et al, 2021).

Some Schwartz Rounds attendees have questioned the point of "unearthing" sad feelings, while others are unable to spare an hour to take part (Ross and Bennett, 2018). Senior nurses have a particular need to access a reflective space to think through difficult decisions (Maben and Bridges, 2020). However, the Point of Care Foundation acknowledged they can find it hard to engage with Schwartz Rounds because of a fear of appearing vulnerable within their organisation (Fitzsimons, 2020; Goodrich et al, 2020). Some senior leaders reported that they increased their stress and anxiety, possibly due to feeling personally responsible for what they heard from other participants (Fitzsimons, 2020; Goodrich et al, 2020).

To address this, the Foundation launched the #reflect2repair initiative in November 2021 (Fitzsimons, 2021). The aim was to develop new tools and techniques so that senior leaders could benefit from reflective practice, as well as under-represented groups who face systematic disadvantage and those who cannot attend rounds due to their workload or shift patterns (Fitzsimons, 2021). The guidance from Maben and Bridges suggests that, for senior nurses, buddying or seeking a respected mentor for confidential peer support is important (Maben and Bridges, 2020).

Post-pandemic recovery

Unfortunately, when work pressures and the need for emotional support are greatest, such as at pandemic waves – or now with pressure to clear huge backlogs of non-urgent care – time and space for reflection may shrink. To support post-pandemic recovery of the nursing workforce, NHS England announced a professional nurse advocate scheme in March 2021, to train 1,500 nurses to provide "restorative supervision" (Mitchell, 2021). Professional nurse advocates facilitate groups and one-to-one scheduled and

Box 2. Supporting nurses through a pandemic

Staff should have opportunities to talk about their experiences to enhance support and social cohesion:

- Cohesion between personnel is highly correlated with mental health; team resilience may be more related to the bonds between team members than individual coping style
- Sessions where staff talk about their experiences can be one-to-one, between a staff member and manager, or in teams of people who work together
- Staff should be free to decide whether to attend
- Sessions should be provided during shifts, so as not to encroach on rest and recovery time

Source: Billings J et al (2020)

drop-in sessions, offering a safe space for nurses to express feelings and concerns within a reflection model (Katugampola, 2021). This form of clinical supervision is not part of any formal management process and it has been suggested the word "supervision" is misleading and off-putting, and should be replaced by "support" (Katugampola, 2021).

Reflection can help improve nurses' mental health and wellbeing, and opportunities to reflect should be available both in times of crisis and non-crisis. However, just as you should never be pressured to reflect, or accept a form of reflection you are uncomfortable with, it should not be presented as a quick fix for stress or a boost for resilience. Professor Jill Maben, a leading expert on nurse wellbeing, has emphasised that resilience should not be seen as an individual, but rather a collective and organisational responsibility (Maben and Bridges, 2020). Reflection cannot make up for lack of adequate staffing, personal protective equipment, proper rest breaks or supportive leadership (Maben and Bridges, 2020). It is valuable, but it is only one part of what nurses' need to maintain or restore their wellbeing and mental health.

Conclusion

If reflection is to fulfil its potential, including supporting nurses' mental health and wellbeing, it may need to be better understood and more deeply felt than is sometimes the case at present – this will be explored in the final article in this series. **NT**

References

- Agnew T (2022) Reflective practice 1: aims, principles and role in revalidation. *Nursing Times*; 118, 5, 18-20.
- Billings J et al (2020) Supporting hospital staff during Covid 19. Early interventions. *Occupational Medicine*; 70: 5, 327-329.
- Bosanquet J (2022) Reflective supervision – it's no longer if and when, it's when and how. *nursingtimes.net*, 18 January (accessed 21 April 2022).
- Butterworth T (2022) What is clinical supervision and how can it be delivered in practice? *Nursing Times*; 118: 2, 20-22.
- Chivinge A et al (2021) Setting up a Black, Asian and minority ethnic (BAME) shared-governance council in an acute hospital trust. *Nursing Times*; 117: 7, 18-22.
- Cope G et al (2021) *Resilience-Based Clinical Supervision: a FoNS Facilitated Programme, which Aims to Support the Health and Well-being of Learning Disability and Mental Health Student Nurses*. FoNS.
- Couper K et al (2021) The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: a longitudinal survey study. *International Journal of Nursing Studies*; 127: 104155.
- Fitzsimons B (2021) #reflect2repair – improving access to reflective practice for health and care staff. pointofcarefoundation.org.uk, 11 November (accessed 21 April 2021).
- Fitzsimons B (2020) Supporting senior leaders through Schwartz Rounds. pointofcarefoundation.org.uk, 1 September (accessed 12 April 2021).
- Ford S (2021) Employers must ramp up staff mental health support. *nursingtimes.net*, 31 March (accessed 21 April 2022)
- Ford S (2020) Exclusive: Nursing Times survey reveals negative impact of Covid-19 on nurse mental health. *nursingtimes.net*, 29 April (accessed 21 April 2021).
- Foundation of Nursing Studies (nd) What is resilience-based clinical supervision? FoNS.
- Gilbert P (2010) *The Compassionate Mind*. Constable and Robinson.
- Goodrich J et al (2020) "I wonder How Much You Can Take the Exec Hat off?" Do Senior Leaders Benefit Personally from Attending Schwartz Rounds? Findings from a Qualitative Study. Point of Care Foundation.
- Katugampola A (2021) We must support the emotional wellbeing of nurses. *nursingtimes.net*, 3 December (accessed 21 April 2022).
- Maben J, Bridges J (2020) Covid-19: Supporting nurses' psychological and mental health. *Journal of Clinical Nursing*; 29: 15-16, 2742-2750.
- Maben J et al (2018) A realist informed mixed-methods evaluation of Schwartz Centre Rounds in England. *Health and Social Care Delivery Research*; 6: 37.
- Mitchell G (2021) Exclusive: nurses to be offered 'restorative supervision' in wake of Covid-19. *nursingtimes.net*, 5 March (accessed 21 April 2022).
- NHS (2021) *2020 National NHS Staff Survey*. england.nhs.uk, March (accessed 21 April 2022).
- Nursing and Midwifery Council (2019) Benefits of becoming a reflective practitioner: a joint statement of support from chief executives of statutory regulators of health and care professionals. nmc.org.uk, June (accessed 21 April 2022).
- Point of Care Foundation (nd) About Schwarz Rounds. pointofcarefoundation.org.uk (accessed 21 April 2022).
- Ross S, Bennett L (2018) Addressing the emotional realities of the job: compassionate care for the NHS workforce. Kingsfund.org.uk, 23 January (accessed 12 April 2022).
- Stacey G et al (2017) A case study exploring the experience of resilience-based clinical supervision and its influence on care towards self and others among student nurses. *International Practice Development Journal*; 7: 2.