A qualitative evaluation of reflective practice groups on acute adult mental health inpatient units

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Abstract

Working on inpatient psychiatric wards requires the ability to maintain a calm and compassionate demeanour in the face of patient distress. This article considers the role of flexible Reflective Practice Groups (RPGs) as a means of supporting staff to manage the impact of this distress on their own wellbeing, whilst maintaining an ethically sound practice.

In the last decade, community mental health services have undergone a period of investment and reconfiguration in the UK, creating a number of new multidisciplinary teams, such as Early Intervention in Psychosis and Crisis and Recovery Teams (BPS, 2012). In addition to their specialist remits, these teams have the shared objective of preventing unnecessary hospital admissions of individuals in acute distress.

Whilst there has been a reduction in admissions to acute wards since the development of these newer services, it is widely recognised that the chronicity of patients being admitted to inpatient units has increased (British Psychological Society (BPS, 2012). Recent reports highlight that inpatient units are challenging environments for staff to work in, because those who are admitted are chronically ill or in crisis (BPS, 2012). Consequently, workplace violence and burnout are seen as occupational hazards for registered mental health nurses (RMNs) and healthcare assistants (HCAs) (Ward, 2013; Matthews and Williamson, 2015).

Department of Health (DoH) guidance for adult acute inpatient services recommends that ward staff have time out from their duties to reflect on their work (DoH, 2002). It also highlights the need for effective teamwork for staff members to develop resilience and maintain their own wellbeing within the challenging inpatient environment (DoH, 2002).

The BPS has stated that staff can be supported with the emotional pressures of working with chronically distressed individuals via Reflective Practice Groups (RPGs) (BPS, 2012). Traditionally, such groups tend to be run on fixed days and times, closing to late arrivals after an agreed cut off time. It is widely recognised that staff experience their own emotional responses to the complexity and high levels of distress that people present with, whilst needing to continuously keep in mind the internal experiences of patients (Donaghay-Spire et al, 2016).

In a study focusing on 73 clinical psychologists' experiences of reflective staff groups within inpatient settings, a key finding was that organizational context is a key determining factor for setting expectations around the value of attending the groups, as there may be ward management related factors which act as barriers to attending (Heneghan et al, 2013). The study also suggested that the term reflective practice (RP), is used pervasively by clinical staff without a defined understanding of its meaning (Heneghan et al., 2014).

Rationale

The current study was conducted on two in-patient units in the south of England. Clinical psychologists currently facilitate RPGs one day a week when the morning and afternoon shift cross over. This enables half the staff to cover ward-based duties whilst the other half attend the group. In each 16 bedded ward, shifts are staffed by a minimum of two RMNs and two HCAs, with more staff on shift when there are crises involving heightened risk.

Given the literature, the aims of the current study were to assess staff perceptions of the value of RPGs and to understand whether staff perceived a benefit in terms of their clinical practice and wellbeing. Given the need for individualised perspectives, a qualitative methodology was utilised with data obtained through semi-structured interviews.

Ethics

Due to the service-related nature of the project, ethical approval was not required and the Trust approved the study as a service evaluation. To enhance reflexivity and transparency in the research process (Goodley and Smailes, 2011), it should be noted that as the sibling of an inpatient elsewhere, the interviewer had a personal interest in quality of care initiatives for those admitted and the wellbeing initiatives for staff.

Ethnographic research highlights the importance of observation of groups and centres the researcher within the context, thus facilitating a more in-depth quality of situational experience (Barker and Pistrang, 2015). Some of the observations made were of the facilitator's approach to dealing with the challenges of managing the group process, alongside the demands of working on the ward and the utility of enabling RP skills to emerge.

Participants

10 qualitative interviews were completed with staff across the two wards on the unit, six staff from the male ward and four from the female ward. The majority of staff interviewed were female (n=7). The sample included four health care assistants, two senior support workers, one associate practitioner, one nursing assistant and one trainee nurse. Only one RMN was able to be interviewed out of the four RMNs approached. Two staff were white British, six staff were black African, one member of staff was black Caribbean and one member of staff was mixed race. There were more permanent members of staff working on the male ward and a higher number of agency staff on the female ward. Of those interviewed on both wards three members of staff were agency/bank and seven were permanent. The permanent staff were mainly from the male ward which was representative of the patterns of staffing. Additionally, the sample of staff was comparative to the sex and ethnic mix on shift on the days the interviews were conducted.

Data analysis

Each interview was transcribed, and read several times before the interviewer coded each individual interview. Thematic analysis was used to identify similarities and patterns in the words and phrases used by respondents and to generate common themes across the interviews (Braun & Clarke, 2006). As the two key theories around RPGs had already been generated from previous literature, a more deductive approach to considering the research aims was adopted (Joffe, 2012). A sample of themes were cross checked with the principal supervisor, who concurred with the themes.

Results

Major themes are highlighted in bold below. The overarching experience of the groups was one of valuing RPGs in an unpredictable working environment. For example, all the respondents identified ways in which **clinical practice improvements** were facilitated by the process of RP, with eight out of ten respondents believing that their clinical practice directly benefited by attending the group.

> T4: *"..taking time out to actually think about what you're doing...it ...identifies areas where you can do things differently, to be with peers, come up with ideas, better ideas of how you do your work, what you contribute. It may be something that you've thought of, but they might expand it."*

Eight out of the ten staff interviewed reported a **positive impact on their wellbeing**, with the other two respondents recognising that the groups in time would possibly do this for them. Alongside this, staff were able to be honest about how the ward environment could be difficult to work in when there were individuals who were in crisis and behaving in challenging ways. The space gave staff the opportunity to process their own emotional responses.

> T10: *"the ward was not suitable for him .... because he was too aggressive so there was a lot of anxiety from staff when we knew he was coming back...everyone has*

their say about this patient and how to deal with him…talking about it you can see

how this patient is bothering me".

Despite this, they were keen to highlight their choice in working within this environment and talked about being positively engaged with the work. Naturally, this contrast evoked a tension and staff talked about how this could infiltrate into their personal lives. It seemed the RPG served an important function to help them manage this tension:

T2: "When it [work] comes into your home time, it becomes quite draining…. To have

that hour [RPG] it feels like I'm having my own counselling, even though there's other

people in the room, listening to everybody else it does really help being able to talk

things out…".

Indeed, there was a collective spirit to the experience of attending the RPG with colleagues. Many of the respondents emphasised how the RPGs **supported teamwork** and enabled them to gain perspective and greater insight into how colleagues were feeling. This then facilitated the access of a supportive process, together:

T2: "Listening to my colleagues, I've been quite surprised to hear that they're feeling

a certain way…so it does help (your team) because you can take that into

consideration to support this person…".

This supportive process was fostered by the facilitator. Indeed, the **empathic attunement of the facilitator** was key to the group being valued:

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T3: "she is very understanding of what we're going through and very supportive and

respects our feelings, and I think that's what's important to me that someone

respects how we feel about things".

In contrast, there appeared to be different expectations of the **function of RPGs,** and in particular how staff experiences of service changes might be conveyed to management. As noted in the initial reflections on the content of the RPGs being a place for conversation, raising issues around **the stressful environment** emerged. It seemed a key aspect of the RPGs involved a place for practical day to day front line issues to be expressed and processed.

T7: "I have the feeling that we are being heard, opening up to what is going on, and

what is being expected and the way it is going, our voice will sometimes be heard, and

things take better shape…"

Discussion

Clearly there was value in ward-based RPGs for individual staff members, and this study highlighted the positive impact on clinical practice and staff wellbeing. Providing a space for staff to exchange their experiences seemed to enable staff to cultivate some of Yalom's therapeutic factors within the group (Yalom, 2005). For example, staff were able to connect through the universality of their experience and knowing that the struggle was a shared one. Sharing some of their more negative feelings of anxiety and frustration when working with people acutely unwell, also seemed to enable the feelings to lessen their hold over individuals (Yalom, 2005). Indeed, a compassionate RP space that allowed consideration of staff's emotional responses to the demanding nature of inpatient work enabled both reflectivity and reflexivity in clinical practice. This is crucial for maintaining RP in changeable and demanding organisational contexts (Nutt and Keville, 2016).

Whilst most staff believed ward managers protected this time, there were key barriers to attending. These included organisational issues, shift patterns and the necessity for the ward to function through bank work, meaning sporadic attendance. Thus, whilst the RPGs were helpful in managing demanding situations, ward pressure sometimes precluded RPGs taking place, even when they were most needed.

When in the group, the presence of a non-judgemental compassionate colleague listening to views and concerns was particularly beneficial for staff. It seemed that the process of understanding and acceptance of staff dilemmas sent an important message to staff that the RPGs were a confidential forum for sharing unresolved issues, particularly for those staff who were unable to communicate through managerial channels. Indeed, the skill of the facilitator can be crucial in RPGs (Lyons et al, 2019), and this was an important factor for this group. It enabled members to tolerate unpredictable aspects of the group structure such as changing membership and numbers within and between sessions. It was also important to note that the boundaries and expectations around the RPGs being facilitated by a senior team member created tension. For example, it was sometimes unclear if the facilitator could share dilemmas raised with managerial staff. Nevertheless, a compassionate focus within organisational contexts, here provided by the RPG facilitator, facilitated relatedness, reflection and more humane care (Nutt and Keville, 2016).

Recommendations:

Staff wellbeing is a key requirement within NHS trusts and reflecting on clinical practice and the emotional demands of working with acutely distressed people admitted to inpatient units can support staff in building resilience. Having the space to reflect on the difficult emotions brought up by working in this challenging working environment enables staff to connect, and with the support of the facilitator, build together some of the therapeutic factors of groups that Yalom (2005) highlights.

Recent research suggests the importance of clear communication with staff about the purpose of the RPG to address and dissipate misunderstandings (Heneghan et al, 2014; Lyons et al.,

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2019) and enhance engagement. Further, flexibility is crucial in enabling staff to participate and need not impact the benefits from being in the group. RPGs can, therefore, potentially run effectively with staff attending only part of the session. This facilitates multiple staff attendance and potentially enables everyone to access the benefits of RPGs.

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