Reset Ethics Research Study

Healthcare professionals and hospital managers

September 2021

With grateful thanks to everyone who took part in our individual interviews

Final Report for interview participants

What we did

We recruited six NHS Trusts from across the UK, which offered either paediatric surgery, maternity services, or both. Maternity services included those provided in hospital and community ante- and post-natal services. Between November 2020 and July 2021, we spoke to 37 healthcare professionals and hospital managers across the participating trusts.

Our participants, 26 female and 11 male, were doctors (9), nurses (12), midwives (5), and hospital managers (11). Interviews lasted around an hour.

In April 2020, as the first wave of the COVID-19 pandemic was subsiding, the UK Government declared that non COVID-19 clinical services must resume, alongside maintaining the capacity to manage subsequent waves of COVID-19. Initially, this 'reset' phase was anticipated to be the start of a return to 'normal', but the subsequent waves of infection, and lockdowns, have meant that the 'reset' phase has continued for longer than originally anticipated. Even now that many restrictions have been lifted, trusts are continuing to manage Covid and non-Covid services alongside one another.

We asked our participants about their experiences of decision-making during this 'reset' period. These interviews were all held online, via Zoom or MS Teams.

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What did we ask?

What we were interested in finding out

In our interviews with ***hospital managers***, we explored the ethical issues that underpinned trust decision-making during the ‘reset’ phase, when Covid and non-Covid services had to be managed in parallel.

Healthcare professionals shared their experiences of the *processes of decision-making during the ‘reset’ period*. We asked about the challenges they had faced during this difficult period, focussing, in particular, on how they ensured that decisions were acceptable and defensible. We asked, for example:

- How did you set about/approach decision-making in the ‘reset’ period?
- Can you tell us about the ‘reset’ decision-making processes?
- Thinking about the ‘reset’ decision-making process, can you describe any issues which particularly concerned you and/or others in the Trust?

In our interviews with ***doctors, nurses and midwives***, we were interested in how they had experienced their Trust’s ‘reset’ decision-making. We asked them how their everyday working practices had changed to accommodate the pandemic, and *whether they had experienced any ethical challenges or difficulties* as a result. We asked, for example:

- How have your changed working practices resulted in situations that you have found difficult or uncomfortable?
- What kind of ethical support would you value/find useful?

Our key findings: executive summary

A 'reset ethics' framework is required to guide decision-making

1. **Transparency as to what, and how, values underpin decision-making is crucial to support healthcare decision-makers during a pandemic.** Rapid changes of guidance, and regional differences in approach, provided little practical help to hospital managers and increased levels of anxiety in healthcare professionals. One senior nurse found the rapidly changing *guidance for PPE* confusing and worrying:

   '*I think the, the obvious difficulty was the PPE…the advice … about what was appropriate PPE felt like it was changing all the time. And that really didn't help with staff anxieties …, because, you know, one week, we needed to be in, you know, three, even four layers of PPE, and then all of a sudden, that was that was changing quite dramatically.*'

2. **Collaborative working, internationally, regionally and locally has been helpful.** Mutual aid, described by one hospital manager as '*working together to get the biggest bang for the buck in a way that we we didn't do before,'* became a characteristic of regional collaboration. Hospital managers *and* healthcare professionals felt that the improved relationships that have resulted from collaborative working should be maintained

*'Treatment' and 'care' are not the same: the **caring** aspects of treatment have been a casualty of Covid-19*

3. **Care and *caring* have been impacted by changed working practices**. The caring aspects of treatment - an essential component of patient-centred *care* - have been an immediate casualty of the reset phase, due primarily to the continuing requirement for strict infection prevention and control measures. Some of the policies aimed at ensuring staff and patient safety caused distress, and healthcare professionals struggled with having to enforce them. Although, in general, families understood the reasons why infection prevention concerns had led to restrictions. One nurse remembered that:

   '*there was absolutely outrage when we said that only one parent could come on the unit at the beginning.…And people complaining to the trust and as they should, they should do because how can you … How are you supposed to choose? And who are you supposed to choose?*'.

The NHS must also care for the carers!

4. **Crucially, what our participants shared with us made it clear that there are implications for failing to *care for healthcare professionals***. Trusts have sought to ensure both the physical and psychological safety of staff, but more needs to be done to protect frontline healthcare professionals from stress and burnout as a result of changed working practices brought about by the pandemic. This was the experience of a neonatologist:

   '*you feel really helpless, because usually what you feel that … that you can support parents and hope that their time through life and death on the … unit is something that they can cope with in the future … so they do have the memories that they want. Um, … [since Covid-19] you just didn't feel like you could help, you just felt like your hands are tied and you were restricted and and that you couldn't deliver the level of care that you're used to being able to deliver. Which makes you feel rubbish about your job, and makes you feel rubbish going home …*'

5. **Telemedicine and other virtual tools to support communication and the provision of healthcare are generally welcomed by healthcare professionals**. However, their use is not always appropriate and as infection prevention rules are relaxed, attention should be paid to how their use is normalised.

Next steps

We have been *speaking to members of the public* who have had experience of paediatric or maternity services during the 'reset' phase. This perspective deepens our understanding of how the everyday impacts of changed working practices have been experienced by the public.

Holding focus groups

We are also speaking to groups of healthcare professionals about *changes the pandemic has made to working practices* – the big and the little changes that they have had to absorb, and which may now start to seem normal, but *which might feel uncomfortable*. We are asking what changes to patient care they would not want to see normalised, what they might want to keep, and how they feel they can influence change.

Providing 'ethics support'

We are also interested in understanding what healthcare professionals would put in place to support staff *working through difficult ethical decisions*. We will use this information to help us to design and develop tools to provide 'ethics support' for healthcare professionals.

Writing academic papers and providing evidence to Government

The team is now writing several *papers to be published in academic journals*. Some of the findings have already been published, and our research has also informed several *responses to recent calls for evidence*, e.g. lessons the Government might learn to improve its pandemic response.

Collaborative conference to present our findings

We are collaborating with researchers from a number of Universities who are also working with NHS Trusts and healthcare professionals to look at the impacts of COVID-19 on maternity and paediatric services. We are planning a joint event around Easter 2022 to share our findings. We hope that working together with other researchers in this way will help catalyse policy change that is grounded in the experiences of hospital managers, healthcare professionals, patients and members of the public.

Visit our Reset Ethics website to find out more about our research

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