Reset Ethics Research Study

Focus Group with hospital psychologists: background, findings and proposed next steps

September 2021

With grateful thanks to everyone who took part in the psychologists' focus group

Report for focus group participants

Reset ethics research: background

The Reset Ethics team 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.

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 societal restrictions have been lifted, trusts are continuing to manage Covid and non-Covid services alongside one another.

Between November 2020 and July 2021, we carried out individual interviews with hospital managers and healthcare professionals. We spoke to 37 participants 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. These interviews were all held online, via Zoom or MS Teams.

We asked our participants about their experiences of decision-making and healthcare practices during the 'reset' period.

What did we discover?

What we found out from healthcare professionals

Healthcare professionals shared their experiences of the *processes of decision-making during the 'reset' period*. We asked about the challenges they had faced, and *whether they had experienced any ethical challenges or difficulties* as a result. We asked what kind of ethical support they would value to help them respond to these everyday challenges.

We discovered that care and *caring* have been impacted by changed working practices. The caring aspects of treatment - an essential component of patient-centred *care* – were 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.

The NHS must also care for the carers!

Crucially, what our participants shared with us made it clear that there are implications for failing to *care for healthcare professionals*. While acknowledging that Trusts have sought to ensure both the physical and psychological safety of staff, participants felt that more could 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 ... 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 ...*'

*The value of **psychology support** for HCP distress*

Some of our participants felt that ***psychological services were an important avenue of support*** for healthcare professionals struggling to cope with distress caused by ethical issues they had faced at work during the pandemic. A senior nurse said:

> '*we've done some debriefs around challenging situations ... our clinical psychologists have been really good for that, and they do one-to-ones with people ..., they've done lots of education about looking after yourself.*'

Others agreed. One doctor explained that in their trust a clinical psychologist had:

> *'provided a lot of support to our staff, not particularly kind of breaking it down into the challenges faced by the different ways of working, but in general, you know, what are we going through'*.

Reflecting on this, the Reset Ethics research team wanted to know if psychologists had experienced any differences in their work during the pandemic. We wondered whether they were providing more support to their colleagues, and, if so, whether the support was different from the support they were used to offering. To explore these questions, we invited a number of clinical psychologists working in our participating Trusts to discuss their experiences with us.

The clinical psychologists' focus group

Six hospital-based clinical psychologists, offering support to both patients and staff, participated in the focus group, which lasted for just over an hour. We asked them to consider questions such as:

What did we discuss?

- To what extent has distress as a result of experiencing difficult ethical issues, been the reason colleagues have sought your support during the reset period?
- How do you know when colleagues' distress relates to ethical decisions or issues they have faced as a result of their changed working practices?
- How does the support you provide for staff who are distressed as a result of ethical issues playing out, differ to the support you are already offering during these difficult times?
- What kinds of things would help you support staff to work through these sorts of issues?

The psychologists said that healthcare professionals ***were asking for more support*** than before the pandemic, and that they ***were experiencing a different kind of distress***, and that there was a ***need to make space for ethical discussion*** in healthcare professionals' everyday support.

Key findings from the focus group

What did we find?

A need for increased psychological support

All participants agreed that the frequency of requests for support from colleagues had increased over the pandemic. One participant said that:

> *'as COVID came along, the intensity of those conversations and the frequency of - and the kind the kind of the spread across the hospital of more people experiencing those and I think what we found in some teams who might not normally have accessed staff support had opened up those doors to begin to have some of those conversations that that people were struggling with.'*

A different kind of distress was being suffered

There was also a sense that there had been a *change in the nature* of what people were struggling with, and increased *feelings of helplessness*. One participant reflected that:

> '*I think the distress that staff were generally feeling and their ability maybe to, just as time's gone by, cope with the level of distress that they might have been seeing around them, or going home and not being necessarily being able to switch off. Some of the day- to-day things that we might normally have been talking to staff about, they were finding even more difficult because of their, perhaps their capacity to think about those things, their levels of exhaustion*.'

Participants told us that these changed working practices, and the additional and unwelcome responsibilities for healthcare professionals around infection prevention, had reduced their ability to cope:

> '*our staff … might normally be really engaged with families and see a distressed parent and go and have the conversation with them. And they wouldn't come to us. It feels like those referrals are coming quicker to us as if the staff can't bear to see, they themselves can't manage the distress that they're seeing, that might be normal distress, but their own levels of being able to cope with that stress have been affected*.'

Moral discomfort can lead to ***moral distress***

There was general agreement that increased levels of distress were exacerbated by healthcare professionals' moral discomfort with the options available to their patients:

> *'all of these ethical dilemmas that we've got, and ultimately, it's not - it goes against what they'd ideally like to be offering. And I think what draws them to their profession in the first place, you know, they like to be able to offer things, and they have surgery that they can offer, but because of the restraints around them, they're struggling with the decisions that they have to make within that.'*

Making space for everyday 'ethics support'

In considering what 'ethics support' they could offer, participants said it was important that it was informed but informal:

> '*because it was the discussion and the process of sharing, that felt really helpful in the decision making, and helped with some of the distress or the potential dilemmas*

that would come up, felt shared rather than only internalised and had a bit of a formal structure … without it being … formal, if that makes sense. Yeah, it was informed by rather than formal.'

Making space for everyday 'ethics support'

Participants told us that making space for these 'informed and informal' conversations would be helpful:

'*a space for you to talk as a team and think about well, actually, yeah, this is this is uncomfortable. This is difficult for us as a team, and how do we manage that? … are there kind of opportunities to have helpful, kind of adaptive conversations about these issues?*'

But they were aware that different teams were not equally able to engage in such conversations:

'individuals and teams [of healthcare professionals] *have very different views on how they should be addressed. And then rather than having a helpful conversation, or naming it as an ethical issue that we need to talk about, actually, unfortunately, kind of relationships start to break down. And those ethical issues become more than just ethical issues.'*

How would 'ethics support' work?

Even if spaces for informed and informal conversation were supported by a Trust, participants worried that it would benefit primarily those teams who were already working well to support each other. A participant who supported a number of clinical teams said that:

'in other teams, I don't even feel like people want to agree to have a have an allocated time. Because the communication, and the cohesiveness, isn't there in the first place to do that. So it's almost like the teams that work very well together, kind of those, um that level of intervention works very well, because they've got that grounding already. But the teams that are just so far, not aligned, and their opinions are very different, you know, their values are very different. It's very hard to even bring them together to try and think about that.'

Support, therefore, needs to work from a systemic perspective. A 'one size fits all' approach is unlikely to be helpful.

Next steps: Understanding 'ethics support'…

Participants said that, for it to be successful, *Trust-wide engagement* in any 'ethics support' would be important:

'*I think there's something systemic, I think it goes all the way through I think, a hospital that supports the idea that there is a space to talk and, and that there is backup for staff who are making really, really tricky decisions.*'

and participants were clear that *senior management buy-in* would be crucial:

'there's something about the whole system, having a support, kind of, I don't like talking about in a hierarchy way, but from the top, that so decisions aren't made on their own. Decisions somehow have that support in the background.'

… and co-creating a new 'ethics support' toolkit

Working together to design an 'ethics support' framework

Participants said that a psychologist's skill set makes psychologists particularly well suited for offering support to healthcare professionals who might be struggling with ethical issues. One participant described this as being related to:

> *'how [psychologists] question, how we how we're curious about things. I - kind of the communication skills that I guess we just naturally have as psychologists, not saying that other people don't have them, but but just the kind of the experience that we have of being able to communicate with other people on difficult topics and on difficult issues. And I guess a willingness to sit alongside the distress … rather than kind of running away from it.'*

They were positive about the suggestion that *an 'ethics support' toolkit would be a useful addition* to the support psychologists can offer to healthcare professionals:

> *'I'd be interested in in learning a little bit more, to think how I could bring that into my thinking with other teams [of healthcare professionals]. And then it might be, you know, how does that spread, then work? And what we often see is interested teams [of healthcare professionals] will step forward first, to be kind of leaders in this area. And, and might like, you know, might like to meet and have some specific time to think about some of the ethics of the work that they do. But yeah, I would be interested in in that. I think that would add to our practice.'*

Further research is being planned

The Reset Ethics research team is actively working to take forward the ideas discussed in this focus group in partnership with clinical psychologists. If you would like to be contacted about potential opportunities to participate in this work, please contact us.

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

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