Schwartz Rounds are a forum for reflective practice for staff in health and care organisations. They were introduced to the UK in 2009 by the Point of Care Foundation as a mechanism for staff to process the social, ethical and emotional impact of their work by sharing, in a safe environment, their experiences of caring for patients (Robert et al, 2017). The aim of Schwartz Rounds is to improve staff wellbeing, effectiveness of communication and engagement, and, ultimately, patient care; they can also help organisations meet elements on staff wellbeing set out in National Institute for Health and Care Excellence guidance, such as that published in 2009 and 2015 (NICE, 2015; NICE, 2009).

Schwartz Rounds consist of a series of facilitated discussions, open to all staff in the organisation. In usual times, these meetings are conducted face-to-face for an hour, usually with lunch provided. However, variations of the model during the pandemic have allowed for online Schwartz Rounds, which are currently being run by more than 200 organisations across the UK and Ireland.

A large-scale evaluation of Schwartz Rounds in England showed that, compared with other interventions, they offer unique support by providing a safe, reflective space for staff to share stories with peers about their work and how it affects them. Reported benefits include improvements in staff wellbeing, increased empathy and compassion, and positive changes in practice. Schwartz Rounds are non-hierarchical and open to all health service staff – however, trust executives – by the nature of their role – may experience Schwartz Rounds differently from other staff. This article explores executives’ experiences and perceptions of Schwartz Rounds, and what needs to happen to help executives benefit in the same way as other staff.

This article describes research into senior leaders’ experiences of Schwartz Rounds, how they perceive their meaning and whether they benefit personally from attending (Goodrich et al, 2020). This is based on the hypothesis that executives, by the nature of their role, might experience Schwartz Rounds differently from other staff members.
Clinical Practice

Discussion

A forum for reflective practice

Schwartz Rounds acknowledge and respond to the “emotional labour” (Hochschild, 2003) of healthcare by giving staff a forum in which to talk openly about:

● The nature of their work;
● How it affects them emotionally.

They provide a multiprofessional, whole-organisation space where staff can share personal/professional stories, in which the intention is not to ‘fix’ or to manage issues, but simply to bear witness to individuals’ experiences. We all experience a range of emotions in our work that, for various reasons, are suppressed; the lack of a safe space to share and process these emotions can lead to burnout (Jeung et al 2018) and/or negative defensive responses (Cooper and Lees, 2015; Cooper, 2010; Menzies-Lyth, 1988), which can be destructive to individuals, relationships and organisations.

Help for clinical staff to process these emotions has traditionally been through supervision with peers who understand the nature of their work; this can be on a one-to-one basis or in a small group and has been shown to have a range of benefits and uses (Royal College of Psychiatrists, 2017; Kivu et al, 2012; Butterworth et al, 2008; Driscoll, 2006). In contrast, Schwartz Rounds invite staff in clinical and corporate roles, across hierarchical structures, to listen to experiences of work they may not necessarily fully appreciate or understand; this requires participants to have a high degree of curiosity, empathy and compassion – both towards themselves and towards others.

The process of Schwartz Rounds is often counter-cultural in healthcare and in UK society as a whole, where a ‘stiff upper lip’ approach – in which rational exploration takes precedence over emotion – is often the norm. This fits with a dominant ‘lip’ approach – in which rational exploration takes precedence over emotion – is often the norm. This fits with a dominant

Box 1. Core components of Schwartz Rounds

● A group initiative, involving group participation
● Open to staff only
● A series of events, rather than a one-off
● Senior clinician leadership
● Skilled facilitation
● Food provided at meetings
● Pre-prepared staff stories told to trigger audience discussion
● A focus on the emotional impact of healthcare work, rather than clinical aspects or problem solving
● A need to maintain trust, safety and containment (allowing space to explore uncomfortable and difficult emotions)
● Maintenance of the integrity of the model (Maben et al, 2018b)

“A strong theme that emerged was that Schwartz Rounds were designed for staff, ‘not for us’, and executives did not expect to benefit from them in the same way as staff did”

Several described their attendance as sending a message to the organisation that Schwartz Rounds were important and valued by the senior team, and that members of staff were being listened to. Some of their comments are used in the following discussion.

Schwartz Rounds were seen as helping to break down hierarchies and there was a feeling that executives attending in person allowed staff to “see we are human too”. Executives also felt that attending Schwartz Rounds benefited them professionally by helping them to:

● Keep in touch with their organisation;
● Stay grounded;
● Understand the work of different staff, which could help them to do their job better.

Some also mentioned personal benefits, such as having a chance to reflect or “escape” for an hour. Nonetheless, these positive comments were outweighed by more difficult feelings and emotions. Executives felt a strong sense of responsibility for some of the difficult things they were hearing, which could trigger upsetting feelings; words used included “uncomfortable”, “vulnerable”, “inaequate”, “anxious”, “guilty” and “defensive”. They also experienced feelings of powerlessness – “what can we do about that?” – and frustration on hearing staff describe how difficult it was to get things done.

Many spent the time problem solving in their heads.

Leaders were extremely conscious of their senior role, either when contributing to discussions or as a panelist. Some chose to sit unobtrusively at the back or in the middle of the room because they felt their presence might inhibit people – “you can’t not be the exec in the room”; none reported sitting at the front. Executives also felt a strong need to hide their emotions and not appear vulnerable:

“I am not sure how I would feel showing my emotions as it might cause others anxiety, and my role is to protect them.”

Some executives experienced an increase in stress and anxiety following the Schwartz Rounds because of feelings of inadequacy or a belief that they were “failing” their staff. Generally they saw Schwartz Rounds as a support for staff, but not necessarily for themselves; they said they would not feel comfortable discussing issues they had to deal with as senior leaders. A strong theme that emerged was that Schwartz Rounds were “designed for staff not for us”, and executives did not expect to benefit from them in the same way as staff.

Experiences of senior leaders

We contacted 14 trusts around London and the East of England to ask if we could interview senior leaders about their experiences of Schwartz Rounds. The interviews were conducted between September 2019 and March 2020. Eleven trusts agreed to participate and 25 people were interviewed, including:

● Chief executives;
● Medical directors;
● Nursing directors;
● Human resources directors;
● Operational directors;
● Finance directors.

The time participants had spent in executive roles varied from a few months to 27 years; all except one had attended Schwartz Rounds and most had attended more than once. We conducted qualitative, semi-structured interviews face-to-face or by telephone; these were transcribed and the results anonymised, before the data was sent to be analysed thematically.

Findings

Most senior leaders made a point of attending Schwartz Rounds – either as participants or as panellists who share their story – to:

● Show their support;
● Set an example or role model.
Discussion

Healthcare is inherently high risk and acknowledging these risks and the emotional intensity of healthcare is challenging for all involved, including health professionals, patients, politicians and the public. A natural desire to reduce anxiety and uncertainty means the dominant public narrative is of a health service that cares for people effectively and keeps them safe; this creates a tension between the public face of the NHS and the day-to-day reality of healthcare.

Schwartz Rounds are a place where the day-to-day reality of healthcare is publicly expressed, thereby forcing participants to confront it directly. For clinical staff who regularly deal with high risk and emotionally intensive situations, Schwartz Rounds can provide a shared validation of their experience, a source of comfort and a realisation that they are not alone and their feelings are normal.

For executives, although their daily involvement with the direct work of healthcare is often more removed, the emotional labour is still high. As appointed leaders, executives are expected to deliver against the expectations created by the public narrative of care, safety and clinical effectiveness, while being accountable when things go wrong. The tension this creates can be difficult to reconcile.

At an organisational level, it is the responsibility of senior leaders to create a culture in which disclosure of problems or errors is not only accepted, but is seen as desirable (Dekker, 2016); however, the reality is that this is not universally achieved. Too often the system of accountability acts like a rear-view mirror, when it needs to be forward looking to reduce the probability of harm recurring. For executives, repeated exposure to the day-to-day reality of healthcare, as revealed by staff in Schwartz Rounds, can create feelings of anxiety and distress, and a sense of needing to ‘fix’ or ‘control’ things. This is reinforced by having to live up to the expectations of the public, media and politicians, and the narrative of the “hero leader” (Ford, 2015).

The strong emotions described by executives in Schwartz Rounds are similar to those of other staff groups - fear of sharing, showing vulnerability, uncontrolled emotion, being judged - and executives are asked to discard their armour just as other panelists and participants are. Feelings of responsibility and a desire to act are common to many Schwartz Round participants, so what are the determining factors that could allow executives to fully participate and benefit? We provide some suggestions in Box 2.

Having the strength to show vulnerability has come to be viewed as a crucial leadership quality (Brown, 2015), but the executives we interviewed identified a degree of risk associated with this. Brown (2018) described a state of “armoured leadership”, which is constructed to combat inexperience and fear of confrontation, as well as the risk of exposure. The difficulty leaders struggle with is that removing that armour may compromise their values or expose them to risks (Rahman and Myers, 2018). These risks are partly determined by the context in which leaders are operating - for example, whether healthcare leaders perceive their team as supportive and relationships as strong, and how regulators and the wider NHS see their organisation as performing.

Brown (2015) suggested that the desired state for leaders is “daring leadership”; this is about having the courage to show vulnerability but, more importantly, promulgating psychological safety by promoting a just culture in which people feel safe to share. Fear of exposure is the same for executives as for other staff, and the degree of visibility executives have – both inside and outside of an organisation – can heighten these fears. To allow executives to shed their armour, our healthcare cultures need to be comfortable with expressing emotions, uncertainty and doubt, alongside a more widespread acknowledgment of the risky nature of healthcare delivery (Amalberti and Vincent, 2020; Heffernan 2012).

A helpful starting point is to name the difficult responses executives experience, such as suppression and paternalism (“they don’t need to hear that”). These responses may be protective, defensive or, in extreme cases, act as a survival shield. They are understandable coping strategies in the context of the difficult work that executives do, the increasingly pressured environment in which NHS operates and the way NHS leaders are held to account.

The way forward

Those of us working in the NHS need to articulate better the nature of healthcare work, which can often be about sitting alongside, bearing witness and accompanying people through distress. There is a high degree of uncertainty in healthcare, and, although this is uncomfortable, we need to accept it as normal.

Interventions such as Schwartz Rounds are, in themselves, learning experiences. People need to:

- Learn how to listen;
- Learn how to participate;
- Learn how to share.

Achieving the maximum benefit from Schwartz Rounds takes time, and this means sitting with the discomfort for a while. We need to reinforce the importance of reshaping the internal and

Box 2. Facilitating executives’ full participation in Schwartz Rounds

The following could help executives and senior leaders to feel able to participate fully in a Schwartz Round:

- Executives having maturity and confidence in their position, both in their team and in the wider NHS
- An organisational context that makes it feel psychologically safe for executives to participate (Edmondson et al, 2016)
- A wider understanding and acknowledgement among the general public, the media and politicians of the inherently risky and emotionally intense nature of healthcare work
- Closer consideration of the reality of healthcare work (Hollnagel, 2015) and high reliability of organisation principles (Weick and Sutcliffe, 2007) – such as sensitivity to operations, which encourages leaders (including arm’s-length bodies, government departments and secretaries of state) to stay close to the day-to-day reality of healthcare work
- Staff developing a more compassionate appreciation of the complexity, responsibility and emotional labour of the work of executives

“Fear of exposure is the same for executives as for other staff, and the degree of visibility executives have – both inside and outside of an organisation – can heighten these fears”
Box 3. Actions needed for executives to benefit from Schwartz Rounds

- Societal level – promote a public dialogue about the uncertainty, risk and emotional intensity of healthcare, and the politics of healthcare delivery, as well as a more nuanced discussion on the extent to which health service leaders can be held accountable for what goes wrong.
- Organisational level – accept that a degree of discomfort with Schwartz Rounds is a necessary part of learning how to get the best out of them.
- Individual level – have courageous leaders who model behaviour that normalises, rather than pathologises, emotional expression as a way to help leaders and staff cope with the highly emotive nature of healthcare work and the difficulties and uncertainties they encounter. Staff should appreciate that, although in charge, leaders cannot control every aspect of the healthcare environment (Streetfair, 2001).

Conclusion
Maben et al (2018a) suggested that the countercultural space provided by Schwartz Rounds is important in achieving cultural change in healthcare organisations. Maintaining staff wellbeing requires action at an individual, organisational and national level but, to date, the focus has mainly been on individuals (NICE, 2009). Interventions for achieving behavioural change are also more likely to be effective if tackled on multiple levels (NICE, 2007; Michie and Williams, 2003).

Schwartz Rounds are unique in providing an intervention that bridges the level of the individual and the organisation. However, executives do not find them as beneficial as other staff largely because of having to live up to the unachievable myths of leadership (Ford, 2015). This means that, for executives to gain the same benefit as other staff, further actions are required at societal, organisational and individual levels; details of actions that can be undertaken to achieve this are outlined in Box 3. NT

References