



Final Report of the Evaluation of the Introduction of Schwartz Rounds in Ireland Executive Summary | May 2019



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Final Report of the Evaluation of the Introduction of Schwartz Rounds in Ireland

Executive Summary

May 2019

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ABSTRACT

The overall aim of the evaluation was to establish whether Schwartz Rounds are fit for purpose in the Irish Health Service. The evaluation was guided by four key questions:

- Whether Schwartz Rounds are suitable for introduction, practically and culturally, in the Irish health system;
- The experience and personal impact of participating in Schwartz Rounds for panellists, attendees, administrators, facilitators and clinical leads;
- The perceived and/or actual outcomes for the service/hospital;
- Key learnings to inform HSE decision-making on rolling out the initiative further

Setting and sample

This evaluation was conducted in the two test of concept sites: one palliative, inpatient and community care setting, and one acute and critical care service teaching hospital, with regional services for a wide range of specialities. Participants and non-participants of Schwartz Rounds were eligible for inclusion. For the qualitative aspect, 26 individuals from test of concept sites participated in individual face-to-face and telephone interviews, or one of two focus groups. Four staff from the HSE and one PoCF facilitator participated in individual interviews.

Research design

A mixed methods approach was used. The quantitative component of the evaluation comprised anonymous Schwartz Round evaluation forms and ProQOL questionnaires. The qualitative component comprised focus groups, individual interviews and anonymous comment cards. Findings were considered in the context of Implementation Science literature for quality implementation. Data analysis were conducted independently by two researchers using descriptive statistics for quantitative data and directed content analysis for qualitative data. Analysis was underpinned by RE-AIM, an established evaluation framework in healthcare to address the reach, effectiveness, adoption, implementation and sustainability of initiatives. Ethical approval was obtained from the relevant sites and from the University of Dublin, Trinity College.

Findings and results

Findings indicate that the ethos of Schwartz Rounds is compatible with the Health Service Executive's (HSE) strategic drive for quality and safe health care. Schwartz Rounds offer a forum for staff to share experiences in a structured environment, irrespective of their role or status within the organisation. While specific challenges were evident, positive aspects of Rounds were reported by staff who participated in and embraced the concept. Creating confidential space to articulate concerns may reveal organisation-wide issues, which due to the scope of Schwartz Rounds cannot be addressed within that specific forum. Consequently, there is a need to ensure staff are aware of the scope and purpose of Schwartz Rounds, and for the organisation to support staff through other fora to address organisation-wide issues.

Conclusion

The introduction of Schwartz Rounds to the Irish context represents a significant contribution in the staff engagement work of the HSE in its reach across different care contexts, and across clinical, support and administrative staff.

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Conflict of interest statement:

The authors of the report certify that they have no affiliations with or involvement in any organisation or entity with any financial interest in this report.

Executive Summary

1.1 Introduction

This project was commissioned by the Quality Improvement Division, Health Service Executive, to evaluate the introduction of Schwartz Rounds in two healthcare organisations in Ireland. The overall aim of the evaluation was to establish whether Schwartz Rounds are fit for purpose in the Irish Health Service. The evaluation was conducted in the two test of concept sites. Site 1 offers palliative in-patient and community care and has approximately 66 staff. Site 2 offers acute and critical care services, and regional services for a wide range of specialities, and employs approximately 3,546 staff.

1.2 Context and Background

Schwartz Rounds are an intervention intended to develop compassionate and supportive cultures for staff working in health care settings, and in doing so, promote improvement in health care outcomes for patients and service users. Schwartz Rounds are a multidisciplinary forum designed for all staff to come together, once a month, to discuss and reflect on the non-clinical aspects of caring for patients and families through sharing of emotional and social challenges associated with their work.¹

Schwartz Rounds are comprised of highly structured one-hour, case/theme-based, interactive discussions. A trained clinical lead and facilitator facilitate a discussion, which typically begins with an introduction from the clinical lead, followed by each panellist verbally sharing their experiences under a previously agreed theme or case. The panel includes members drawn from clinical and non-clinical staff and discussions introduce multiple perspectives on selected themes. Schwartz Round participants and panelists join a facilitated group discussion, which follows a prescribed format and does not seek solutions, but instead encourages sharing of experiences and acknowledging feelings.

A 'Test of Concept' was undertaken between November 2015 and March 2017 by the Health Service Executive, Quality Improvement Division working in collaboration with the Point of Care Foundation (PoCF), to demonstrate the feasibility and practical potential of Schwartz Rounds in the Irish health care context². Both organisations committed to delivering 10 Schwartz Rounds within the proof of concept phase.

In November 2017, following an open tender process, the Quality Improvement Division (QID) of the Health Service Executive (HSE) commissioned a team from the School of Nursing and Midwifery, The University of Dublin, Trinity College to undertake an independent evaluation of the initial introduction of Schwartz Rounds in Ireland.

1.3 Aim and Objectives

The aims/key questions of this evaluation were to establish:

1. Whether Schwartz Rounds are suitable for introduction, practically and culturally, in the Irish health system;
2. The experience and personal impact of participating in Schwartz Rounds for panellists, attendees, administrators, facilitators and clinical leads;

3. The perceived and/or actual outcomes for the service/hospital;
4. Key learnings to inform HSE decision-making on rolling out the initiative further

The research objectives are outlined below:

1. At organisational level:
 - a. To identify the drivers for introducing Schwartz Rounds
 - b. To establish the anticipated gains for the organisation in initiating Schwartz Rounds
 - c. To establish evidence of impact thus far
 - d. To identify the unanticipated impacts of introducing Schwartz Rounds to the organisation
 - e. To identify, if any, the challenges in the planning and implementation process
 - f. To uncover how potential challenges were addressed within the organisation
 - g. To identify key learning achieved that might influence Schwartz Rounds delivery locally and in other organisations in the Irish context
2. At individual level:
 - a. To explore how individuals, describe their experiences of Schwartz Rounds
 - b. To identify the anticipated and unanticipated impact of participating in/attending Schwartz Rounds
 - c. To identify the drivers and barriers to engaging in Schwartz Rounds, whether as a member of the audience, panel or steering group, or as a facilitator

1.4 Methodology and Design Evaluation Framework

A mixed methods approach was used. The quantitative component of the evaluation comprised anonymous Schwartz Round evaluation forms and ProQOL questionnaires. The qualitative component comprised focus groups, individual interviews and anonymous comment cards. The evaluation was underpinned by RE-AIM, a well-established evaluation framework in health care to address the reach, effectiveness, adoption, implementation and maintenance (sustainability) of initiatives. The findings were considered in the context of the implementation science literature for quality implementation.

1.4.1 Sampling

All staff from the two test of concept sites, staff from the Health Services Executive Quality Office and a Schwartz Rounds facilitator from the Point of Care Foundation were invited to participate in this evaluation. Participants and non-participants of Schwartz Rounds were eligible for inclusion.

1.4.2 Data collection

Quantitative Arm

Professional Quality of Life Scales (ProQOL) Version 5 and anonymous Schwartz Rounds evaluations were collected from Sites 1 and 2 prior to the conduct of this evaluation. These were analysed together with comment card data.

Qualitative Arm

A total of 31 individuals took part in the qualitative aspect of this evaluation. This comprised of 26 staff from Sites 1 and 2 who participated in individual face-to-face and telephone interviews, or one of two focus group interviews. Individual interviews were also conducted with staff from HSE (n = 4) and one interview was conducted with a key person in the test of concept phase for both sites (PoCF facilitator) who was external to the sites and HSE.

1.4.3 Data Analysis

Qualitative data were analysed using a directed Content Analysis Framework followed by application of the RE-AIM evaluation framework.

1.4.4 Ethical Issues

Ethical approval was granted by School of Nursing and Midwifery Research Ethics Committee, Trinity College Dublin and Site 2 Research and Ethics Board. Access was granted by both sites.

1.4.5 Validity, Reliability and Rigour

Data analysis were conducted independently by two researchers using Statistical Package for the Social Sciences (SPSS) Version 24 for quantitative data and NVivo Pro 12 for qualitative data. Data from the ProQOL scales were entered, cleaned and analysed by one researcher (either MC or RLV) who independently checked each other's coding and analyses for accuracy. To ensure consistency in the approach to data collection and analysis of the qualitative data, qualitative focus group and individual interviews were conducted across the two sites by VB and MC. The same study researchers worked independently in extracting coding categories from the findings of published data on Schwartz Rounds. Areas of disagreement were adjudicated upon by RLV. VB and MC independently analysed the data using the agreed approach to the directed content analysis. One interview was randomly selected to test for consistency between the two researchers in coding. Interrater reliability was determined using Cohen's Kappa³, a test that measures the degree of agreement and consistency of coding between codes. A score of above 0.6 is considered substantial agreement and a score of 0.8 or higher is considered a high level of agreement⁴. The interrater reliability for the coded anonymised interview, S104 generated separately by MC and VB was independently tested and resulted in a Kappa score of 0.75, indicating a substantial level of agreement.

1.5 Findings and Results

Findings indicate that the ethos of Schwartz Rounds is compatible with the Health Service Executive's (HSE) strategic drive for quality and safe health care. Schwartz Rounds offer a forum for staff to share experiences in a potentially safe and structured medium, irrespective of their role or status within the organisation. This creates a culture of shared communication, trust, collegiality and teamwork. While specific challenges were evident for test of concept sites, positive aspects of Schwartz Rounds were reported by staff who participate in and embrace the concept. Findings are presented herewith under each of the key questions guiding the evaluation.

1.5.1 Findings in Response to Key Question 1

Participants gave mixed responses in relation to their experiences of Schwartz Rounds. For those who invest and engage in Schwartz Rounds, the impact is generally positive. Others were less positive, and some early champions of the initiative were less enthusiastic as Schwartz Rounds moved into the second year. Unless carefully monitored and tailored to the changing needs of staff and/or the organisation, early enthusiasm for Schwartz Rounds can be replaced by feelings of pressure to participate and of being burdened by the process.

For successful national implementation of Schwartz Rounds, there is a need to adapt the implementation process to the unique and specific requirements and culture of stakeholder settings.

Overall, the findings reflect positive adoption at the organisational leadership level in the test of concept sites, however, this does not appear to have fully extended to the individual staff level. While some strongly support Schwartz Rounds and perceive them to be beneficial, this is not the view of others. Negative feedback related to Schwartz Rounds appears to be attributed mostly to practical considerations, such as frequency of Schwartz Rounds, numbers of staff in the organisation and perceived pressure to participate.

Findings of this evaluation indicate that the structures recommended by Point of Care need to be resourced to enable sharing information and knowledge about Schwartz Rounds. The findings also reflect, however, that it is essential that those driving the initiative respect the voluntary nature of participation, listen to and act promptly upon staff feedback regarding the operationalisation of Schwartz Rounds, as failure to do so is counterproductive.

1.5.2 Findings in Response to Key Question 2

Staff had high expectations of Schwartz Rounds and considered Rounds as a means through which compassionate care and staff well-being could be achieved. They were also viewed as a medium for creating and sustaining a collective sense of culture and shared responsibility for improving patient care.

Responses reflect that participants find Schwartz Rounds to be of benefit in terms of relevance to their daily work, working better with colleagues and gaining insight into how others care for patients. Areas consistently highlighted by respondents included gaining greater insight into self and others, the breaking down of barriers and levelling of hierarchical structure. This ultimately improved staff interaction and teamwork, and for some respondents, Schwartz Rounds has impacted positively on their own practice.

On the whole, participants reported that Schwartz Rounds in the test of concept sites were facilitated with skill and professionalism and that group discussions were helpful. In Site 2, the physical environment for Schwartz Rounds requires a larger room to accommodate participant numbers, in addition to measures to improve the general audibility of panellists and participants.

There are challenges specifically for management and leaders to maintain support and interest in Schwartz Rounds by adapting to the changing needs of the organisation and having measures in place to enable the release of staff from ward duties to attend. Efforts were made by Site 1 to adjust the frequency and location of Schwartz Rounds. In this instance, 'fit' at the individual level had changed over time, however, adaptations occurred at a later time point. Prompt and responsive change to the process may have sustained the interest and support of early champions of the initiative.

Findings of the evaluation indicate that for long-term sustainability, ongoing resources and supports must be in place. The motivation, drive and willingness of key stakeholders to give of their time and effort, voluntarily in some cases, was instrumental to successful organisational adoption and implementation of Schwartz Rounds. The findings indicate, however, that this is not sustainable, and additional resources, for example, the appointment of an administrator to co-ordinate and operationalise Schwartz Rounds to support and embed the process for long-term sustainability is required.

The immediate benefits from the experience evidenced in the anonymous Schwartz Round evaluations are supported by many responses in the qualitative component of the evaluation.

Schwartz Round participants reported gaining an appreciation of and increased connection with others across the organisation. Interview data suggest that the breaking down of barriers, the creation of a safe space for staff to share their experiences, the recognition of the roles played by others, and how people contributed in various ways to the journey of the patient and family, generated a sense of community and team spirit.

The findings indicate that Schwartz Rounds is one way of bringing two vital components characteristic of teamwork to an organisation, 1. Shared purpose and 2. Effective communication.

Participants of this evaluation indicated that insight into their colleagues' experiences enabled them to empathise with others in the organisation. This, along with the reported recognition of the role of others and shared connectedness can impact on interpersonal relationships and ameliorate some of the stress experienced in attending to the emotional needs of patients.

The sharing of stories was also found to be helpful, for junior staff particularly, as it was felt that this helped them to normalise their feelings of inadequacy with the knowledge that there were others, who, even after years of practice, continue to find the emotional aspects of caring challenging. This offered a reminder also of the availability and willingness of colleagues to offer support when needed.

Schwartz Round participants reported feeling supported in the emotional aspects of care provision and also reported improved interpersonal relationships.

This study has demonstrated that Schwartz Rounds are a positively evaluated initiative valued by the majority of staff who have attended or participated as panellist, facilitator, clinical lead and/or steering committee member.

1.5.3 Findings in Response to Key Question 3

The findings of this evaluation indicate that Schwartz Rounds has the capacity to bring members of the organisation together. Successful reach and adoption are affected by contextual factors related to organisation size and numbers of staff. This is an important issue in terms of reach and access to information, particularly relevant to Site 2.

Although research participants had difficulty extracting explicit outcomes at organisational level or tangible workplace culture change, responses reflecting the experiences and personal impact of participating in Schwartz Rounds for panellists, attendees, administrators, facilitators and clinical leads are mostly positive.

1.5.4 Findings in Response to Key Question 4

Qualitative interview data suggests that contextual factors in relation to stability of the organisation should be considered prior to introducing Schwartz Rounds. The impact of staff rotation and organisational change on the introduction of a new initiative has implications for the capacity of sites to support the attendance of target groups.

There is a need for additional support for organisations during times of challenge. The establishment of the core training team from the outset was highlighted as a key enabling factor. The need for ongoing education, support and expert help in maintaining Schwartz Rounds was stressed. This was particularly with regard to keeping Schwartz Rounds themes relevant and meaningful for participants and to achieve that, participants called for mechanisms to address organisation-wide issues that emerged from Schwartz Rounds discussions, while respecting the confidential nature of Schwartz Rounds.

There is a need for careful communication among organisational structures and processes to support the establishment of Schwartz Rounds and to secure on-going ownership by staff and management. This requires prompt responsiveness to staff needs from the very beginning.

The size of the site was found to be important for sustaining commitment. The bigger site had a larger pool of staff to draw upon. This contributed towards sustaining commitment and keeping Schwartz Rounds relevant; however, there are challenges to managing large numbers of participants.

Site 1 participants felt that the size of the organisation negatively impacted on their experiences due to perceived pressure to participate. Merging organisations for Schwartz Rounds presents practical issues, not least the prospect of travel commitments for staff.

Staffing levels posed challenges for management in terms of releasing staff and maintaining interest in Schwartz Rounds. A core team of individuals driving Schwartz Rounds, resulted in an over-reliance on key members. For long-term sustainability there is a need for more ownership to be taken by the steering group and the organisation in general.

1.6 Discussion of the Findings and Results

Findings suggest that the test of concept sites were under a process of adoption and embeddedness of Schwartz Rounds at the time of our evaluation. It was evident that, in both test of concept sites, the process had moved from the initial 'honeymoon' phase, characterised by staff enthusiasm and support for the initiative, to the reality of what is involved in the practical implementation and commitment required, to sustain Schwartz Rounds in the long-term.

The experiences of those who participated in the Schwartz Rounds as panellist, participant, steering group committee member, or combination of these roles, reflect those consistently reported in published research studies on Schwartz Rounds.

This study has demonstrated that Schwartz Rounds are a positively evaluated initiative valued by the majority of staff who have attended or participated as panellist, facilitator, clinical lead and/or steering committee member. The unique structure and processes of Schwartz Rounds allows for the inclusion of staff of all grades and disciplines. Our findings indicate that Schwartz Rounds enables a levelling effect by offering a forum to share experiences where staff at all levels are willing to be open and vulnerable with others. Areas consistently highlighted by respondents included gaining greater insight into self and others, the breaking down of barriers and levelling of hierarchical structure. This ultimately improved staff interaction and teamwork, and for some respondents, Schwartz Rounds impacted positively on participants' own practice.

Study participants reported that attending Schwartz Rounds dismantled barriers, offered a forum for a greater sense of community, insight into self and others' emotional and support needs and consequently, promoted reflection on self and practice. They also reported that attending Schwartz Rounds enabled them to acknowledge a shared purpose with clinical and non-clinical staff across the organisation. This is important to ensure that members of the organisation feel a sense of belonging and can identify their position in the organisation and that their individual contribution is recognised.

The sense of community, connectedness, respect for others and the awareness of emotional and support needs of self and others reported in this study, has the potential to contribute to the management of workplace burnout⁵. Organisational strategies, such as local initiatives to promote community, connectedness and meaning have been shown to be effective in managing workplace burnout⁶.

The concept of unity in goal setting is significant, as characteristic of effective teams is the notion of shared ownership and clear purpose. Interview data suggest that the breaking down of barriers, the creation of a safe space for staff to share their experiences, and the recognition of the roles played by others and how people contributed in various ways to the journey of the patient and family, generated a sense of community and team spirit. These views are consistent with those expressed in the literature where the capacity for Schwartz Rounds to bring members of the organisation together is reported^{7,8,9}.

There are challenges to keeping themes relevant and engaging and while addressing difficult topics can be taxing, they may also lead to fruitful discussion⁹. Creating confidential space to articulate concerns may reveal organisation-wide issues; however, Schwartz Rounds are not designed to 'problem solve', but to focus on feelings and 'social challenges' (p.118) associated with work¹¹. It is important therefore, that staff are fully aware of the scope and purpose of Schwartz Rounds and are supported by leaders and managers to seek practical solutions to organisational issues.

These findings provide valuable insights into strategies that will facilitate the introduction of Schwartz across the Irish health care system and increase the quality of evidence from future evaluations.

The findings, however, are not in keeping with the literature reporting culture change associated with Schwartz Rounds^{10,11,12,13}. This is not unusual and most likely due to the early stage of the implementation phase relative to the time required to effect change. Further research is required to capture and measure the impact of Schwartz Rounds on organisational culture over time.

1.7 Conclusion

The introduction of Schwartz Rounds to the Irish context represents a significant contribution in the staff engagement work of the HSE in both its reach across different care contexts, and across clinical, support and administrative staff. The two test of concept sites were of sufficient differences in size and contexts as to provide valuable information on the practical experiences of implementing Schwartz Rounds in the HSE. The findings were largely positive, though a number of challenges were reported. Impact at individual level, including those involved in the roll-out, facilitation, and steering committee and those who attended found the experience largely positive. Schwartz Rounds render issues discussable that may not have been previously and present a means to articulate deep-rooted questions or concerns within the organisation. Key learnings suggest that staff need to be fully aware of the purpose and scope of Schwartz Rounds as a confidential space, as distinct from a problem-solving forum. The confidential nature of Rounds means that emotions and challenges associated with social aspects of work that are shared, should not be discussed in that same way in settings outside of Rounds; however, other fora and support should be available to enable staff to address organisational issues.

1.8 Key Learnings Arising from the Findings of this Evaluation

1.8.1 Insights for Policy and National Supports

Key Learning 1

Use the findings of this evaluation to highlight how staff in the Irish context have reported benefiting from participation in Schwartz Rounds.

Key Learning 2

Organisations adopting Schwartz Rounds need ongoing and objective monitoring of facilitation of Schwartz Rounds, in accordance with the changing needs of the staff and the organisation. This should be followed up, where possible, by a mechanism to action practical adaptations in response to organisational needs.

Key Learning 3

Seek expert help to establish support structures for facilitators and steering committees to introduce and manage discussion around challenging and complex topics.

1.8.2 Insights for Organisations Introducing Schwartz Rounds

Key Learning 4

The structures recommended by Point of Care need to be resourced to enable sharing information and knowledge about Schwartz Rounds.

Key Learning 5

Information about Schwartz Rounds, aims and process should be in an accessible format. Where possible, host communication tools (e.g., screen display) containing Schwartz Rounds related information in strategic locations; for example, staff canteen, changing rooms, and staff coffee areas.

Key Learning 6

Dedicate a specific part of the local organisation's website to Schwartz Rounds, with staff sharing their experiences of participating in Schwartz Rounds. Where feasible and appropriate, use written word, video and audio of staff from across the organisation sharing their experiences of attending Schwartz Rounds. Organisation could also advertise in advance upcoming Schwartz Rounds and all future planned rounds for that year.

Key Learning 7

Schwartz Rounds participation should be embedded as part of the role of staff working in health care settings, but communication should clarify that participation is voluntary. Time should be allocated for participation in a minimum number of Schwartz Rounds each year, where possible. The voluntary nature of participation should be respected at all times. For successful adoption of Rounds at the individual level, consider flexible ways to acknowledge attendance.

Key Learning 8

Consider co-ordinating Schwartz Rounds within an established timetable of staff events to support practical planning for attendance, for example, scheduling team meetings and Schwartz Rounds on the same day, particularly in the event where staff need to travel to the host site.

Key Learning 9

Appoint an administrator on a rotational post basis to co-ordinate and operationalise Schwartz Rounds to support and embed the process with a view to long-term sustainability and learning.

Key Learning 10

Communicate a clear definition of the steering group role, and have well defined Terms of Reference (quorum, membership, rotation).

Key Learning 11

Provide recognition for the importance of the work of steering group members by ensuring that time is allocated for committee work.

Key Learning 12

Organisations need to analyse the core values, attitudes and behaviours that define the organisation, with the support of management and leadership, to grasp the extent to which the intervention fits.

Key Learning 13

For medium to longer-term sustainability consider the possible gain from merging two smaller sites of similar ethos and interests. Take into account travel and accessibility as possible deterrents from participation.

Key Learning 14

Consider practical ways to facilitate staff attendance at rounds. Strategies such as ward/unit pop-up rounds where members of the interdisciplinary team and support staff for that ward/unit are invited to attend may be helpful. This may fit well with an extended staff handover during the afternoon shift, but would need to be off-set against the pressures that holding rounds outside normal lunch times would pose for other disciplines. Some clinically-based disciplines would also experience additional pressures from moving the Rounds outside lunch times, for example, medicine and allied healthcare professionals.

1.8.3 Insights for Schwartz Rounds Evaluation

Key Learning 15

Provide evidence to determine the true contribution of Schwartz Rounds towards addressing the needs of health care workers in support of their delivery of compassionate care. This may be achieved by evaluation, using instruments that are specific and sensitive to the purpose of Schwartz Rounds. Instruments used in previous studies can be considered and tested for appropriateness for use in the Irish context.

Key Learning 16

The body of evidence to support the impact of Schwartz Rounds can be strengthened by using research designs that minimise bias.

Key Learning 17

Conduct an independent longitudinal evaluation of Schwartz Rounds in Ireland incorporating methods to include a specific focus on identifying organisational culture change.

Key Learning 18

Future evaluations of Schwartz Rounds in the Irish setting need to incorporate pilot studies to test the potential sensitivity of the instruments selected for measuring impact.

Key Learning 19

Schwartz Rounds render issues discussable that may not have been previously, and present a means to articulate deep-rooted issues or concerns within the organisation. Taking issues outside of Schwartz Rounds, however, is not consistent with the confidential and non-problem solving ethos of the Schwartz Rounds model. There is a need to ensure that staff are fully aware of the purpose and scope of Schwartz Rounds.

Key Learning 20

Staff need a safe space, outside of Schwartz Rounds, to discuss organisational issues that need action. Therefore, other fora to address organisation-wide issues, which are of concern to staff, need to be explored.

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