

Why you should read this article:

- To recognise the benefits of group reflection on teamwork and on individual practice
- To learn about reflective practice group sessions set up as part of a service improvement project
- To acknowledge the role of mental health nurses in supporting non-mental health hospital staff

Exploring the benefits of group reflection on mental health issues for trauma nurses

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Abstract

Reflective practice has been shown to raise the quality of nursing care, but group reflection is not usually part of routine professional practice in general hospitals. On a general hospital trauma and orthopaedic ward, there were concerns that nursing staff lacked the knowledge and confidence required to support patients with mental health care needs – for example, patients who had attempted suicide or patients who self-harmed. This put staff at risk of work-related stress and burnout. Between October 2019 and June 2020, nursing staff therefore were offered psychoeducation and reflective practice group sessions, developed in collaboration between the mental health liaison team and the ward manager. An evaluation of the effects of the sessions showed that staff valued having time and space to share experiences with colleagues and learn from each other. Staff's knowledge of mental health and confidence in supporting patients with mental health issues improved after the sessions. This article describes how the sessions were developed and discusses the findings of their evaluation, which appear to confirm the value of reflective practice in healthcare.

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Keywords

continuing professional development, education, emergency care, mental health, nurses' well-being, patients, patient psychology, professional, professional issues, psychological care, reflection, trauma

Key points

- *Reflective practice is important for the well-being and development of healthcare professionals*
- *Reflecting on one's practice has been shown to raise the quality of nursing care and is an essential part of revalidation*
- *Trauma nurses often care for patients with mental health issues but may lack the knowledge and confidence required to support these patients*

- *Nursing staff on a trauma and orthopaedic ward participated in reflective practice group sessions that enhanced their knowledge and confidence around mental health*
- *Mental health liaison teams have a role in facilitating group reflection on mental health issues for general hospital staff*

Reflective practice by healthcare professionals can be described as the process of thinking about one's experiences in the workplace, including emotions and behaviours, to gain new insights, which in turn helps to identify areas for learning and development. Reflective practice also supports sharing and learning with other healthcare professionals (Nursing and Midwifery Council (NMC) 2018). Having time and being supported to reflect on positive and negative professional experiences is important for the well-being and development of healthcare professionals (General Medical Council (GMC) 2021). GMC guidance on being a reflective practitioner states that 'group reflection often leads to ideas or actions that can improve patient care' and that employers should provide time and space for individual and group reflection activities (GMC 2021).

To practise effectively, all NMC registrants are encouraged to gather and reflect on feedback from a variety of sources, including complaints, to improve their practice and performance (NMC 2018). Reflective practice has been shown to raise the quality and consistency of nursing care and it is therefore crucial that all nurses practise self-reflection to evaluate their practice and decision-making (Koshy et al 2017). Reflection, including peer-to-peer reflection, is an essential part of the revalidation process nurses undertake every three years in the UK (Royal College of Nursing (RCN) 2021). Fowler (2020) stated that reflection is one of the most important tools that assist mental health nurses to progress from novice to expert status.

However, despite this evidence and these recommendations, **group reflection is not usually part of routine professional practice in general hospitals in the UK**. Between October 2019 and June 2020, psychoeducation and reflective practice group sessions were offered to nursing staff working on a trauma and orthopaedic ward at a major trauma centre in a general hospital in south west England. This article describes how the sessions were developed and discusses the findings of their evaluation.

Background

At the major trauma centre where the project took place, surgical teams often care for patients with complex mental health needs, including those who have attempted suicide and who self-harm. Nurses working at the trauma centre had provided anecdotal accounts to the mental health liaison team (MHLT) of the challenges experienced by nursing staff. They had reported feeling overwhelmed due to a lack of knowledge and confidence in supporting patients with significant mental health issues. The MHLT had also been approached by the manager of a trauma and orthopaedic ward who was concerned about the team's lack of knowledge regarding mental health and had asked whether the team could receive support in that area.

Healthcare professionals who do not feel themselves to be fully equipped with the appropriate knowledge and skills are at risk of occupational stress and burnout, which can lead to long-term sick leave (RCN 2019) and to staff leaving the profession. Healthcare professionals who experience stress are less able to communicate and concentrate, which in turn affects their ability to participate in teamwork. Also, if there are staff on sick leave it will negatively affect teamwork because of an increased workload for the remaining staff. Strategies to prevent stress and burnout are needed to retain staff and enable them to work well together (Wood et al 2017).

When healthcare staff work in organisations where disciplines are siloed – for example in large district hospitals where acute general healthcare and mental health care are delivered separately – this can create barriers between teams. Conversely, healthcare staff who work in organisations that encourage the crossing of professional boundaries may have a better understanding of other people's disciplines and ways of working, and thereby be better placed to provide truly collaborative care (Wood et al 2017).

Aim

The aim of the project was to develop and evaluate, in collaboration with the ward manager, psychoeducation and reflective practice group sessions for nurses and healthcare assistants working on a trauma and orthopaedic ward. The sessions were designed for nursing staff to discuss and reflect on their experiences of caring for people experiencing mental health issues alongside physical trauma. An evaluation was planned to assess whether the sessions had a positive effect on the attitudes of staff towards patients with mental health issues, whether they had increased staff knowledge of mental health, and whether they had enhanced their confidence in supporting patients with mental health issues. The period in which the project took place partly coincided with first few months of the coronavirus

disease 2019 (COVID-19) pandemic, which enabled the authors to evaluate the usefulness of reflective practice group sessions in a large trauma unit during a pandemic.

Method

Fortnightly group sessions

Fortnightly psychoeducation and reflective practice group sessions were developed, delivered and facilitated on the trauma and orthopaedic ward by **one of the authors (RH)**, a general adult psychiatry higher trainee (a person training to become a psychiatrist). All nursing staff – registered nurses and healthcare assistants – working on the ward were invited to participate. Fourteen sessions took place between October 2019 and June 2020. There was a short pause in the sessions at the beginning of the COVID-19 pandemic in March 2020. After discussion with the ward manager, the sessions resumed with appropriate personal protective equipment and social-distancing measures in place.

Each session lasted 40 minutes and started with psychoeducation followed by reflective practice. Staff-led discussions took place on topics such as suicidal ideation, self-harming behaviours, the stress-vulnerability model (according to which mental health conditions are linked to vulnerability and stress caused by social and psychological factors (Zubin and Spring 1977)) and the mind-body link (that is, the connection between a person's physical health and their thoughts, emotions and behaviours (Littrell 2008)). The topics were chosen based on suggestions from the ward manager and rotated to ensure most staff would have the opportunity to attend one session on each topic.

The psychiatry trainee produced materials and handouts, aiming to be flexible so that staff's questions and concerns could be incorporated in the sessions – for example, when a staff member had a specific patient case or incident they wanted to discuss. After each session the psychiatry trainee asked attendees whether they had found the content useful and if there were other topics they wanted to discuss, using this feedback to inform future sessions. The ward manager created a timetable so that staff were reminded when they had planned to attend a session. Staff who had taken part in one session were encouraged to support other members of the team to attend.

Data collection and analysis

Staff were asked to complete an anonymous questionnaire before and after each session. The pre- and post-session questionnaires were paired by being presented together on either side of a sheet of paper. The questionnaires related to staff's attitudes towards, and confidence in their knowledge of, the session topic and mental health issues generally. There was no suitable validated scale available to base the questionnaires on, so the questionnaires were adapted from previously used evaluation forms.

The questionnaires included quantitative components (statements rated on a Likert scale) **and qualitative components (open questions with accompanying free-text boxes)**. Before and after a session, staff were asked to rate, on a Likert scale from 1 (strongly disagree) to 5 (strongly agree), their level of agreement with a series of statements. The mean average score for each statement was calculated by dividing the total score by the number of staff attending the session. The questionnaires were slightly altered according to the session topic, but the number of Likert-scale statements remained the same. For example, for the sessions on suicidal ideation and self-harming behaviours, the questionnaires comprised the Likert-scale statements shown in Box 1.

Box 1. Likert-scale statements featured in questionnaires completed before and after sessions on suicidal ideation and self-harming behaviours

- » I feel confident dealing with patients with mental health issues
- » I have a good knowledge to help me deal with patients with mental health issues
- » I feel confident dealing with patients who are expressing suicidal thoughts
- » I feel confident dealing with patients with self-harming behaviour
- » I think mental health conditions are useful to learn about
- » It is useful to have a session to share my feelings about patients
- » Mental health is applicable to my future career as a healthcare professional

The post-session questionnaire also included three open questions with accompanying free-text boxes:

- » What did you find useful about the group?
- » What elements of the group could be improved?
- » Do you have any other thoughts or comments?

In addition, four months after the last session had taken place, **one of the authors (SW)** conducted a qualitative evaluation using focus groups and individual meetings – or via email for those who were unable to attend meetings. The focus groups and meetings were recorded and the emails provided written feedback.

All qualitative data – the qualitative components of the questionnaires and the data from the additional qualitative evaluation – were analysed by RH and SW, who sought to determine whether the sessions had had a positive or a negative effect on staff's attitudes towards patients with mental health issues and on staff's confidence and knowledge in supporting these patients. The two clinicians used an inductive approach, which involves the researcher immersing themselves in the data to allow themes, concepts and ideas to emerge (Thomas 2006). RH and SW repeatedly read the written feedback and listened to the recordings to identify themes.

Ethics

The project had been registered and approved **by the trust** as a quality improvement project. Written informed consent was sought and obtained from all participating staff to use their feedback. The questionnaires did not require approval from an ethics committee because they were considered small-scale local service evaluations. Staff who took part in the qualitative evaluation were not known to the clinician who conducted the evaluation (SW) and the focus group recordings were anonymous. Any direct quotes from participants that were subsequently used were anonymised to protect participants' confidentiality.

Findings

All 14 group sessions were attended. Overall, 46 staff participated in the sessions. Some staff attended more than one session, but this was not recorded to maintain the anonymity of participants' responses. Completing the pre- and post-session questionnaires was optional, but all participating staff ($n=46$) chose to do so.

Quantitative results from the questionnaires

Across the 14 sessions, the quantitative results from the pre- and post-session questionnaires showed that participants' knowledge and confidence increased after a session, both regarding the topic covered in that session and mental health generally. Participants felt that mental health was relevant to their work, that it was useful for them to learn more about mental health conditions and that it was helpful for them to reflect on their interactions with patients experiencing mental health issues. Reflective practice was felt to be important, before and after the sessions.

Figure 1 shows the mean Likert-scale scores before and after the sessions on suicidal ideation, self-harming behaviours and the stress-vulnerability model.

Figure 1. Mean Likert-scale scores before and after the sessions on suicidal ideation, self-harming behaviours and the stress-vulnerability model

Qualitative findings from the questionnaires

Three themes emerged from the analysis of the free-text responses to the questionnaires:

- » Relationships with colleagues.
- » Safe space.
- » Sharing and learning.

Participants valued the opportunity to share their professional concerns with colleagues and to support each other. They found it useful to have time to 'be open' and discuss concerns with colleagues:

'Being able to be open about patients and problems [was helpful].'

Participants appreciated having a safe and structured space in which to discuss concerns regarding patients with mental health issues. They valued being in a safe and non-judgemental group with which to share observations and feelings:

'It was lovely to share how we were feeling.'

'Good to have a session with our colleagues to share.'

Participants appreciated the chance to discuss and reflect on their experiences and learn from each other:

'It has been helpful for the whole team in their approach to... patients with mental health diagnoses as they have become more confident.'

Participants also said they found it useful to have time and space to discuss specific cases and the possible meanings of specific patients' behaviours and symptoms. Many participants wrote that they would like to have more time to talk about their experiences in the workplace as they were able to do during the sessions, and that such sessions **should be mandatory**.

Participants emphasised the following aspects of the sessions as being particularly useful:

- » Gaining simple tips from colleagues, for example in terms of communicating and interacting with patients who have suicidal thoughts.
- » Discussing specific patient cases that they had been involved in.
- » Talking about patients' feelings.
- » Sharing professional experiences.
- » Discussing personal stress.

Findings from the qualitative evaluation

In the qualitative evaluation, 11 members of staff among the 46 who had attended group sessions provided feedback, with several themes emerging from it. Participants explained that the sessions had led to increased team cohesion. They had appreciated the opportunity to have time away from the ward. The sessions had enabled them to connect as a team and support each other:

'[The group sessions] helped me to understand what different members of staff have to deal with.'

'[The group sessions] helps us run better as a team.'

'[The group sessions] made me feel part of the team again.'

'Helps to know you are not on your own.'

'Acknowledging we are all doing it together... that we are a team.'

'We could all come together... reconnect.'

'The group helped me, so I asked others to attend.'

The fact that the ward management had prioritised the sessions made participants feel they were valued and that their professional development was considered important:

'Nice to know we are being thought about and not just left to get on with things.'

The sessions had improved communication within the team. Participants explained that they felt more able to acknowledge and express their feelings, which meant they felt less negatively affected by work, and that the sessions had normalised their experiences:

'[Work] is so full on all the time, a lot of the time we don't get time to acknowledge feelings that happen on the ward...'

'We could say what we were experiencing, between us.'

'Expressing feelings [was the] main benefit of the group.'

'[The group sessions] made me realise... I wasn't the only one that felt like that.'

'I'm not the only one that struggles with mental health patients.'

'[The group sessions] made me feel normal in feeling like this.'

Participants emphasised that attending group sessions during the COVID-19 pandemic was a source of support. Several participants stressed the value of having a focus on staff well-being during this challenging time. Attending the sessions had helped them to process the swift changes required to working practices, such as moving to a different ward at short notice:

'Really helpful during COVID times... [helpful] to express feelings.'

Participants felt that the sessions had increased their confidence in working with patients with mental health issues, that they had gained a better understanding of the work of the MHLT and of mental health community support, and that they felt more able to work with mental health colleagues:

'[The group sessions] made me feel calmer dealing with mental health patients.'

'[The group sessions] gave us confidence.'

'[The group sessions] helped me to have more confidence in [the MHLT] to understand what they do more.'

Participants clearly expressed the wish to attend further group sessions in the future:

'[It would be] beneficial to have more to remind [us of the] importance of communicating and supporting each other psychologically.'

Discussion

Reflection has been shown to foster collective competence among healthcare staff because it forms the foundation of effective clinical practice (Schmutz and Eppich 2017) and it is widely accepted that reflective practice improves the well-being of healthcare professionals (GMC 2021). The findings of this evaluation appear to confirm the value of reflective practice in healthcare. Nursing

staff working on a trauma and orthopaedic ward in a general hospital perceived a range of benefits from participating in psychoeducation and reflective practice group sessions.

Participants' knowledge of mental health and confidence in supporting patients with mental health issues increased after the sessions. Participants valued having time to develop relationships with colleagues, share experiences and learn from each other. There was a reported improvement in team communication and cohesion. Some participants also felt more valued in their role. Participants appeared keen to continue to be given time and space to discuss patients' mental and emotional well-being.

Healthcare services are facing ongoing recruitment and retention challenges. Reflective practice group sessions such as those described here may enhance the job satisfaction of nursing staff and reduce work-related stress and burnout. Previous studies have shown that Balint groups (groups of healthcare professionals who meet regularly to discuss clinical cases and enhance their understanding of the professional-patient relationship) promoted empathy, reduced burnout and enhanced job satisfaction among healthcare professionals (Airagnes et al 2014, du Vaure et al 2017).

Participants in the service improvement project discussed here specifically mentioned that attending group sessions during the COVID-19 pandemic made them feel supported. There are significant concerns about the negative effects on the well-being and mental health of healthcare professionals of working during the pandemic (Huang et al 2020, Muller et al 2020). There is evidence to suggest that healthcare professionals, including nurses, who have cared for patients during infectious disease outbreaks can experience long-term psychological symptoms including anxiety, fearfulness, low mood and hostility (Park et al 2018). The World Health Organization (2021) emphasised the significant burden placed by the COVID-19 pandemic on healthcare professionals and called for enhanced measures to prevent serious negative effects on the physical and mental health of staff. Such enhanced measures may include (Muller et al 2020):

- » Monitoring staff's mental well-being.
- » Ensuring staff have access to mental health and psychosocial support services.
- » Providing resources for staff to develop their psychosocial skills.
- » Enabling peer support.

It has been suggested that proactive organisational approaches, such as the group sessions proposed as part of the project described here, may be less stigmatising than individual approaches when supporting healthcare professionals (Muller et al 2020).

Limitations

There were several limitations to this evaluation, including the fact that there was a small number of group sessions and small numbers of participants at each session. The project was conducted on a single trauma and orthopaedic ward by one general psychiatry higher trainee. Each ward has its own culture and the reflective practice group sessions had been organised at the request of the ward manager, so staff on that ward may have been more receptive to such interventions than staff on other wards. This limits the generalisability of the findings. However, the findings are in line with the wider evidence on reflective practice.

Implications for practice

Since reflective practice is important for the well-being and development of healthcare professionals and can be easily implemented, the authors recommend that consideration be given to setting up reflective practice sessions for hospital nursing staff in all medical and surgical specialties. **Reflective practice sessions could be provided by MHLTs**, which already provide mental health support to general hospitals and are usually located on-site.

All mental health professionals, including nurses, could become involved in setting up and facilitating reflective practice sessions for non-mental health nursing staff. This would have the additional benefits of increasing staff's knowledge of the role of MHLTs, enhancing communication between departments and improving the care of patients who have physical and mental health care needs.

Offering reflective practice sessions to staff could be particularly beneficial when staff are facing significant challenges in their work, such as during the COVID-19 pandemic.

Further research into similar reflective practice sessions – notably to assess whether they reduce work-related stress and burnout and whether they contribute to enhancing ward culture and patient experience – would be useful.

Conclusion

This service improvement project showed that psychoeducation and reflective practice group sessions had a positive effect on the well-being of nursing staff working at a major trauma centre, where some patients have mental health as well as physical healthcare needs. Staff who took part in the group sessions valued the opportunity to reflect on their experiences and feelings, discuss their concerns with colleagues, and learn more about mental health issues. Learning about and reflecting on the mental issues that may affect patients hospitalised on a trauma ward enhanced staff's knowledge and confidence. Group reflection on mental health issues is one intervention that may reduce work-related stress and burnout and improve staff retention. It may also be a source of support for staff working in particularly challenging conditions such as during the COVID-19 pandemic.

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Figure 1. Mean Likert-scale scores before and after the sessions on suicidal ideation, self-harming behaviours and the stress-vulnerability model

