# How reflection and critical thinking can help avoid staff burnout

Initiative Type
System Improvement
Status
Deliver
Added
23 August 2019
Last updated
05 March 2024
URL
https://clinicalexcellence.qld.gov.au/improvement-exchange/how-reflection-and-critical-thinking-can-help-avoid-staff-burnout
Summary
It is well recognised that healthcare settings can contribute to the experience of stress, compassion

fatigue and secondary trauma in healthcare workers. Reflective Practice Groups (RPGs) have been

introduced in the Sunshine Coast University Hospital (SCUH) to assist in mitigating these factors. These groups, facilitated by trained clinicians, are now run across most sites in the HHS, across a range of clinical areas and professional groups. The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in the health service and has presented at the Clinical Excellence Queensland Showcase 2019.
Key dates
Jun 2010

Implementation sites

Sunshine Coast Hospital and Health Service

Partnerships

University of the Sunshine Coast (USC) – Psychology Honours students assisted with the evaluation of the programme.

## **Key Contacts**

Dr. Luigi (Gino) Medoro

2110

paul.blee.hiu

Psychology Professional Lead and Psychology Clinical Educator

Sunshine Coast Hospital and Health Service

(07) 5202 0129

Gino.Medoro@health.qld.gov.au

#### Aim

Reflective Practice Groups (RPGs) aim to promote reflection and critical thinking, provide support, foster team cohesion and help mitigate stress and compassion fatigue in healthcare workers. RPGs support the interpersonal aspects of caring and explore complex clinical and practice issues in a supportive group environment.

#### **Benefits**

The main benefits of the SCHHS RPG programme, as outlined by the research to date, are as follows:

- RPG participants report a positive impact on clinical practice, self-awareness, and resilience (Dawber, 2013b).
- A majority of participants consider RPGs as having positive implications for team functioning (Dawber, 2013b).
- Nurses with moderate levels of RPG attendance experienced decreasing global intolerance to uncertainty and inhibitory anxiety (Bryne, et al., In preparation).
- Nurses with long-term RPG attendance experienced increased compassion satisfaction and group cohesion (Bryne, et al., In preparation).
- The establishment of a safe reflective space enabled nurses working in ICU to self-disclose, which led to increased sense of universality, empathy, and respite from emotional labour (Reschke, et al., In preparation).

### **Background**

SCUH is a tertiary, teaching hospital servicing all parts of the Sunshine Coast and Gympie regions. SCUH saw its first patients on 21 March 2017 and was officially opened on 19 April 2017 by the Queensland Premier and Minister for Health and Minister for Ambulance Services. SCUH opened with about 450 beds, with plans to grow to 738 beds by 2021. Services and capacity at SCUH will continue to develop over the coming years.

## **Solutions Implemented**

Currently 32 RPGs are being regularly run across SCHHS. These groups usually occur on either a fortnightly or monthly basis. These groups are run across a range of clinical areas (i.e. mental health,

DEM, ICU, cardiology, palliative care and paediatrics) and include participants from a range of professions (i.e. nursing, Allied Health, medical and administration).

#### **Evaluation and Results**

A number of studies have been undertaken and are currently being undertaken to evaluate the Reflective Practice Group (RPG) programme. Below is a summary of the research:

Dawber, C. (2013b). Reflective practice groups for nurses: a consultation liaison psychiatry nursing initiative: part 2–the evaluation. International Journal of Mental Health Nursing, 22(3), 241-248.

- This study utilised the CSEQ along with externally-facilitated focus groups.
- Participants reported that RPGs had a positive impact on clinical practice, self-awareness and resilience.
- The majority of participants also considered that RPGs had positive implications for team functioning.
- The focus groups identified the importance of facilitation style and the need to explore aspects of workplace culture to enable group development and enhance the capacity for reflection.
- The evaluation indicated that this style of RPG might improve reflective thinking, promote team cohesion, and provide support for nurses and midwives working in clinical settings.

Dawber, C., & O'Brien, T. (2014). A longitudinal, comparative evaluation of reflective practice groups for nurses working in intensive care and oncology. Journal of Nursing Care, 3, 1-8.

- These results supported the positive findings of the pilot study, with a majority of nurses from both groups rating their experience of RPGs as 'definitely positive' over the 2-year period.
- Whilst both groups reported positive perceptions of process, subtle differences in CSEQ data in the subscales of process and impact indicated that the impacts of RPGs were experienced differently by each group.
- The ICU group showed a notable positive shift over time in fields relating to trust, respect and safety.
- The Oncology group indicated increases in impact fields such as self-awareness, clinical insight and quality of care.

Davey, B., Millear, P., Dawber, C., & Medoro, L. (In prepration). Reflective Practice Groups and Professional Quality of Life: A Predictive Model Accounting for the Effects of Person and Job Factors. In this study, RPG attendance was not noted to significantly predict reduction in burnout, secondary traumatic stress or compassion satisfaction in this sample above person factors, job factors, and psychological distress. However, confounding variables were identified: 1) most nurses in the survey had attended very few groups at the time of measurement, 2) the measures used may have lacked sensitivity to adequately capture more subtle changes which may have resulted from attending RPGs, 3) the survey occurred at a time period when nursing staff had just undergone major transition to a new hospital and were adjusting to a number of new systems, processes and resourcing constraints. Despite not supporting the hypotheses, the study did contribute to the literature by outlining the role of multiple person and job factors in predicting professional quality of life in nurses and set a base line for associated studies to measure the impact of RPGs over time and increased

attendance.

Bryne, S., Millear, P., Dawber, C., & Medoro, L. (In prepration). The Impact and Outcomes of Reflective Practice Groups in Nurses.

This quasi-experimental, cross-sectional study of 218 registered nurses found that:

- RPGs were of benefit to nurses; providing a place where nurses can discuss, reflect and develop practical skills.
- RPGs did not hold ward-wide benefits, but greater positive outcomes were gained with more attendance.
- Specifically, a moderate amount of reflective group attendance was shown to support decreased intolerance to uncertainty and inhibitory anxiety, while long-term attendance presented improvements in compassion satisfaction and group cohesion.
- The present findings supported the effectiveness of RPGs, presenting them as a suitable strategy to increase resources within nurses.

Reschke, D., Millear, P., Dawber, C., & Medoro, L. (In prepration). Group Cohesion in Nurse Group Clinical Supervision.

Thematic analysis was used to explore the research question of how, in what way, and by what means, did participation in the Dawber model RPG affect ICU nurses. The key themes that emerged, which were hierarchical in nature, include:

- Shared professional group identity and voluntary participation were the prerequisites to creating a safe space.
- · This was then maintained throughout RPG sessions by effective facilitation skills.
- The establishment of a safe space enabled participants to self-disclose, which led to increased sense of universality, empathy, and respite from emotional labour.

#### 2019 - Study 1

This study is currently underway and is exploring the effect of the facilitator versus the group process, as well as patterns of attendance, on psychological distress and professional quality of life.

#### 2019 - Study 2

This study, which is currently underway, is exploring CESQ results for nurses who participate in RPGs, with factor analysis of both 2018 and 2019 data, as well as how responses to the CESQ are linked to the outcomes of psychological distress and professional quality of life.

#### **Lessons Learnt**

A major learning from implementing the programme was that there needs to be a number of trained and experienced facilitators for it to be sustainable. To address this, a training programme was developed, which included a one-day workshop to develop the knowledge and skills of reflective practice and an apprenticeship model where new facilitators observed and co-facilitated groups before facilitating their own groups. To date, 39 healthcare professionals have attended the workshop.

#### References

Bailey, M. E. & Graham, M. M. (2007). Introducing guided group reflective practice in an Irish palliative care unit. International Journal of Palliative Nursing, 13 (11), 555–560.

Boyd, E. M. & Fayles, A. W. (1983). Reflective learning: Key to learning from experience. Journal of Humanistic Psychology, 23 (2), 99–117.

Forneris, S. G. & Peden-McAlpine, C. (2007). Evaluation of a reflective learning intervention to improve critical thinking in novice nurses. Journal of Advanced Nursing, 57 (4), 410–421.

McGrath, D. & Higgins, A. (2006). Implementing and evaluating reflective practice group sessions. Nurse Education in Practice, 6 (3), 175–181.

Murrell, K. A. (1998). The experience of facilitation in reflective groups: A phenomenological study. Nurse Education Today, 18 (4), 303–309.

Platzer, H., Blake, D. & Ashford, D. (2000a). An evaluation of process and outcomes from learning through reflective practice groups on a post-registration nursing course. Journal of Advanced Nursing, 31 (3), 689–695.

Platzer, H., Blake, D. & Ashford, D. (2000b). Barriers to learning from reflection: A study of the use of group work with post-registration nurses. Journal of Advanced Nursing, 31 (5), 1000–1008.

Schon, D. (1983). The Reflective Practitioner: How Professionals Think in Action. New York, NY: Basic Books.

Thorndycraft, B. & McCabe, J. (2008). The challenge of working with STAFF groups in the caring professions: The importance of the 'Team Development and Reflective Practice Group'. British Journal of Psychotherapy, 24 (2), 167–183.

## **Further Reading**

Bryne, S., Millear, P., Dawber, C., & Medoro, L. (In preparation). The Impact and Outcomes of Reflective Practice Groups in Nurses.

Dawber, C. (2013a). Reflective practice groups for nurses: A consultation liaison psychiatry nursing initiative: Part 1–the model. International Journal of Mental Health Nursing, 22(2), 135-144.

Dawber, C. (2013b). Reflective practice groups for nurses: a consultation liaison psychiatry nursing initiative: part 2–the evaluation. International Journal of Mental Health Nursing, 22(3), 241-248.

Dawber, C., & O'Brien, T. (2014). A longitudinal, comparative evaluation of reflective practice groups for nurses working in intensive care and oncology. Journal of Nursing Care, 3, 1-8.

Davey, B., Millear, P., Dawber, C., & Medoro, L. (In preparation). Reflective Practice Groups and Professional Quality of Life: A Predictive Model Accounting for the Effects of Person and Job Factors. Millear, P., Dawber, C., Medoro, L., Bryne, S., Davey, B., & Reschke, D. (2019). Evaluating reflective practices for nursing staff in an acute care hospital setting. Australian Psychological Society 13th Industrial and Organisational Psychology Conference, Symposia, 12 July.

Millear, P., Dawber, C., Medoro, L. & Reschke, D. (2019). Evaluating reflective practices for nursing staff in an acute care hospital setting. 45th International Mental Health Nursing Conference, Oral Presentation - Clinical Supervision Award, 8-10 October.

Reschke, D., Millear, P., Dawber, C., & Medoro, L. (In preparation). Group Cohesion in Nurse Group Clinical Supervision.

