

Using Blended and Virtual Schwartz Center Rounds® to Support Maternity Staff in Ireland During the Covid-19 Pandemic

Jean Doherty*, Clara K Devine, Sarah Cullen

National Maternity Hospital, Holles Street, Dublin 2, Republic of Ireland

Corresponding author: jean.doherty@nmh.ie

ABSTRACT

Background: Many staff supports, such as the internationally accredited Schwartz Center Rounds were suspended worldwide during the Covid-19 restrictions, at a time when they were most needed. Schwartz Rounds are multi-disciplinary forums where staff can discuss the emotional, social and ethical challenges of care in a confidential and safe environment, intending to improve staff well-being and patient care. In a bid to improve staff support after the suspension of full Schwartz Rounds, virtual, then blended (limited spaces for socially distanced in-person attendance and virtual access) Rounds were initiated.

Purpose: This study aimed to evaluate Schwartz Rounds in a maternity setting in Ireland and compare full-in person Rounds with virtual and blended Rounds.

Methods: Standard Schwartz Rounds evaluation forms were completed by Rounds attendees. Data were analysed using SPSS (Version 24). Respondents were invited to include a comment at the end of the form, and these free-text comments were analysed thematically.

Results: Six Rounds were evaluated (2 full in-person Rounds attended before the pandemic, 1 virtual, 3 blended) and a total of 115 evaluation forms were completed. The Rounds were rated extremely high. Some, but not all aspects of the Rounds were rated more positively from the full in-person Rounds. Some technical difficulties were a barrier to fully experiencing the Round when attending remotely.

Conclusion: Schwartz Rounds are attended by staff in over 560 healthcare organisations, internationally and have been reported to improve staff well-being and teamwork. The pandemic saw Schwartz Rounds being suspended in most organisations due to social distancing guidelines. Virtual and blended Rounds are recommended as an effective replacement for full Schwartz Rounds while social distancing and infection control measures are in place. However, in order to improve post-panellist discussion and gain the full Schwartz Round experience, recommencement of full, in-person Rounds are recommended as soon as public health measures allow.

Keywords: Schwartz Rounds, Staff support, Virtual support, Maternity staff, Virtual Schwartz Rounds.

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BACKGROUND

Schwartz Rounds are multi-disciplinary forums where staff (clinical and non-clinical) can discuss the emotional, social and ethical challenges of care in a confidential and safe environment, to improve staff well-being and patient care ([Flanagan et al., 2020](#); [Chadwick et al., 2016](#)). The Rounds do not focus on the technical aspects of care or problem-solving. Instead, the Rounds provide colleagues with an opportunity to discuss and reflect on a particular incident and how this experience made them feel ([Taylor et al., 2018](#)). The Schwartz Centre for Compassionate Care was developed in the USA in 1995, whereby the Rounds, which follow a particular format, commenced. At present, the Rounds are run in over 650 healthcare organisations internationally. The first Schwartz Round in Ireland took place in 2015. Schwartz Rounds were recommended in an action research study conducted at the research site, to aid in the reduction of burnout among midwives ([Doherty and O'Brien, 2021](#)). Subsequently, in 2019, the research site, a busy urban maternity hospital, initiated the Schwartz Rounds ([Cullen, 2021](#)) and was the first maternity unit in Ireland to run them. The overall aim of Schwartz Rounds is to provide support to the care providers so that they can, in turn, provide exemplary care, directly or indirectly, to women and families.

In each Round, approximately three staff members who volunteer to be panellists (storytellers) share an experience under a specific theme assigned to that specific Round. Examples of themes used in the past are: 'thrown in at the deep end'; 'Covidtastrophe' and 'a day to remember'. This is followed by a facilitated open and confidential group discussion between the attendees and the panellists. Here, the audience shares their emotional or social reactions to what they heard or even share a similar experience of their own. All employees in the hospital are invited to attend by way of email, word of mouth and posters distributed by the Schwartz steering committee around the hospital. Attendance is voluntary, as is engagement in the conversation that follows the panellists' stories. Attendees are welcome to sit, listen and reflect internally.

Internationally, Schwartz Rounds have been reported to improve working relationships with people in health settings through shared experiences and reflection ([Gleeson et al., 2020](#)). Burnout, stress and intention to leave are incredibly high among healthcare workers ([Hunter et al., 2018](#); [Hayes et al., 2017](#)). Burnout is associated with exhaustion and reduced efficacy, motivation and empathy ([Doherty and O'Brien, 2021](#); [Schaufeli et al., 2009](#); [Maslach and Leiter, 2008](#)), ultimately reducing quality patient care. Empathy, teamwork, and compassion within healthcare teams are essential in reducing burnout and compassion fatigue ([Doherty and O'Brien, 2021](#); [Lamothe et al., 2014](#)) and improving clinician-rated patient safety ([Welp et al., 2016](#)). An evaluation of the Schwartz Rounds in the UK reported an increase in Round attendees' psychological well-being compared to non-attendees ([Maben et al., 2018](#)). The same study reported increased compassion and empathy for colleagues and patients. An Irish evaluation of the Rounds in a paediatric setting recommended this intervention to give staff space to feel listened to, thus improving working conditions ([Silke et al., 2019](#)). Furthermore, respondents from the Irish Schwartz Rounds pilot evaluation found that attendees gained a greater insight into themselves and their colleagues, breaking down barriers and a levelling of hierarchical structure, improving teamwork and staff interactions ([Adamson et al., 2018](#)). Unfortunately, the restrictions brought on by the Covid-19 pandemic caused the suspension of the Rounds in the research site for several months. In a bid to provide staff support at this most crucial time, the Rounds were restarted, initially in virtual form. Blended Rounds were subsequently offered, with socially distanced seating for in-person Rounds and remote access also available.

OBJECTIVE

To evaluate the views of staff on their experiences of attending Schwartz Rounds in a maternity setting in Ireland. The secondary aim was to compare standard in-person Rounds (which included lunch beforehand) with virtual and blended Rounds.

METHODS

Ethical approval was granted by the research sites Research Ethics Committee for this evaluation. Standard Schwartz Rounds evaluation forms, developed by the Point of Care Foundation, were completed by Rounds attendees, and these were used in the data collection process. Completion of feedback forms was voluntary and anonymous. Forms included nine questions on a five-point Likert scale, ranging from 'strongly disagree' to 'completely agree'. Data were also collected about the respondent's profession within the organisation, how many Rounds they had previously attended and how they were informed about the Rounds. Data were analysed using SPSS (Version 24). Respondents were invited to include a comment at the end of the form, and these free-text comments were analysed thematically.

RESULTS

Data were collected from feedback forms between December 2019 and May 2021. Typically, a Round would take place approximately every six weeks. However, due to the Covid-19 pandemic, Rounds were paused on two occasions – March - November 2020 and December 2020 - February 2021. Initially, two standard in-person rounds were analysed that were held in a lecture theatre at the research site, with lunch provided beforehand. The third Round evaluated was a virtual Round. The last three Rounds evaluated were blended, using a virtual platform and having limited spaces available in a large lecture theatre for people without computer access. Panellists and facilitators were all present in the lecture theatre. In total, the six Rounds were attended by 237 people, and 115 feedback forms were completed by attendees of the Rounds - a 55% response rate.

Table 1, below, presents the distribution of professions attending Schwartz Rounds. A wide range of departments/professions were included in this evaluation. The largest percentage of attendees were of midwifery management, including Clinical Midwife Managers (CMM1-3) and the Assistant Directors and Director of Midwifery and Nursing. Table 2 and 3 present the evaluation questions and responses. Overall, the feedback was highly positive. The questions that received the most positive responses connected with planning to attend a Round again and recommend the Rounds to colleagues, with 99.1% and 100% agreeing 'somewhat' or 'completely' to these comments, respectively. The question that received the lowest positive feedback connected with how the respondent feels about their work as a result of attending a Round. A total of 8.7% 'neither agreed nor disagreed' with this comment. The other 92.3%, however, 'agreed somewhat' or 'completely'. The Schwartz Rounds were rated 'excellent' or 'exceptional' by 94.2% of all respondents.

An independent samples t-test was conducted to compare attendee's experience of standard in-person Rounds (n=55) with virtual or blended Rounds (n=60). The breakdown of responses is also presented in Tables 2 and 3 (statistical significance is presented underneath each result). Generally, respondents rated the in-person Round more favourably than the blended and virtual form. Respondents in both groups would recommend the Round to colleagues and reattend themselves. However, there was a statistically significant difference in responses for the comment stating that the group discussion was helpful, with 90.9% of people attending an in-person Round 'completely agreeing' with this statement, compared to 68.3% of the respondents from a virtual/blended Round. Additionally, 68.3% of blended/virtual Round attendees 'completely agreed' with the statement that the Round

would help them work better with their colleagues, compared to 85.5% of the in-person attendees. The comment related to whether the respondent feels differently about their work as a result of attending a Round also differed significantly, with 50% of the blended/virtual Round respondents 'completely agreeing', compared to 76.4% of the in-person Round attendees. The overall rating of the Schwartz Rounds was also statistically higher for in-person attendees.

Respondents were also invited to write comments related to their experience of attending the Round and a half (50.4%) included a free-text comment. Examples of these comments are presented in Figure 1, under four themes: stories, sharing, gratitude and Schwartz during Covid-19. As with the multiple-choice questions, the comments were highly favourable and complimentary. Several respondents described their emotional reaction to attending the Schwartz Round. They highlighted how the shared experiences of colleagues will help them to consider people's emotions in the future. The honesty of the discussions was perceived positively, and there was significant respect and gratitude to the panellists for sharing their emotions and experiences with their colleagues. Some respondents commented on the difference between an in-person Round and attending the Round online. There were technical issues at the first virtual Round, with inadequate speakers on computers in the hospital, and some had difficulty hearing the panellists. Furthermore, having a Round online was perceived to reduce the natural flow of the discussion compared to an in-person Round.

The panellists were provided separate surveys asking them for their feedback on the experience of sharing an emotional story with their colleagues. Ten questions were asked on a 5-point Likert scale ranging from 'strongly disagree' to 'strongly agree'. In total, 17 panellists told stories over the six Rounds, and 12 feedback forms were completed and analysed. Please see table 4 below for the results of the panellist feedback. Almost all (91.7%) of the respondents would recommend being a panellist with 100% enjoying this role. Firm agreements were made to the statements connected with the support they received from the facilitators and the help in preparation. One question received mixed responses. Panellists were asked if they have noticed a positive change in their work since being a panellist. Only 55.5% agreed or strongly agreed with this statement, and three panellists did not answer this question. Two panellists commented that it was too soon to answer this question as the survey was completed immediately after the Round.

Table 1: Distribution of professions attending Schwartz Rounds

Obstetrics 9 (7.9%)	Midwifery Management 18 (15.7%)	Midwifery/Nursing 17 (14.8%)
Neonatology 2 (1.7%)	Professional Development 10 (8.7%)	Physiotherapy 11 (9.6%)
Social work 2 (1.7%)	Perinatal Mental Health 3 (2.6%)	Administration 11 (9.6%)
Psychology 2 (1.7%)	Advanced practice/Clinical specialist 8 (7.0%)	Radiology 1 (0.9%)
Pharmacy 2 (1.7%)	Medical Science 4 (3.5%)	Other 8 (7.0%)

Table 2: Responses for each of the ten statements in the questionnaire and overall rating

Black = Overall results (n=115)

Green = Full in-person Rounds (n=55)

Blue = Virtual/blended Rounds (n=60)

Black italic: Statistical significance between groups, using independent samples t-test (p = <.05, two tailed)

	Strongly disagree	Disagree somewhat	Neither agree nor disagree	Agree Somewhat	Completely agree
	n (%)				
The stories presented by the panel were relevant to my daily work	0	0	0	21 (18.3)	94 (81.7)
	0	0	0	8 (14.5)	47 (85.5)
<i>p= .328 (NO statistically significant difference)</i>	0	0	0	13 (21.7)	47 (78.3)
I gained insights that will help me to meet the needs of patients	0	1 (0.9)	5 (4.3)	27 (23.5)	82 (71.3)
	0	0	1 (1.8)	8 (14.5)	46 (83.6)
<i>P= .005 (Statistically significant difference)</i>	0	1 (1.7)	4 (6.7)	19 (31.7)	36 (60.0)
Today's Round will help me work better with my colleagues	0	1 (0.9)	3 (2.6)	23 (20)	88 (76.5)
	0	1 (1.8)	1 (1.8)	6 (10.9)	47 (85.5)
<i>p= .148 (NO statistically significant difference)</i>	0	0	2 (3.3)	17 (28.3)	14 (68.3)
The group discussion was helpful to me	0	0	1 (0.9)	23 (20)	91 (79.1)
	0	0	0	5 (9.1)	50 (90.9)
<i>P= .002 (Statistically significant difference)</i>	0	0	1 (1.7)	18 (30)	41 (68.3)
I have a better understanding of how my colleagues feel about their work (n=114) (n=54)	0	0	1 (0.9)	21 (18.4)	92 (80.7)
	0	0	0	6 (11.1)	48 (88.9)
<i>P= .03 (Statistically significant difference)</i>	0	0	1 (1.7)	15 (25)	44 (73.3)
I have a better understanding of how I feel about my work	0	0	10 (8.7)	33 (28.7)	72 (62.6)
	0	0	2 (3.6)	11 (20)	42 (76.4)
<i>P= .003 (Statistically significant difference)</i>	0	0	8 (13.3)	22 (36.7)	30 (50)
I plan to attend Schwartz Rounds again	0	0	1 (0.9)	3 (2.6)	111 (96.5)
	0	0	1 (1.8)	2 (3.6)	52 (92.5)
<i>p= .22 (NO statistically significant difference)</i>	0	0	0	4 (6.7)	56 (93.3)

I would recommend Schwarts Rounds to colleagues <i>p= .47 (NO statistically significant difference)</i>	0	0	0	6 (5.2)	109 (94.8)
	0	0	0	2 (3.6)	53 (96.4)
	0	0	0	4 (6.7)	56 (93.3)

Table 3: Overall rating of the Schwartz Round attended

Black = Overall results (n=102)
Green = Full in-person Rounds (n=55)
Blue = Virtual/blended Rounds (n=60)
Black italic: Statistical significance between groups, using independent samples t-test (p = <.05, two tailed)

	Poor	Fair	Good	Excellent	Exceptional
Please rate today's round (n=46)	0	1 (1.0)	5 (4.9)	43 (42.2)	53 (52)
(n=56)	0	1 (2.2)	0	14 (30.4)	31 (67.4)
<i>P= .009 (Statistically significant difference)</i>	0	0	5 (8.9)	29 (51.8)	22 (39.3)

Stories

Thought Provoking

“Excellent stories, made me stop and think”

“1st time to sit and listen to experiences of colleagues, thought provoking; good to share experiences”

“Powerful stories. How do we mind ourselves and others more?”

Honest

“The three presenters were very brave and honest. I admire them greatly for sharing their feelings with all of us. It will make all of us more conscious of other’s feelings”

“Honest, frank and heartfelt discussions”

“Thank you to the participants for their honesty, vulnerability and Humanity”

Sharing

Sharing Experiences

“Fantastic speakers – people’s hearts are so durable; nice to know we can all share experiences, to remember kindness always in our world”

“Gained some great insight into the experiences of my colleagues”

“It is an act of generosity for our colleagues to share their experiences to the benefit of all of us”

Shared Emotions

“Thank you, it was very moving”

“Very powerful... Shocked at my reaction at the end - very tearful”

“So brave of the speakers. A good opportunity to reflect on our work”

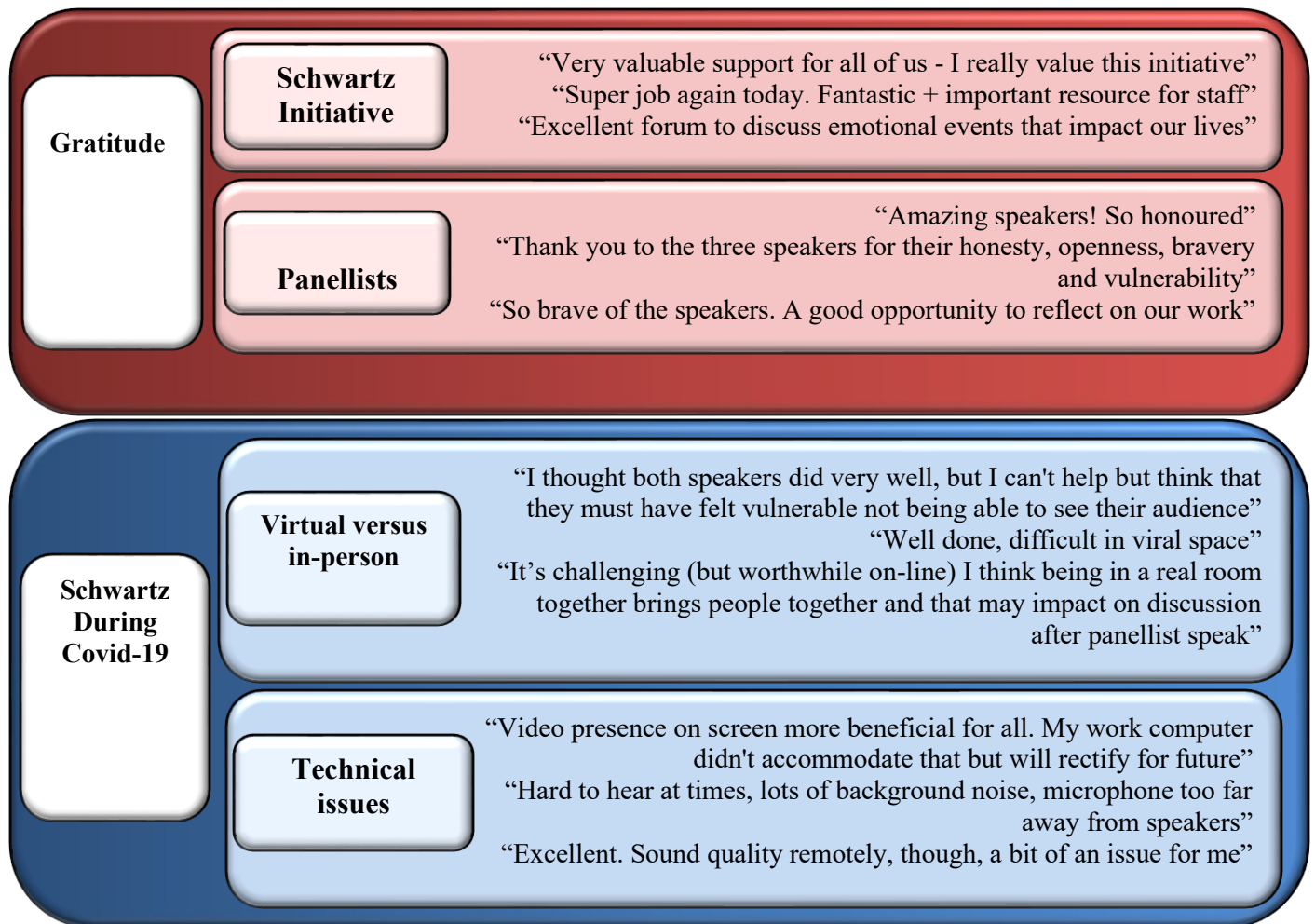


Figure 1: Free-text comment themes and associated comments

Table 4: Schwartz panellist questions and responses (n=12)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
			n (%)		
I knew what to expect at the Round	0	0	1 (8.3)	3 (25)	8 (66.7)
I felt supported throughout the preparation process	0	0	0	1 (8.3%)	11 (91.7)
I felt fully prepared to share my story at the Round	0	0	0	1 (8.3%)	11 (91.7)
I enjoyed being a Schwartz panellist (n=11)	0	0	0	5 (45.5)	6 (54.5)
I feel more connected to my colleagues by being a panellist	0	0	1 (8.3)	4 (33.3)	7 (58.3)
It has given me time to reflect on my work role	0	0	1 (8.3)	4 (33.3)	7 (58.3)

I have noticed a positive change in my work since being a panellist (n=9)	0	1 (8.3)	3 (33.3)	2 (22.2)	3 (33.3)
I feel I have gained professionally from being a panellist (n=11)	0	0	3 (27.3)	5 (45.5)	3 (27.3)
I feel I have gained personally from being part of the panel	0	0	1 (8.3)	4 (33.3)	7 (58.3)
I would recommend being a Schwartz panellist to colleagues	0	0	1 (8.3)	3 (25)	8 (66.7)

DISCUSSION

Overall, the experience of staff attending Schwartz Rounds from a diverse range of disciplines was extremely positive in this study. The Rounds were rated excellent or exceptional by over 94% of respondents, and all respondents would recommend the Rounds to colleagues. These findings provide valuable evidence for the promotion and recommendation of Schwartz Rounds within the maternity setting in Ireland. Schwartz Rounds were deemed by senior management an ideal intervention to assist in the reduction of work-related stress and burnout and promote the fostering of transparent, positive and open work cultures. Supportive social-emotional cultures at all levels should be promoted and managed within all clinical work environments. Studies evaluating Schwartz Rounds have provided empirical evidence for helping healthcare workers from a variety of healthcare settings to feel less isolated and provide more significant insights into psychological aspects of teamwork and care ([Chadwick et al., 2016](#); [Mboua et al., 2021](#)). Participants in a Canadian qualitative study reported a renewed passion for their work, reduced stress, and a greater sense of community ([Adamson et al., 2018](#)). The more Rounds the participants attended, the more profound the change reported ([Adamson et al., 2018](#)). Respondents in the current study highlighted their increased compassion and openness to vulnerability due to the experiences shared during Rounds. This sharing of emotions and experiences will allow for a more positive and supportive work culture. Furthermore, being open to a person's own, and others, vulnerabilities allows for better recognition and management of stress ([Chadwick et al., 2016](#)).

Due to limited numbers in this study, it was impossible to undertake a comparative analysis of overall ratings or experiences between different staff groups. However, the above qualitative study compared the experience of clinical and non-clinical staff ([Adamson et al., 2018](#)). Their study highlighted the benefits of Schwartz Rounds for non-clinical staff. The Rounds helped non-clinical staff see that even though their contact with patients was minimal or non-existent, they are part of a hospital-wide bubble – a chain or cluster of activities that contribute to overall patient care.

Schwartz Rounds using a virtual platform:

The term ‘unprecedented times’ has been used continuously since the onset of the Covid-19 pandemic. Indeed, never in our history has there been such a rapid and severe change, or challenge, to health services worldwide. The immediate priority was the safety of patients, with numerous policy changes, operational and logistical challenges, supply and informational barriers and staff illness and stress ([Mboua et al., 2021](#); [Jakimowicz and Maben, 2020](#)). For the safety of the staff at the research site, the Schwartz Rounds were suspended as, at the time, social distancing was not possible, and the transmission of Covid-

19 was unknown. The swift technical innovations brought on by the pandemic's restrictions allowed for virtual group meetings, medical consultations and conferences. The Schwartz team, eager to continue to provide staff support during this challenging time, introduced the first virtual Round, then proceeded to commence blended Rounds in order to cater for as many staff members as possible. Although the first few in-person Schwartz Rounds were attended by many staff members, in-person attendance at the blended Rounds was minimal. This could be due to staff members perception of safety in a group setting, or perhaps staff have become more accustomed to the virtual platform for meetings. This could also be because virtual rounds are more easily accessible. Additionally, people not on shift are more likely to attend virtual rounds, whereas in-person rounds may only be attended by staff in the hospital on the day they are run.

The results of the multiple-choice questions and the free-text comments provided were interesting with regard to the positive impact of in-person Schwartz Rounds compared to virtual ones. Technical issues are a common feature of the virtual world. Indeed, attendees commented on the technical issues they encountered, particularly in the first virtual Round, but also, somewhat less, in the Rounds that followed. Further, the post-panel discussion, a key and essential element of Schwartz Rounds, had a significantly higher impact during the in-person Rounds compared to the virtual Rounds. This is not a surprising finding. Previous research has highlighted the limitations of virtual platforms in recognising non-verbal cues, feelings and body language ([Schulze and Krumm, 2017](#); [Munro and Swartzman, 2013](#)). A review of the literature on virtual team meetings identified many challenges, such as limitations in relationship building, trust, cohesion and overall team performance ([Schulze and Krumm, 2017](#)). Furthermore, technology can cause communication breakdowns, with issues such as time lags, lack of familiarity with media platforms, the use of written chat elements of platforms, rather than speaking, and audio problems ([Schulze and Krumm, 2017](#)). For these reasons, Munro and Swartzman ([Munro and Swartzman, 2013](#)) advise against substituting conventional team meetings with virtual meetings, if possible. Notwithstanding, the virtual/blended Schwartz Rounds still received extremely positive feedback. While awaiting the freedom to be able to hold full, in-person Rounds in the clinical setting, the findings of this study support blended Rounds as an alternative to in-person Rounds, in order to cater for as many staff members as possible while following public health guidelines. The findings from this study, however, highlight the importance of utilising the lecture theatre to its current capacity as much as possible. In this fragmented time where people have limited opportunities to get together with colleagues face to face, enhancing the in-person element of the Schwartz Round would enhance discussion and improve attendees experience and outcome of attending a Schwartz Round.

Limitations:

Schwartz Rounds and this evaluation study are not without their challenges. The Rounds themselves require logistical and financial commitments. Furthermore, panellist preparation and debriefing sessions require time from both the panellist and the facilitators. Initially, a lack of understanding among staff as to the function of the Round was a barrier. However, as more people attend Rounds, their understanding increased, improving attendance, impact and interest. Facilitator expertise is essential when it comes to sticking with the aims and function of the Round and sensitively steering the conversation away from people's instinct to problem-solve ([Taylor et al., 2018](#)). Other challenges to the Rounds include the availability of staff members to attend the Rounds in a busy maternity environment. Additionally, the interest of staff members to volunteer to be on the panel is an ongoing challenge. It is important to note that the Schwartz Rounds may not be for everyone - some

people may find that discussing emotional topics in a group setting intimidating, some people feel that they could best spend their time on other tasks, and some are simply not interested. There is no 'one size fits all' intervention for the enhancement of staff well-being (Taylor et al., 2018). A range of approaches, interventions and policies are necessary, and these all need to be evaluated and revised as necessary. However, organisation-wide interventions, such as the Schwartz Rounds, are key to tackling cultural/environmental factors which may impact staff well-being (Taylor et al., 2018). This will help to improve cultural norms around the need for staff support and the importance of empathy and compassion for colleagues (Taylor et al., 2018).

The limitations of the evaluation study emanate from the small numbers for analysis and that the evaluation took place in one maternity unit in Ireland. The evaluations are completed immediately after the Round. This is done to enhance response rates and reduce recall bias. Therefore, the long-term impact of attending, and indeed being a panellist, could not be deduced. Furthermore, this type of evaluation does not include a control group for comparison. In order to capture the long-term outcome of attending Schwartz Rounds, one would require a robust evaluation, such as a realist evaluation, to determine the impact of the Rounds, as opposed to other causes within the organisation. However, based on this evaluation, this staff intervention appears to be an acceptable approach in a maternity setting in Ireland. Schwartz Rounds have proven an effective method to help improve working conditions for staff (Silke et al., 2019; Reeves et al., 2017).

CONCLUSION

The Schwartz Rounds at a busy maternity hospital in Ireland were evaluated, and conventional in-person Rounds were compared with virtual/blended Rounds, which included a virtual platform as well as the opportunity to attend in person. The Schwartz Rounds were evaluated extremely positively by staff members from several staff groups within the hospital. The sharing of experiences and emotions had a positive impact on staff members who attended the Rounds through listening to panelist's stories and during the discussion that followed. The in-person Rounds received a more favourable response than the virtual and blended Rounds. However, the blended Rounds are a positive alternative to full, in-person Rounds until such a time as social distancing can be reduced.

Declarations:

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Conflicts of interest/competing interests

None declared

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