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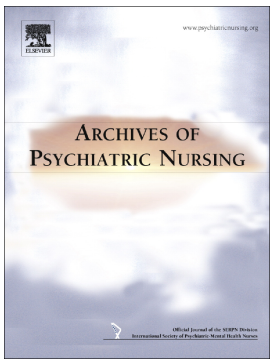

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Reflective practice groups: Are they useful for liaison psychiatry nurses working within the Emergency Department?

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Reflective practice groups: Are they useful for liaison psychiatry nurses working within the Emergency Department?

Abstract

Background: Liaison psychiatry nurses in Emergency Departments assess and plan onward treatment for individuals, often following self-harm or suicide attempts. These nurses are at high risk of occupational stress. Reflective practice groups may be beneficial, but there is currently no research evaluating this.

Aim: We explored nurses' experiences of attending psychology-led reflective practice groups.

Method: Thematic analysis of semi-structured interviews with 13 nurses was undertaken.

Results: Four themes emerged from the data: (i) Sharing and learning; participants discussed how the group provided a platform to share common experiences, express emotions and learn from each other. (ii) Grounding and perspective; participants said the group encouraged reflection on the impact of their work, with a sense of valuing their skills and the difference they make. (iii) Space; participants spoke about the group being a protected, structured and safe space. (iv) Relationships; participants said the group allowed them to support each other and have conversations in a sensitive and non-threatening way. Discussions in the group increased some participants' confidence and self-esteem.

Discussion: Some nurses perceive a range of benefits from participating in reflective practice groups.

Implications for practice: For some mental health nurses reflective practice groups are an acceptable and valued intervention which may reduce burnout.

Key words: clinical supervision, burnout, nursing workforce, psychiatric emergency nursing, liaison psychiatry.

Reflective practice groups: Are they useful for liaison psychiatry nurses working within the Emergency Department?

Liaison psychiatry nurses in Emergency Departments work with individuals presenting with possible acute mental illness, often following self-harm or suicide attempts. They provide a link between general health and mental health services, offering a range of interventions including assessment and intervention planning,case consultation and advice and education (Sharrock & Happell, 2001). Specialist psychiatric input into Emergency Departments is recommended as good practice in the UK (AMRC, 2008), and is being implemented in other countries, such as Australia (Webster & Harrison, 2004) and the United States (ACEP, 2014). Liaison psychiatry nurses working in the Emergency Department may be at risk of burn-out due to exposure to individuals experiencing high levels of distress in the context of pressure for quick turnaround (a waiting time target of 4 hours is dictated nationally for UK Emergency Departments). Nurses face unique pressures of multiple interfaces, liaising with gatekeepers, and little or no continuity with patients after discharge. A recent review suggested that burnout interventions are effective for mental healthcare staff, but effect sizes are small (Dreison *et al.,* 2016), and more research is needed to understand how their impact can be increased. The current study addressed this by exploring the experiences of nurses attending a psychology-led reflective practice group.

Background

Stress and burnout in mental health nurses. Maslach and Jackson (1981) define burnout as the experience of emotional exhaustion, depersonalisation and reduced personal accomplishment at work. It overlaps with the concept of 'compassion fatigue', and a key feature of both is a reduced ability in healthcare professionals to show empathy towards service users (Adams, Boscarino & Figley, 2006; Maslach, Schaufeli & Leiter, 2001). Previous research suggests that nurses working on mental health wards show significantly higher levels of emotional exhaustion and depersonalisation than nurses working on physical health wards (Johnson *et al.,* 2018; Sahraian *et al*., 2008). Some mental health work may have a particularly high impact on burnout; working with individuals who have attempted suicide or self-harmed evokes a range of difficult emotions (Hagen *et al.,* 2017). Whilst no research has investigated the level of burnout in liaison psychiatry nurses in emergency care, it could be expected that they may be at high risk of burnout as their role combines two areas that have been identified as particularly stressful. Research suggests that mental health nurses

working with acutely mentally unwell patients report higher emotional exhaustion than norms for other mental health workers (Jenkins and Elliott, 2004) and that nurses working in Emergency Departments report elevated burnout (Potter, 2006).

Numerous reports emphasise the importance of prioritising healthcare staff wellbeing to reduce stress and burnout (Boorman, 2009; RCP, 2015). Not only is this important for nurses themselves, but evidence suggests that poor staff wellbeing and burnout is linked to poor patient safety (Johnson *et al.*, 2017; Hall *et al.*, 2016; Panagioti *et al.*, 2018; Welp & Manser, 2016) and good staff wellbeing and engagement are linked to improved patient safety and satisfaction (Maben et al, 2012; West & Dawson, 2012). Additionally, staff wellbeing and engagement has an economic impact through productivity and absence rates (CIPD, 2012) and burnout is linked to staff turnover intentions (Spence *et al*., 2009). Therefore, developing more effective burnout reduction interventions for nurses is vital.

Reflective practice with nurses. Supervision may be one route to reducing burnout in mental health nurses (Hyrkäs, 2005), however a systematic review (Buus & Gonge, 2009) suggested research on the effectiveness of supervision for psychiatric nurses is inconclusive. Furthermore, these studies included many different types of supervision, and there is a need to understand the impact of reflective practice in particular, which can be viewed as representing one form or function of clinical supervision (Dawber, 2013b). Learning by reflecting on experiences is considered a key practice for personal and professional development which integrates and builds on knowledge and skills (Jasper, 2003).

While no research has investigated the usefulness of reflective practice for liaison psychiatry nurses working in emergency care, studies in nurses working in other settings suggest it may be beneficial. Nursing researchers and scholars have long emphasised its value for enhancing practice (Dawber, 2013a; Johns, 1995). For example, Dawber (2013b) evaluated reflective practice groups in critical care nurses, oncology nurses and midwives and found that all participants recognised the purpose of the group as being to improve patient care, all felt the group was a safe space for sharing clinical issues and all felt they had gained clinical insight from participating. Similarly, Platzer *et al.* (2008) completed a qualitative evaluation of reflective practice groups in nurses completing a post-registration diploma course and found that they helped improve participants' critical thinking, professionalism and self confidence. Buus *et al*. (2011) interviewed psychiatric nurses on their experiences of clinical supervision groups with a central component of reflection. Nurses reported the groups to be beneficial in terms of increasing personal insight through reflection, insight

offered by others, and emotional relief from a problem being acknowledged. They emphasised the importance of an external facilitator and highlighted shift-work and work-load as a hindrance to participation. Olofsson (2005) interviewed psychiatric nurses on their experiences of a reflection group. The nurses reported benefits of the group as having time for reflection, confirmation of thoughts and feelings, gaining new perspectives, an increased sense of collaboration with co-workers and relating more effectively with patients. They emphasised the importance of scheduling time for the group, prioritising it, and having a clear common aim. However, given the pressures that mental health nurses in emergency liaison psychiatry face, there is a need to understand whether these groups are acceptable and beneficial in this setting.

While some studies have investigated nurse-led reflective practice (e.g., Dawber, 2013b; Platzer., 2008), others have focused on psychologist-led groups (e.g., Buus *et al.*, 2011). Dawber (2013a, 2013b) highlights the potential for nurse-led reflective practice to enhance the facilitator-group relationship, but also suggests that nursing groups can show resistance to clinical supervision. He suggests this resistance may be overcome if the group is emphasised as having a primary focus on reflective practice. As psychologists cannot offer nurses clinical supervision, it is possible that nurses may be more likely to recognise the reflective nature of psychologist-led groups, and potentially therefore show less initial resistance. Regardless of the facilitator's professional background, however, facilitating reflective practice in healthcare teams is highly challenging; facilitators need to be aware of complex group dynamics and the multiple factors which influence these, and to provide containment in order to enable group dialogue (Thorndycraft & McCabe, 2008).

In the present study a psychologist-facilitated reflective practice group was offered to a liaison psychiatry nursing team working into the Emergency Department at a hospital in the north of England. The group ran for one hour, twice monthly. It took place in a separate building, away from the Emergency Department where members would not be disturbed.

Aims

This study aimed to explore the experiences of the nurses attending an unstructured psychologist-facilitated reflective practice group over a 9-month period.

Methods

Design

Demographic data, length of service and number of groups attended was collected. Semi-structured interviews obtained information on what the nurses perceived to be helpful and unhelpful about the group. Interviews were analysed using thematic analysis (Braun & Clarke, 2006). The research team had extensive experience in undertaking and analysing qualitative research. The lead author and interviewer had a working relationship with one of the group facilitators and was aware that this may have led to a positive bias. She was also aware that her biases may have tempted her to overlook controversial topics or conflicts as they may have been uncomfortable to feedback to the team. The influence of these biases on the findings are minimised as they were held in mind and bracketed whilst the research was conducted.

Ethical considerations

This study was approved by the School of Psychology Ethics Committee at the University of Leeds, UK (ref: 16-0328; date: 18/11/2016) and the Research and Development department at the relevant NHS Trust. Participants gave informed consent to take part.

Participants

All 17 of the nurses in the team were invited to participate via email. Four chose not to take part due to workload (n=2), not attending any of the groups (n=1) and personal circumstances (n=1). Twelve nurses and one senior nurse participated (4 males; aged 29-54, *m*=40.3, *SD*=8.4). Length of time working in the team ranged from 10 months to five years (*m*=31 months, *SD*=16). Participants had attended between 1 and 6 groups (*m*=3.2, *SD*=1.5).

Procedure

The interviewer had no prior relationship with the participants. Each participant was offered to meet alone with the interviewer (LO, female) within paid work time for approximately 45 minutes in a private office within the Hospital. The participants were informed of the research aims and that the study formed part of the lead author's ClinPsyD qualification. Details of the study were talked through and consent was gained. The semi-structured interviews were guided by prompts for what was helpful about the groups, what was unhelpful and any suggestions for improvements. The interviews were audio-recorded and therefore field notes were not necessary.

Analysis

The audio-recordings were transcribed and checked for accuracy. They were not returned to participants. Initial codes were generated for each interview and data collated that was relevant to each code. Codes were organised into themes and a thematic map created. Two interview transcripts were independently double-coded by the second author. Themes were reviewed for their inclusiveness and comprehensiveness by checking back against the data, and refined to give clearer definitions of each theme. These were further reviewed and refined by meetings (n=4) of all three authors. The findings were fed back to the team.

Results

The analysis resulted in four main themes: 'Sharing and learning', 'Grounding and perspective', 'Space' and 'Relationships'. These are presented in a thematic map (Figure 1) and are illustrated with quotes.

<Insert figure 1 here>

Theme 1: Sharing and Learning

Participants spoke about sharing experiences in common, and feeling less alone because of this. Participants discussed how sharing experiences helped them and others to feel better. Participants reported finding it helpful to know that other people found the same things difficult and were feeling the same way.

"When you listen to other people's issues that they bring, you understand you're not the only one or that other people are experiencing the same sort of problems that you are and that you're not alone on the matter." (P10)

Participants described a cathartic process of unloading their experiences. They discussed the stressful nature of their work with patients who have self-harmed or attempted suicide. They felt that the group provided a platform to offload frustration and anger and that without it, there might have been more sickness absence. They described feeling clearer-minded, listened-to and lighter after the group.

"Get them out and get them off your chest. There's a lot of stress within the team, from the nature of the job, our role is to see people who have self-harmed or attempted suicide so we

are dealing with all these negative emotions day in day out and this is a place where we can air these thoughts which is useful. It can be cathartic." (P7)

Participants talked about the group as a place to facilitate learning from each other. They valued getting others' opinions on a topic, or asking what they would have done in a similar situation. There was a sense of learning new information, gaining ideas for how to move forward with situations they might struggle with and to try a new approach after hearing someone else's perspective.

"People have had similar situations and they've done things I wouldn't have thought of. So, it's good that it brings this information to the surface." (P7)

Theme 2: Grounding and Perspective

Participants talked about the group as a place to step back from the work, gain perspective on what they do and the difficulty and risk involved. They talked about it being helpful to share experiences of 'near-misses' in their work and to talk about the difficult aspects of the job with eachother.

"You do tend to run on automatic pilot and you don't really think about what you're doing then you actually say to someone else and you think is that what we really do? It validates what you're doing and you see it in quite a different light when you explain it to somebody." (P3)

Discussing their work with someone external from the team was reported to be helpful, as the process of explaining their day-to-day work reminded them of the reality of, and value in, their work. They described the psychologist being well-placed as someone who was external but could understand.

"A lot of people don't understand what it's like working in the NHS do they. It's good to have someone listening who… Even though the psychologists don't work in our job, they're more likely to understand it a bit better than your partner or your friend." (P11)

Many participants spoke about the group as a useful place to explore and reflect on the personal impact of their work. This was discussed in the context of looking after

themselves and also ensuring they do not become desensitised to clients' distress and therefore not respond to a crisis how they would like to. There was a sense of being expected to cope with distress because they are nurses and seen as 'machines', but that the group was a place where they could acknowledge that they are affected by some of the cases that they see.

"Yeah in our area of work it's easy to lose that degree of sensitivity that you need when you're seeing case after case of people in crisis situations. It's good to reflect on how that's affecting you. Otherwise there's a danger of becoming desensitised or not registering somebody's crisis as you would want your own crisis to be treated." (P2)

However, three participants questioned whether the group was necessary, as they thought these discussions happen elsewhere. They reported they already reflected enough in other supervisions and informally in the office. Nevertheless, two of these participants felt that their colleagues might be benefiting from the group and did not want to suggest it ended.

"For me individually I feel that I get enough from daily contact with my colleagues and the supervision that I get. But obviously, some people might find it really helpful and I wouldn't want to stop them having that opportunity if they do find it beneficial I wouldn't want them to not have that." (P4)

Around half of the participants described how the group provided a platform which was different. Participants reported feeling more listened-to and less judged than in other supervisions and appreciated the privacy and confidentiality of the group.

"I just think that we all benefit from it. It's an hour to get things out and someone to listen. At other times, there's always someone who's got an answer... It's nice to be listened to really." (P11)

Some participants talked about mirroring the reflective process of the group in their work. They commented on taking time to reflect and valuing reflective practice as part of their work.

"It reminds me I should take stock when I've assessed somebody. I need to give myself that bit of time to reflect on the assessment and we try to encourage each other to do that." (P2)

One participant talked about how the infrequency of the group made it difficult to continue the reflective practice outside of the group.

"For me personally I come away thinking that was good while it lasted but how do you continue that because I won't be going again for a while." (P13)

Theme 3: Space

Participants talked about the group being a private and confidential 'safe space' which encouraged openness in the discussions in the group. There were comments on the group being framed in a different way to other supervisions; in the reflective practice group reflection was encouraged and it was safe to ask for help or to say that you were unsure of what you were doing. This allowed people to accept input from others without feeling threatened.

"I think people probably are more relaxed and more open… In the group, it's framed in a different way. It's reflecting on what you've done… I think it allows for people to accept others input without feeling as though people are targeting their practice." (P7)

Participants commented on the role of psychologists in creating the safe space. They said they created a comfortable and relaxed atmosphere, and that having someone external and neutral made the space safe as they did not know personal issues and team dynamics.

"Having somebody outside of the team to facilitate who can be quite objective so they don't know people's personal issues and team dynamics and stuff so it's about dealing with what we take to the group. It makes it quite safe as well because of that." (P3)

Some of the participants had attended the group with managers present and said that it changed the group as people were afraid of being judged or told how to think or act. There were also concerns that managers may follow up conversations outside of the group which they preferred to keep private.

"I think the times when the two managers are allowed to come in, it changes, it alters it, because there's a manager there you feel like you're being judged... You don't know whether they will take things further or outside." (P9)

Participants valued the group as time away from management where they could voice their concerns and reflections, and said that this helped to create the safe space.

"It allows us to voice our concerns and gripes with regards to whatever, without having management there. There's a difference between what's said when it's just the practitioners compared to when there's management there as well. It's quite noticeable... you feel as though management aren't coming in and listening to your conversations that they might pull you up about at a later point." (P7)

Two participants suggested that management might benefit from having their own reflective practice group.

"If managers are there you watch what you say so it's preferable if they could have their own manager forum." (P9)

As well as a safe space, participants talked about the benefits of the group being a structured space. Participants appreciated input from the psychologists in keeping the conversation on track.

"Within the office there can be friction at times. But in the group, it's tolerated more and that's because there is someone there directing" (P7)

They talked about their skills in reflecting and asking questions that helped to clarify what they wanted to say.

"Just their ability to reframe and ask questions that cause you to rethink and clarify what you want to say which can be very useful." (P13)

One participant voiced that they thought a much more structured educational group might be more helpful than reflective practice. Most of the participants valued the open space where anything could be brought. Two participants expressed their views that they would have liked the psychologists to give more structure, but then reflected on how this might shut down conversations, put barriers up or be excluding.

"Maybe they could say this week we're going to talk about cases or about this? But then that doesn't give people an open forum to discuss what's bothering them… anytime you try to impose structure on something you're going to exclude something else, aren't you?" (P8)

Ten participants talked about practical aspects of the group that allowed it to be a protected space that was different to other supervisions they received. Participants talked about the group having protected time in a different location where they are undisturbed for an hour. They spoke about how they did not have to carry their bleep or worry about the phone ringing or Emergency Department staff knocking on or posting referrals under the door. This protected space took the pressure off and allowed the group members to open up.

"In our other supervision, Accident and Emergency staff will come in, the door is closed but they'll still come in. the phones are still ringing. It's not a free space because you might end up picking up the phone or dealing with the incident in A&E [Accident and Emergency]. Whereas this is our space and it's not a disturbed space." (P10)

The topic of shift work was brought up by six of the participants as a barrier to regular attendance.

"It's been difficult in terms of people doing long shifts so not everybody is in on the day when there is the reflective practice group so some people haven't been to many or any." (P12)

A theme that emerged from three participants was of the group being an awkward space. They talked about waiting in silence until someone talked and how it could be difficult to get started.

"Sometimes getting people started can be quite hard. I think we all try to take something to the group but then when were there it's like that starting point of getting someone to talk." (P5)

One participant suggested that there were awkward pauses when the group was first set up, but that the group had managed to overcome these as their confidence increased. Another participant suggested the awkward pauses were helped by attending with group members who had attended more regularly and when the psychologist was more interactive, summarising and offering direction and opinions.

"Right at the beginning, when it first started there were some slight awkward silences but that's gone now. We've all got a bit more confident in saying things and how we feel. So that happened at first but not now. I think one or two of us just spoke up and then once one does it the others just follow suit." (P11)

Some participants noted that it might have been better if more people could have attended as the small numbers can be quite limiting and people might have been more comfortable talking in a bigger group.

"I suppose it would be nice if more of the team could attend but that's idealistic really because there's not a time when more of the team are available because we cover 7 days. So, it's probably the best it can be really." (P3)

Two participants noted that they preferred to talk to their colleagues outside the group.

"I don't think I want to sit in a circle in a group in a room and start talking about the emotional side of things. I'd rather do that with my colleagues like we already do." (P4)

Theme 4: Relationships

Participants talked about some of the positive interpersonal experiences that occurred through the group. Some participants reported that the group gave them a place to have conversations with colleagues that they would not otherwise have had. These were enabled

by having the space and time to approach topics sensitively in a non-threatening environment.

"What I think it has changed is being able to have the confidence to discuss sensitive issues." (P10)

They also spoke about how it gave them a place to find out more about colleagues who they did not interact with as much and to see some colleagues in a different light.

"If you go to that kind of group with them you feel a bit more connected to them and a bit more like you've got to know them better and you feel more comfortable around them." (P5)

Some participants spoke about noticing a change in how they are around their colleagues. They commented on being more thoughtful in how they engage with others and on being more relaxed around colleagues than in the past.

"I think that it's helped me to consider what I do and how I engage with people. It has been a useful experience because sometimes things sit and if you don't voice them or you're not as open with them you're not aware." (P13)

Some participants reported a realisation of how supportive the team was and how the group provided a space that enabled them to come together as a team. Participants talked about the group as a place to provide support to each other. This was talked about from the perspective of providing support to someone else and being the recipient of support from others.

"Taking support from the group and offering support to other people. That's the only real space we have to do that so it feels meaningful." (P3)

There were some frustrations expressed about others in the group. Some participants found it difficult when people in the group did not contribute.

"One thing that is a bug bear of mine is when people come and don't really engage in it and not really caring." (P10)

Whereas others found it difficult when other participants were vocal and dominant in the discussions.

"Some colleagues are more opinionated than others which is fine. But sometimes it can be a bit controlled by their opinions though, so you end up taking more of a back seat." (P5)

Some participants talked about having to attend with individuals they did not get along with or would find intimidating to express their views in front of.

"What I find difficult is when there's someone who I don't particularly get along with. I get on with everybody on the surface but I think sometimes I'd rather not be in the group with those people. I don't always agree with what they're saying or they might get on my nerves a bit. It's human isn't it." (P6)

Participants reported a conflict in how different group members preferred to use the group. Some people found it helpful to air and vent issues that were affecting the team.

"To ventilate my feelings about issues concerning my team, changes taking place, people's different practice ways, where we might disagree, work related stress, volume of work. I bring all that to the group to discuss and to offload about my concerns when I feel strongly about things." (P9)

Other participants spoke about how they found it difficult when other people in the group wanted to use the group to vent and said they preferred to use the group for reflection. However, there seemed to be a difference between venting about environmental factors that could not be changed and cathartic airing of thoughts and feelings about clinical issues, with the latter being more acceptable to the group.

"They vent. I always like to talk more about your work, how you feel, the pressures of the job. I think sometimes it can get stuck on environmental factors rather than the actual work that's

being done or the stress of the job and the emotional aspect of the job. I thought it would be to explore more of that." (P5)

Participants spoke about their relationship with themselves. Some people noticed that they had become more self-aware, and this in turn had changed their behaviour. Others commented on being less self-critical and kinder towards themselves through taking a perspective of everyone is doing the best they can. They commented on their confidence and self-esteem increasing through self-affirming experiences in the group, such as colleagues agreeing with them, trusting them or making positive comments about them.

"It helps you do look at things from a more human factor and that we're all different and we're all doing our job and trying to do the best we can. I think it's maybe taken the heat out of myself, I've become less self-critical and more confident in the job because at one point I think I'd lost that a bit." (P3)

Discussion

Summary

Participants said the group was a safe space which felt protected and structured, although some participants said that it felt awkward in the beginning. They spoke about how the group encouraged reflection on how work impacts on them, and that it gave them perspective on what they do in their day-to-day work. They felt it increased their sense of valuing their skills and helped them to recognise the difference they make to their patients. The group provided a platform to share learning, and experiences in common, and to express emotions. The group impacted on their relationships with each other and allowed them to support each other; enabling conversations to be conducted in a sensitive and non-threatening space. Some participants reported frustrations related to attending the group with people who either did not contribute or dominated the conversation and participants reported conflicts on how the group is used. Additionally, some participants discussed how they would prefer for managers not to attend the groups. Discussions in the group enabled some participants to become kinder towards themselves and increased their confidence and self-esteem.

Although participants identified a range of benefits from taking part, some of their preferences differed. Some participants talked about valuing the open space whereas others preferred more structured facilitation from the psychologists and requested even more structure. Three participants felt that the group was not necessary as the issues discussed were

also spoken about in team meetings and other supervisions, whereas others felt there was something fundamentally different about the group, stating that it was the only undisturbed, confidential time they had. Some participants talked about valuing the time to get things off their chest and 'vent', whereas others said that they did not see the point in going over issues that could not be changed and said they would have preferred to spend the time reflecting.

Findings in the Context of Wider Literature

The benefits of reflective practice have long been emphasised by nursing scholars and researchers (Dawber, 2013a; Johns, 1995; Platzer *et al*., 2008). The present results are consistent with this literature, and support previous research which suggests that nurses value reflective groups as places they can compare their practice and discuss stressful and emotional issues (McVey & Jones, 2012). The findings highlight key qualities of the group that members found helpful, which may be useful recommendations for facilitators implementing these types of groups. In line with findings from Buus *et al.* (2011), the groups provided a platform for gaining insight from others and expressing emotions. Consistent with Edwards *et al*. (2005), participants commented on the benefits of the group taking place away from their usual work place and in line with Olofsson (2005), nurses spoke about the importance of having their thoughts and feeling confirmed rather than questioned. The research adds to the current literature by suggesting other important factors for success, such as considering environmental and faciliator variables to aide creating a safe, protected and structured space. This was seen as important for taking the pressure off, allowing conversations to take place in a non-threatening environment and to allow group members to open up to each other and to gain perspective on their work. Our research suggests it is important to consider issues around who attends the group and whether participants get more out of the group if management are not present. Our research suggests that shift work is seen as a barrier to regular attendance; carefully planning how the groups are timetabled and attended might be helpful to ensure nurses who wish to attend are able to. Our research also suggests that it may be useful to discuss with the group how the space should be used, e.g. whether 'venting' about environmental issues is a good use of the group time as it may be irritating to some group members.

The current study extends the literature as it provides evidence that reflective practice groups can be beneficial for liaison psychiatry nurses in the Emergency Department. These are nurses who are at particularly high risk of occupational stress and burnout or compassion fatigue due to working with people in acute distress under time pressures.

Future research could use outcome measures to investigate any objective changes through attending these groups. As the current identified benefits are related to relationships, expressing emotions and learning; measures of team climate, safety climate and psychological wellbeing would be appropriate.

In addition, many aspects identified as helpful here are specific to group intervention (e.g. learning from each other and peer support). Comparison of the impact of group versus individual interventions in reducing burnout and increasing workplace wellbeing would be a useful direction for future research.

The current study explored a psychologist-facilitated reflective practice group. Previous researchers have highlighted the importance of considering the professional background of the group facilitator, and Dawber (2013a, 2013b) has considered the benefits and limitations of having a nursing professional facilitating the reflective practice of other nurses. In particular, Dawber (2013a, 2013b) suggests that nurse facilitators may be better able to build cohesive facilitator-group relationships. Our study did not explore this issue directly, but the results suggested that what was most important to participants was that the group was externally facilitated, free of managers and was protected from interruptions. Participants expressed an appreciation for being 'listened to' by another professional who understood the nature of their work. While there may be specific advantages of nursing professional facilitators, few nurses are trained in reflective practice group supervision (Dawber, 2013a) and the current study suggests that psychologists are considered adequate facilitators in the event that nurse faclitators are unavailable.

Relevance for Clinical Practice

The study identified several recommendations for services looking to implement reflective practice groups. Key practicalities that contributed to the group's usefulness were: regular scheduled time slot, a separate location to the usual work place, being undisturbed, being confidential and being led by a facilitator external to the team. Facilitators need to manage expectations and preferences of the group members. It may be beneficial to set clearly defined group aims, discuss how much structure to impose and consider whether managers can attend.

Conclusions

The current findings suggest that psychology–led reflective practice groups can be a useful and acceptable intervention for liaison psychiatry nurses in the Emergency

Department. In this research, the groups enabled some nurses to share experiences, learn from each other and express their emotions, whilst proving a safe, structured and protected space to gain perspective on their work and reflect on how their work impacts on them. Reflective practice groups may offer benefits to help mitigate the impact of, and reduce occupational stress and burnout. However, these conculsions are tentative due to the small sample size and qualitative nature of the research.

Limitations

Not all team members took part in this study. Ethically, taking part must be optional but it may be that those who opted out may have had different views on the group that were not captured. Participants had attended between one and six of the groups; one participant was basing their opinion on a single attendance and their experience might not be representative of the groups in general.

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Highlights

- Greater wellbeing in nursing staff is associated with better patient outcomes
- Reflective practice groups may have benefits for psychiatry liaison nurse wellbeing
- Groups offer a space to share, learn, reflect and build team relationships
- Groups should be a protected time, externally facilitated and held off the ward
- Services may benefit from offering reflective groups to mental health nurses

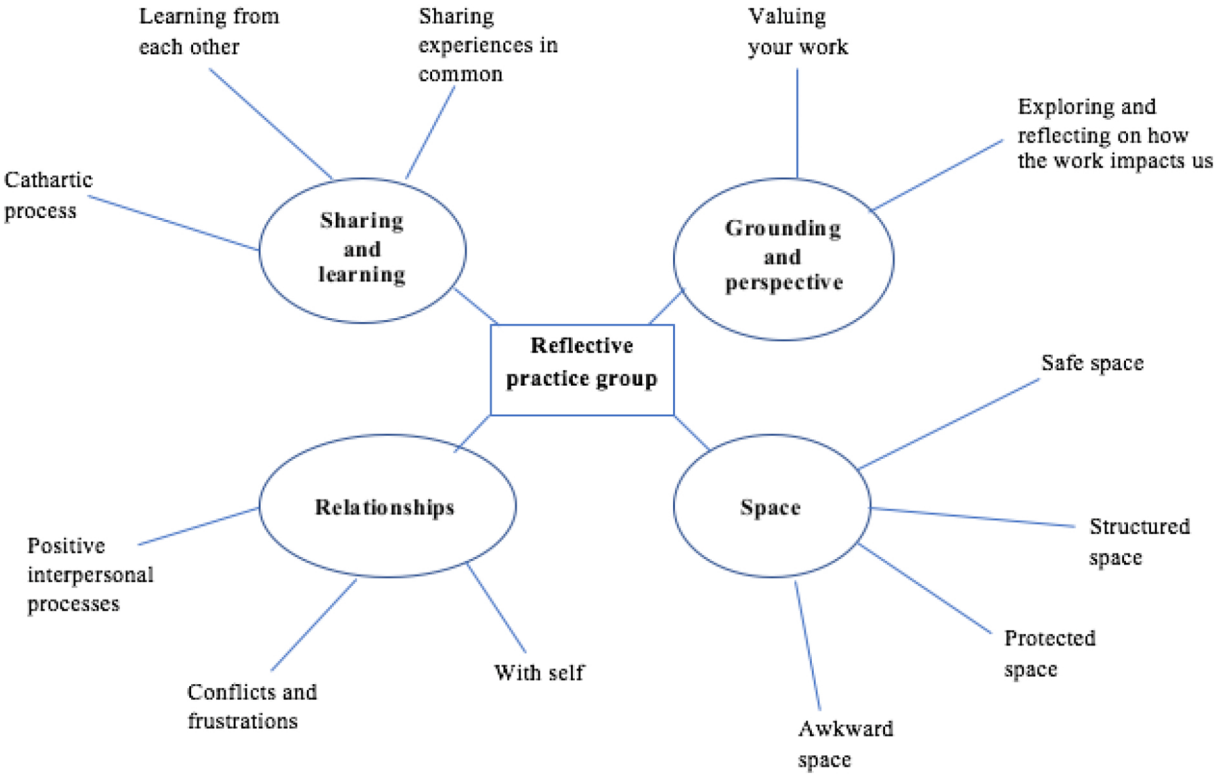
Learning from each other
Sharing experiences in common
Valuing your work
Exploring and reflecting on how the work impacts us
Cathartic process
Sharing and learning
Grounding and perspective
Reflective practice group
Safe space
Relationships
Space
Structured space
Positive interpersonal processes
Protected space
With self
Conflicts and frustrations
Awkward space

Figure 1