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Walls on the Ward

An exploration of how using a 'relational stance' as part of a whole system approach helped dismantle structural, social and personal defensive systems and improve nurse retention on an Acute Assessment Unit in a London hospital

Abstract

Almost 60 years after Menzies Lyth (1961) seminal research, Tavistock Consulting were asked to support management of a large London hospital tackle poor levels of retention, with a specific focus on an Acute Assessment Unit.

Evidence-based initiatives (Mahon 2017) on the positive impact of Mindfulness for new nurses underpinned the initial request. Observations and interviews suggested that levels of distress were in evidence across all nurse grades but were located in and expressed by the departure of the newly qualified. Tavistock Consulting recommended a more systemic intervention and were given rare access to work intensively over an extended period with the unit nurses.

A programme of activities combining mindfulness, taught systems-psychodynamic concepts, and work discussion groups was established. Participation was compulsory and nurses attended out of uniform.

The Unit

The unit assesses acutely ill patients and there is a relentless throughput of highly complex and challenging cases, and an inevitably high death rate. This, coupled with anxious and critical relatives, impacted on the quality of patient contact and interaction in ways similar to that found by Menzies Lyth.

A particular focus of the presentation will be on the organising of work in a way which meant nurses found themselves isolated in bays - as if to defend against finding moments of reflective space which might relieve rather than amplify distress. Management efforts to make changes which might address these defences were steadfastly resisted, as was any attempt, it seemed, to be able to think or work usefully with the consultancy team. The work was gruelling and the team struggled to contain negativity and resistance to the consultancy for many weeks.

Relational stance

Things came to a moment of crisis during the second cohort of the programme which prompted the consultants to change their approach – a move which finally seemed to facilitate change in what had felt like an impossibly entrenched system. A stepping across the boundary of working interpretatively with the counter-transference, saw the consultants share their emotional responses to the patients and, it seems, allowed the nurses to work with their own

Changes to the way nurses worked together across the seemingly uncrossable 'wall' between bays on the ward were then able to be thought about and plans were made to facilitate important re-design of the work which, over the year following the programme contributed to an impressive, and sustained improvement in retention – to the surprise of us all. We are interested in exploring with conference members what made the difference and whether there was something about the relational approach which might be usefully repeated elsewhere.

Key words: retention, nursing, Menzies Lyth, defensive structures, libidinal acting out, tyranny, systems-psychodynamic, relational, interpretative, consultancy

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