



Policy Brief

Treating staff with respect: ethical considerations for ‘resetting’ services

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Project: When pandemic and everyday ethics collide: NHS Reset Ethics

KEY INFO

Research question: Which ethical considerations informed the ‘resetting’ of NHS maternity and paediatric services alongside ongoing non-Covid-19 care?

Policy area: Ethics, Governance (including equality, diversity and inclusion) and Guidance in Healthcare (maternity and paediatric services)

Methods:

- Rapid review of clinical guidance: <https://pubmed.ncbi.nlm.nih.gov/34103322/> (June 2020)
- Qualitative interviews (n=37), focus group discussions (n=7, total participants n=39)
- Participants: NHS Trust leadership teams, doctors, nurses, midwives, public users of services

Geographical area: Six NHS Trusts from across England (specialist children’s, specialist women’s and district general hospital trusts)

Research stage: Completed. Progressing further work relating to moral harm in healthcare professionals

Summary of the research

We have explored which ethical considerations informed the ‘resetting’ of maternity and paediatric services alongside ongoing COVID-19 care. Our rapid review of academic and healthcare policies and procedures (from April to end December 2020) highlighted the ethical importance of minimising disruption to caring and dependent relationships, while simultaneously attending to public safety. Importantly, we found that clinical guidance was ‘ethics-lite’, mentioning principles in passing rather than explicitly applying them.

Our qualitative empirical work (November 2020 to September, 2021) included interviews and focus groups. We spoke to **healthcare decision-makers** about which ethical values informed their decision-making; to **patients** who received care during the pandemic about their experiences of accessing, navigating, and receiving healthcare; and to **healthcare professionals** (doctors, nurses, midwives, specialist physiotherapists and clinical psychologists) about how working practices mandated by infection prevention measures have caused - and continue to catalyse – types of **moral harm**.

Policy recommendations: must attend to staff in the organisational context

Recommendations are linked to the priorities identified in the [2022/23 NHS operational planning guidance](#), particularly those relating to the importance of *looking after staff* and strengthening *the compassionate and inclusive culture* needed to facilitate and support the *delivery of outstanding care*.



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The Arts and Humanities Contribution
to Covid Research and Recovery

Recognise moral harm as a consequence of the pandemic

- ✓ Healthcare leaders and decision-makers require information and training as to the causes, symptoms, and routes to resolving moral harms, to ensure that staff can access appropriate support when needed.
- ✓ Wellbeing professionals require information and training in appropriate models of care to support the resolution of moral harm.

Ensure that policies and procedures respect professional discretion

- ✓ Healthcare professionals are already trusted with difficult and consequential decisions. Trusts must ensure they are supported to exercise their professional autonomy where a 'resetting' of Covid rules is required to balance infection prevention measures with relational, values based care.
- ✓ Ensuring clarity around staff discretion in this context is key. E.g to relax visiting rules, or to allow women and pregnant people to be accompanied to ante-natal scanning appointments.

Ensure decision-making is transparent and values based

- ✓ Clarity of communication is key
- ✓ Consistent and accessible messaging is crucial
- ✓ Rapidly changing guidance should be avoided to prevent confusion and an erosion of trust

Key findings

- ✓ Study participants were unanimous and clear that ***the design and delivery of maternity and neonatal services must pay attention to the ethical implications of changing working practices***. Infection prevention measures must be 'reset' to allow for care for families and, crucially, for health carers. Working practices mandated by infection prevention measures are ***causing moral harm***.
- ✓ Our research highlighted that ***the caring aspects of treatment - an essential component of patient-centred care - have been a casualty of the pandemic***, due primarily to continuing infection prevention and control measures. Care is an ethically important dimension to healthcare delivery, which embraces the interpersonal relationships between the patient (and their family) and the healthcare professional.
- ✓ Healthcare professionals and members of the public agreed that ***virtual or online care is not always optimal, and that face-to-face care is key in some circumstances***. However virtual care was welcomed in appropriate clinical and social circumstances, and could reduce cost and facilitate working parents' attendance at paediatric appointments. Where virtual care is offered, video was preferred to telephone calling. Attention must be paid to the potential for unequal access to virtual services.

Publications: [Rapid review findings \(BMJ Open\)](#)
['Neither crisis light nor business as usual' \(AJOB\)](#)

Further information: is available on
our [Reset Ethics website](#)

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