The future of stroke services: wellbeing and teamworking

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Editorial

Stroke services are at an exciting time of transition. The NHS Long Term Plan (NHS England, 2019) sets out stroke as a clinical priority, and the National Stroke Service Model (NHS England, 2021) outlines a networked approach to transform the way the NHS delivers stroke care in England. Multidisciplinary team (MDT) working has been, from its infancy, at the heart of specialist stroke care (Department of Health and Social Care, 2001). It has been established that patients who receive care from a stroke specialist MDT, whether in hospital or in the community, achieve better outcomes (Langhorne and Pollock, 2002; Langhorne, 2017; Langhorne and Ramachandra, 2020).

Teamworking continues to be a focus for future NHS improvements in stroke services, but it will look and feel very different to traditional stroke teams. According to the National Stroke Service Model (2021), MDTs will need to become more collaborative and networked across services and organisations. Individual roles within stroke MDTs will also move away from traditional, profession-specific roles towards novel, interdisciplinary roles using a capability-based model (rather than role/profession-based model) of stroke care. This will mean that new roles, such as nursing and physician associates, will be more commonplace; others will extend their skills and responsibilities within their existing roles, and there will be creation of integrated team cultures with the blurring of traditional role boundaries. However, teams are complex entities that are influenced by human and organisational factors, which makes them highly variable and context-dependent. Therefore, despite national frameworks for workforce and stroke service delivery (UK Stroke Forum, 2017; NHS England, 2021), the teams and their workplace culture will be different across the NHS and will require different approaches to realise stroke service transformation.

Research has manifested concerns around the impact of the changing organisation of stroke services on staff wellbeing and the quality of relationships and opportunities for stroke-specific information-giving with patients and their families (Ryan et al, 2017; Taylor et al, 2018; Suddick et al, 2019). Researchers describe an emphasis by MDTs on 'pace and processing' over 'complexity and authenticity' that hinders quality relationships with colleagues, patient and their relatives, leading to a negative impact on staff wellbeing and patient experience (Ryan et al, 2017; Taylor et al, 2018; Suddick et al, 2019;). Additionally, we cannot fail to mention how the COVID-19 pandemic has thrown the challenges of staff workload and wellbeing into the spotlight. Low morale, burnout and stress are widely reported (Cabarkapa et al, 2020). When staff feel overworked, undervalued and stressed, this negatively

impacts on teamworking and all aspects of patient care, from mortality and patient safety to involvement in care decisions and the quality of therapeutic relationships (Braithwaite et al, 2017; Janes et al, 2021). Realising the NHS vision for stroke services, and responding to the workload and wellbeing challenges facing staff, requires an understanding of individuals and the teams in which they work, in order to create the workplace conditions where people feel safe, supported and part of a community.

How can stroke MDTs deliver the ambitious transformation plan for stroke services when staff wellbeing and the quality of relationships with our MDT colleagues are under strain? This may not be as challenging as it appears. There is an increasing body of evidence on key factors supporting staff wellbeing. These include: positive workplace culture; visible collective and compassionate leadership; organisational support for staff wellbeing at senior management; feeling supported by managers and colleagues; high levels of skills and competence to perform their role; perceived control over their time and meeting workload demands (Boorman, 2009; Maben et al, 2012; de Zulueta, 2015; Brand et al, 2017). Many of these factors around culture, leadership and workforce skills are similar to those outlined for the transformation of stroke services (NHS England, 2021).

From my personal experience, I have shared moments of genuine care, kindness and concern with colleagues, patients and relatives at times where our service has been at its most stretched and exhausted. This is consistent with qualitative research that demonstrates that authentic connections on stroke units can foster feelings of wellbeing, comfort and belonging, which can create a positive workplace culture and enhance team relationships (Suddick et al, 2019; Galvin et al, 2020; Gordon, 2020). Focusing on our own wellbeing, and that of others, may unwittingly move us forward in transitioning our stroke services. However, we must be careful not to assume that what supports your wellbeing will apply to others. What is needed is a synergy of flexible approaches across all levels of healthcare, to meet individual perceptions of what wellbeing means at that particular moment. If we can get this right, the opportunities it will create will support teamworking, improved patient safety and a better experience of giving or receiving stroke care.