

Reflective Practice Groups for nurses: perceptions and preferences, considerations and cautions

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ABSTRACT

Objective: Study 5, from a series of six, examines the influence of attendance rates and personal attendance preferences on the effectiveness of Reflective Practice Groups (RPGs). It also explores participant perceptions regarding benefits and barriers of RPG.

This article presents the current study in context of associated research and attempts to synthesise the collective findings.

Background: Nursing can be associated with burnout, secondary traumatic stress (STS) and compassion fatigue. RPGs might help mitigate these negative impacts.

Study Design/Methods: This cross-sectional study surveyed a cohort of 190 nurses (88% female) using validated scales to assess professional quality of life (ProQOL), job satisfaction (JS) and psychological distress, alongside perceived effectiveness of RPG, attendance rates and preferences. Open-ended questions explored perceived barriers and benefits to attendance.

Results: Nurses who attended less RPGs reported higher STS. Those who preferred to go more frequently also reported higher STS however level of

attendance and personal preference did not affect each other. Nurses attending 'as often as groups are run' also rated the effectiveness of RPG more highly. Other outcome measures were not significant for either variable. Perceived benefits of RPG included sharing, support, cohesiveness, skills development and facilitatory alliance. Barriers included workloads, rostering, time constraints and discomfort in a group setting.

Discussion: The majority of nurses reported higher STS, preferred to attend RPGs more frequently, and rated them as more effective. Nurses who attended more RPGs reported significantly lower STS, indicating a restorative benefit. The lack of significance for Compassion Satisfaction (CS) ratings contrasted with findings of earlier studies. Logistical issues and discomfort in groups were barriers to RPG attendance. Perceived benefits related to personal and workgroup development.

Alongside findings from the overarching project, results indicate a positive correlation between effective RPGs, personal and job resources, and aspects of ProQOL.

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Conclusion: Nurses with higher STS find RPGs more useful and want to attend more often. Higher RPG attendance is associated with lower STS.

Voluntary attendance, facilitatory alliance, promotion of psychological safety, and organisational support are key considerations.

In context of the overarching project, RPG attendance has been positively correlated with various aspects of ProQOL, personal and job resources. Cause and effect are still not clear and further research is required.

What is already known about the topic?

- RPGs are positively correlated with personal and job resources and CS.
- Barriers to reflecting in RPGs include workplace logistical issues.

What this paper adds:

- Greater RPG attendance is associated with lower STS.
- Nurses with higher STS prefer to attend more often and find RPGs more useful.
- Discomfort in a group setting is an important consideration and should be addressed through effective facilitation and management of group process to promote psychological safety.
- RPGs have now been positively associated with a greater number of personal resources, job resources and aspects ProQOL.

Keywords: Nursing, reflective practice groups, secondary traumatic stress

INTRODUCTION

Nursing can be rewarding but also stressful. Professional quality of life (ProQOL) is a concept that defines professional quality of life as three components, compassion satisfaction (CS), burnout and Secondary Traumatic Stress (STS),¹ that determine wellbeing in care-providers.^{2,3} The Job Demands-Resource (JD-R) model provides a further framework for understanding how the structure of jobs can either contribute to, or detract from, ProQOL.⁴ Job demands are aspects of work that require sustained physical and/or psychological effort. Excessive job demands can lead to burnout and STS, with the latter term used to describe the effect of significant and ongoing exposure to the trauma and suffering of others.¹ In its severest form, STS may involve symptoms similar to those of post-traumatic stress and can be of particular concern in helping professions, such as nursing.

Job resources can buffer nurses against the effects of such job demands by providing support, promoting professional and personal growth, fostering work engagement, and increasing CS.⁴ Examples of job resources include supportive work environments, staff wellbeing programs and forms of clinical supervision, including RPGs.⁵⁻⁸ Clinical supervision may mitigate job demands for nurses by providing support, promoting critical thinking, assisting in the processing of workplace issues,^{9,10} improving work practices and safety, and encouraging self-efficacy.¹¹ Reflective practice groups have developed as a form of group clinical supervision where nurses come together in a group setting to share work related experiences and issues with the aid of a trained facilitator.^{6,12} Facilitators in this RPG model undertake an 'apprenticeship' training program that includes an introductory workshop, 'in-group' training with an experienced facilitator, and monthly facilitator supervision sessions.

Schon proposed that good practitioners are not just skilful, but reflective and intuitive.¹³ Meaningful reflection involves both theoretical understanding and wisdom gained from experience, so RPGs value both in order to help nurses bridge the theory practice gap,¹⁴ explore ways of improving care, and promote professional and personal growth.¹⁵ The RPG model used in this study utilises various principles of reflection rather than a specific model. The groups are process-focused and draw on the clinical narrative brought by participants to explore the "what's" "why's" and "how's". The RPG model also seeks to integrate humanistic and psychodynamic frameworks that promote awareness and understanding of patterns of human behaviour.^{6,12,16} A focus on the intersubjective, interpersonal, and intrapersonal aspects of practice seeks to empower nurses, increase compassion satisfaction, and encourage holistic patient care.

Previous research has indicated some positive outcomes for nurses attending RPGs; including improved work group cohesiveness, decreased anxiety, increased CS,⁵ normative shared learning,^{17,18} increased job confidence,^{19,20} and stress management.¹⁰ Previous findings also indicate that the group processes involved in RPGs, when enhanced by effective facilitation, can help participants to feel validated and empowered,^{8,19} increase job resources of self-efficacy, autonomy and skill discretion, and provide social support to buffer against job demands.^{5,21-23} These positive impacts seem to be related to both a 'dose effect' and a 'potency effect'^{5,21}; i.e. the more RPGs attended, and the more effective the facilitation and group processes, the greater the benefits.

Barriers to effective reflection in groups may relate to pre-existing unhealthy dynamics within the work unit,²⁴ cultural and practical issues within the broader organisational context,^{7,25} a lack of trust within the group, differences in

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communication and learning styles, and fear of judgement by peers.²⁶ Other research has indicated that participating in RPGs can be uncomfortable for participants who feel vulnerable opening up in front of peers, or experience social anxiety in groups.^{19,27} A study of RPG for psychologists found that while almost three quarters of those surveyed reported positive impacts and professional development from RPG attendance, just under half also reported finding the groups uncomfortable or distressing at times; some reporting a preference for other forms of reflective activities, such as mindful self-reflection and journaling.²⁷ Other authors note that meaningful reflection can often be uncomfortable, as practitioners critically explore and challenge understandings, oversights, mistakes, and methods of practice.^{28,29} In fact, Traynor³⁰ suggests that nurses may resist reflecting on aspects of their role because they may find a kind of perverse benefit from assuming a role of “victimisation and powerlessness”, thereby becoming complicit in bad practice.

Attendance at RPG in the current study was voluntary and not always consistent, due to high workloads and changing rosters. While more consistent attendance might assist the development of cohesion and psychological safety within RPG,^{8,31} it is important that participants do not feel pressured or coerced to attend. There is little, if any, research on how individual preferences for attendance might affect nurses' perception of the process and benefits of RPG. The current study attempts to explore these considerations with the hope of integrating the results with those of associated studies to provide a greater understanding of the variables and considerations relevant to the efficacy of RPG as a form of group clinical supervision.

METHODOLOGY

INTERVENTION

The RPGs in this study were 60-minute fortnightly or monthly sessions held for nurses in clinical roles from a range of specialty areas. Sessions occurred in various meeting rooms within the hospital. Facilitators were all nurses or allied health workers who had trained in the RPG model described above but with varying degrees of experience. Sessions occurred during shift overlap times to best enable voluntary attendance. The size of the RPGs ranged from four to 12 nurses. The RPG members were enrolled and registered nurses from a range of clinical areas including but not limited to surgical, medical, mental health, oncology, intensive care, and emergency.

ETHICS

Ethical approval was provided by The Prince Charles Hospital HREC (HREC/18/QPCH/132), with site specific approval from the Sunshine Coast Hospital and Health Services (SSA/18/QNB/39).

STUDY AIMS AND HYPOTHESES

The aims of this mixed method study were to compare and explore the effect of RPG on ProQOL in relation to levels of attendance and preferences for attendance, and to explore perceived benefits of and barriers to RPGs.

Hypothesis 1 was that more frequent RPG attendance would lead to more positive outcomes, as reduced burnout, STS and psychological distress, and increased JS and CS and rating RPGs as more useful.

Hypothesis 2 was that nurses who preferred to attend RPGs as often as possible would report more positive outcomes and rate RPGs as being more ‘useful’ than those attending ‘only when convenient’ or ‘as needed’.

Hypothesis 3 was that, once preferences for attending were accounted for, more experienced facilitators would lead to more positive outcomes and rate the RPGs as more useful, compared to less experienced facilitators.

Qualitative data was gathered to supplement previous studies on the experience of RPG participants. Whilst some studies indicate RPGs are perceived to be beneficial,^{5,7,8,19,21} with others indicating that participating in RPGs can also be uncomfortable and distressing.^{19,25,27}

DESIGN

The current study was a cross-sectional survey that used a mixed-methods design. The quantitative analyses compared the nurses on the outcomes and their views of the facilitators. Firstly, 3 x 3 ANOVAs were used, where nurses were grouped by their level of attendance at RPGs (Low, Moderate, or Extensive) and their personal preference to attend the RPGs (‘As convenient’, ‘As needed’, or ‘As often as run’). The ANOVAs were conducted for the outcome variables; ‘Usefulness of RPGs, JS, psychological distress, CS, STS, and burnout (i.e., ProQOL). Secondly, an ANCOVA was used to group nurses by RPG facilitator, with personal attendance preference as the covariate for the same outcomes. The qualitative element of the study grouped feedback into key themes via thematic analysis.³²

PARTICIPANTS

Participants in the current study were nurses who attended RPG's in various clinical areas at two regional Australian public tertiary hospitals. The vast majority came from a recently commissioned teaching hospital that had been open for two years. There was no incentive provided to encourage participation. The sample included 190 (88.3% female) nurses aged between 21 and 70 years ($M = 40.93$, $SD = 11.78$ years). The nurses worked between 16 – 48 hours/week ($M = 31.9$, $SD = 6.4$ hrs) and length of time in the job varied from one-year post-grad to 58 years ($M = 15.6$, $SD = 19.1$).

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DATA COLLECTION

Data collection occurred between May and July 2019. Participants received information sheets, consent, and consent withdrawal forms. Facilitators were not present during the completion and collection of the anonymous questionnaires. Questionnaires were completed at the end of each RPG using a paper and pen format. The surveys took approximately 5-10 minutes to complete, and each participant was asked to complete the survey only once during the course of the study. No nurses who were approached declined to complete the surveys.

MEASURES

Demographics. Nurses reported their gender, age, workplace, hours/week worked, and years they had been nursing.

RPG Attendance. Nurses reported number of sessions attended; grouped as Low (1–5 sessions), Moderate (6–20 sessions), and Extensive (21–60 sessions).

Preferences for RPG attendance was measured using a single item categorising preferences as “when it is convenient with other duties” (As convenient), “just when I need it” (As needed), or “as often as groups are run” (As often as run).

RPG facilitator/s were named in a text box. There might be more than one, depending on ward changes and number of sessions attended over time. Level of experience was assessed by the second author as length of time in the program (e.g., newly trained, several years’ experience).

Usefulness of RPGs was measured using the Clinical Supervision Evaluation Questionnaire (CSEQ).³³ Fourteen items were rated on a five-point Likert scale with a higher overall score indicating greater effectiveness. Cronbach’s $\alpha = .94$.

Job Satisfaction was measured with a single item using a seven-point Likert scale; “Taking everything into consideration, how do you feel about your job as a whole?”.

Professional Quality of Life (ProQOL) Version 5 has 30 items, with 10 each for the CS, STS and Burnout subscales, and scored using five-point Likert scales: never (1) to very often (5). Cronbach’s $\alpha = .82$ (CS), $.83$ (burnout), and $.76$ (STS).¹

Kessler Psychological Distress Scale consists of six items (Kessler-K6) rated on a Likert scale from none of the time (1) to all of the time (5).³⁴ Cronbach’s $\alpha = .86$.

Benefits and Barriers of RPGs. Participants listed benefits and barriers of RPG in two open text boxes. The first question asked, “Can you please indicate the barriers or challenges you have to attend RPGs?”, and the second question asked, “Can you please indicate the things you enjoy about the RPGs and the benefits that you feel you have gained from attending the groups?”. Key themes were identified via thematic analyses.³²

DATA ANALYSES

Quantitative data was assessed first for assumptions for Analysis of Variance (ANOVA), namely linearity, independence, normality, and homogeneity of variance. Quantitative analyses compared the nurses in two ways. Firstly, a series of 3 x 3 ANOVAs were conducted to analyse the outcomes of Usefulness of RPGs, psychological distress, JS, CS, burnout, and STS, with two independent variables. The first independent variable measured numbers of RPGs attended: Low (1-5 sessions), Moderate (6-20 sessions) and Extensive (21+ sessions). The second independent variable measured preferences for attending RPG: ‘When Convenient’, ‘As Needed’, or ‘As Often as Run’. Secondly, a one-way ANCOVA was also conducted to compare the effects of the individual facilitators in relation to how useful nurses rated the RPGs, with preferences for attending used as a covariate. Significant group differences (two-tailed) were subjected to pairwise comparisons, using a Bonferroni adjustment for family-wise errors. Effect sizes were considered using partial η^2 , as small ($.01$), medium ($.06$) or large ($.14$).³⁵ relating to proportion of variance for the outcome that was explained by the independent variables.

Qualitative data about the benefits and barriers of RPGs was analysed using thematic analysis method outlined by Braun and Clarke, with steps being familiarity with data, searching for themes, reviewing themes, naming themes, and producing completed report.³² Themes were collated and numbers of responses counted, with sample responses provided for each theme.

RESULTS

Assumption testing for the ANOVAs established that requirements of independence, linearity, and normality of data was met for all outcomes. Homogeneity of variance was supported for all outcomes except Usefulness of RPGs and psychological distress (shown by significance on Levene’s Test of Homogeneity for these two outcomes). Following Keppel’s procedure, the breaches were accounted for by reducing the comparison alpha in these two ANOVAs from $p < .05$ to $p < .025$, to reduce the likelihood of overinflating the results.³⁶

ANOVAS FOR RPGS ATTENDED AND ATTENDANCE PREFERENCES

Nurses in the study had attended between one and 63 RPG sessions ($M = 11.8$, $SD = 14.6$ sessions) over a 10 year period. Attendance was grouped as: Low (1 to 5 sessions, $n = 95$), Moderate (6 to 20 sessions, $n = 69$), or Extensive (20 or more sessions, $n = 26$).

Table 1 shows means and standard deviations for each outcome, separated into levels of RPG attendance (i.e., Low, Moderate, or Extensive), and for each grouping of attendance preference; ‘As convenient’ ($n = 43$), ‘As needed’ ($n = 25$), or ‘As often as run’ ($n = 122$).

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TABLE 1 MEANS AND STANDARD DEVIATIONS FOR THE GROUPS BASED ON HOW MANY RPGS THE NURSES HAD ATTENDED AND THEIR PREFERENCE FOR ATTENDING

Outcomes	Preference for attending RPGs	Number of RPG sessions attended by nurses								
		Low (1 to 5 sessions)			Moderate (6 to 20 sessions)			Extensive (20+ sessions)		
		n	M	SD	n	M	SD	n	M	SD
Usefulness of RPGs	As convenient	28	12.07	6.57	13	15.38	5.66	2	12.50	6.36
	As needed	11	10.64	5.55	8	8.38	7.56	3	11.67	1.53
	As often as run	51	17.29	8.57	48	18.19	6.10	20	19.50	5.90
Job satisfaction	As convenient	23	5.26	1.29	9	5.22	1.09	2	6.50	0.71
	As needed	11	5.36	0.92	7	5.14	1.35	3	6.00	0.00
	As often as run	45	5.49	0.90	40	5.27	1.06	14	5.07	1.39
Psychological distress	As convenient	28	11.64	5.11	13	9.77	3.27	2	8.00	1.41
	As needed	14	9.00	2.39	8	7.75	1.98	3	10.33	2.08
	As often as run	53	11.74	4.22	48	11.40	4.75	21	10.38	3.99
Compassion satisfaction	As convenient	28	48.44	11.04	13	53.92	7.62	2	59.96	4.56
	As needed	14	47.67	11.84	8	47.05	14.03	3	51.00	4.48
	As often as run	53	50.81	10.38	48	49.56	9.52	21	49.05	8.12
Burnout	As convenient	28	54.10	11.38	13	45.45	7.93	2	43.07	13.65
	As needed	14	48.86	9.34	8	45.72	15.61	3	48.22	1.11
	As often as run	53	50.68	9.68	48	50.99	10.01	21	48.86	9.94
Secondary Traumatic Stress	As convenient	28	55.23	9.13	13	44.68	9.91	2	43.06	3.89
	As needed	14	47.64	8.35	8	41.69	6.91	3	43.36	6.43
	As often as run	53	51.96	10.00	48	50.46	10.52	21	49.29	10.13

Note. Numbers of participants may vary where there was missing data

TABLE 2 RESULTS OF THE ANOVAS TO COMPARE NUMBERS OF SESSIONS ATTENDED BY NURSES' PREFERENCES FOR ATTENDING THE RPGS

Outcome	Variables	F	df	η^2	Power
Usefulness of RPGs	Numbers of sessions attended	0.197	2, 175	.002	.080
	Preferences to attend	11.663***	2, 175	.118	.994
	Numbers x Preferences	0.566	4,175	.013	.186
Job satisfaction	Numbers of sessions attended	1.344	2,145	.018	.286
	Preferences to attend	0.883	2,145	.012	.200
	Numbers x Preferences	1.245	4,145	.033	.383
Psychological distress	Numbers of sessions attended	1.127	2,181	.012	.246
	Preferences to attend	2.278	2,181	.025	.459
	Numbers x Preferences	0.642	4,181	.014	.207
Compassion satisfaction	Numbers of sessions attended	0.894	2,181	.010	.203
	Preferences to attend	1.394	2,181	.015	.297
	Numbers x Preferences	1.316	4,181	.028	.406
Burnout	Numbers of sessions attended	2.254	2,181	.024	.455
	Preferences to attend	0.792	2,181	.009	.184
	Numbers x Preferences	1.489	4,181	.032	.456
Secondary Traumatic Stress	Numbers of sessions attended	5.748**	2,181	.060	.863
	Preferences to attend	3.364*	2,181	.036	.629
	Numbers x Preferences	1.644	4,181	.035	.499

Note. † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

Note. "Numbers of sessions attended" was categorised as "Low (1 to 5 sessions)", "Moderate (6 to 20 sessions)", or "Extensive (20+ sessions)"

"Preferences to attend" was categorised as "As convenient", "As needed", or "As often as run".

"Numbers x Preferences" is the interaction between how many sessions attended and the preference for how often to attend.

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Table 2 presents results of the 3 x 3 ANOVAs for each outcome with mostly small to small-medium effect sizes. The interaction between numbers of sessions attended and attendance preferences were not significant and did not influence each other in regard to any outcomes, showing small to small-medium effect sizes.

The first hypothesis regarding the effects of *level of attendance* (grouped as Low, Moderate, or Extensive attendance) had limited support. Significant differences were found for STS but not for other outcome measures, although there were trends indicating benefits from more extensive attendance. Psychological distress was non-significantly lower over time for nurses who attended RPG 'as often as possible' and 'as convenient'. Compassion satisfaction was higher over time in the 'when convenient' and 'as needed' attendance cohorts however sample sizes were small. For STS, pairwise comparisons (with Bonferroni adjustments) found that nurses who attended the least number of RPGs (1-5 sessions) reported significantly higher STS than the Moderate and Extensive attendance groups; particularly the Moderate group, ($t(162) = 3.12, p = .006$).

The second hypothesis evaluating the effect of attendance preferences (grouped as 'As convenient', 'As needed', or 'As often as run') also had limited support. Significant differences were found between the groups, for STS (with a medium effect, $\eta^2 = .060$) and perceived usefulness of the RPGs (with a large effect, $\eta^2 = .118$) but not for other outcome measures. Pairwise comparisons (with Bonferroni adjustments) showed that nurses who went to the RPGs as they needed reported significantly less STS than nurses who preferred to go as often as the groups ran, $t(162) = 2.48, p = .042$. Interestingly, although STS also varied with level of attendance, there was no significant interaction between numbers of sessions and preference for attending.

There was also a significant difference in how nurses rated the usefulness of RPGs based on preferences to attend. Unsurprisingly, pairwise comparisons (using Bonferroni adjustments) found that nurses who preferred to go as often as the groups were run rated RPGs as significantly more useful than those who preferred to go only as needed ($t(139) = 4.39, p < .001$) or when it was convenient ($t(170) = 2.59, p = .031$).

FACILITATORS AND USEFULNESS OF RPGS

A one-way ANCOVA explored whether having an experienced facilitator might influence how useful nurses perceived RPGs to be, with preference for when to attend the covariate. Two RPG facilitators had many years' experience (Facilitators 1 and 2), with seven having fewer years' experience (Facilitators 3 to 7). With preferences for attending RPGs used as the covariate for the ANCOVA, there were slight differences in how useful nurses found the RPGs, $F(4,175) = 2.72, p = .031$, $\eta^2 = .058$, depending on who was the facilitator. Although

there was a trend for nurses attending RPG with more experienced facilitators to rate RPGs as slightly more useful, pairwise comparisons with Bonferroni adjustments did not find any significant differences between facilitators. Small cohorts for less experienced facilitators, and the number of participants not nominating a facilitator, affected the results.

QUALITATIVE ANALYSIS

Qualitative responses were collated and analysed to find common themes, using thematic analysis.³² The five main themes identified as barriers to RPG attendance and five perceived benefits of RPG attendance are shown in Tables 3 and 4. Barriers and challenges were grouped into themes: Workload, Rostering, Feeling Uncomfortable, and Time Constraints, with the final field capturing the number that reported no barriers. Workload, Rostering, and Time Constraints are logistical issues associated with resourcing, job demands and organisational support. The other identified barrier, feeling uncomfortable sharing issues and opinions within a group, is more complex and may involve a combination of the process of reflection on challenging material, the process of challenging the workplace status quo, personal factors (such as shyness, lack of confidence and fear of judgement), along with facilitator⁸ and group factors (e.g., lack of confidentiality or trust issues). There may also be broader implications related to existing workplace culture and context.^{24,26} The benefits of RPGs were identified as Discussing Issues, Support, Group Bonding, Self-improvement, and the Facilitatory Alliance. These themes are consistent with existing literature exploring participant perceptions of RPG.^{6,10,19,21}

TABLE 3 QUALITATIVE RESPONSES FOR BARRIERS OF RPGS

Barriers	n	Sample Responses
Workload	41	"Workload in the workplace is the biggest challenge" "Workloads, RPG time not respected, called out of RPG to work"
Rostering	30	"Being rostered on when they are conducted" "Have to be rostered on an afternoon shift, otherwise I cannot attend"
Uncomfortable	27	"Slightly uncomfortable sharing personal experiences" "Unsure if I would be judged discussing my true feelings..."
Time Constraints	21	"Time constraints. Clinical practice prioritised" "Time constraints on ward..."
No Barriers	6	"Nothing" "Nil Barriers"

Note: Although a total of 127 Barriers were recorded, some participants mentioned multiple themes in their responses

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TABLE 4 QUALITATIVE RESPONSES FOR BENEFITS TO ATTENDING RPGS

Benefits	n	Sample Responses
Discussing issues	66	"Good to discuss problems and talk about solutions you may not have come up with yourself" "Safe space to share and be helped"
Supportive	38	"Group Support, normally restore faith + hope" "Supportive and diverse relationships..."
Group bonding	23	"Group bonding. Colleague Support ... Connection to group members, trust building" "Group cohesion/brainstorming..."
Self-improvement	18	"I developed new skills. I can handle stress better" "Challenges me to speak up"
Facilitator	8	"...Enjoyed honesty of the facilitator. Facilitator had professional ethics for the group" "Commitment and care from our facilitator"

Note: Although a total of 123 benefits were recorded, some participants mentioned multiple themes in their responses.

DISCUSSION

The current study adds to the findings of previous studies by the same research group, with similar cohorts of nurses. For this reason, discussion will explore the current study in context of, and in relation to, the other findings. The hope is to clarify the line of enquiry and provide a more integrated view of collective results.

Hypothesis one from this study predicted a relationship between greater RPG attendance and better outcomes, and this was supported in part. Nurses who attended more than six groups reported significantly less STS however other outcome factors were not significant. Hypothesis two predicted that nurses who preferred to go 'as often as groups were run' would rate RPGs more highly and report better outcomes. Participants who went as often as possible did rate RPGs as more beneficial, however it was the participants who attended 'only when needed' that reported the lowest STS and psychological distress. There were no other significant outcome differences.

It is significant that 64% of nurses in the study ($n=119$) preferred to attend RPG 'as often as possible' and also reported higher levels of STS. These nurses also rated the groups most highly, and the more groups attended by this cohort the higher that rating was. One inference from this is that the majority of nurses in the study were experiencing higher levels of STS and found RPGs helpful in mitigating this. It also seems logical that nurses with lower psychological distress and STS might want to attend RPG sessions 'just when needed.' Research has shown that nurses

generally seek out the restorative benefits of supervision in the first instance, and individuals that perceive lower stress levels may be less inclined to seek out support.^{10,37}

It might also be speculated that RPG attendance might cause or exacerbate STS and psychological distress. We know from the qualitative data that some participants find reflecting in a group to be uncomfortable. However, participants who had attended more RPGs reported lower STS regardless of attendance preference. In fact, all attendance preference groups demonstrated some decrease in STS with greater attendance.

A degree of psychological distress is inevitable in the early stages of attending RPG, as participants learn to think more critically and adjust to the group setting.^{28,29} It is possible that at first, an increasing sense of self-awareness and empathy for the struggles of colleagues might lead to discomfort or distress. This is consistent with a previous finding from the project that increased group cohesion was correlated with higher STS, but that other RPG-related mediators of self-efficacy, autonomy and social support seemed to mitigate it.^{21,29}

There is no doubt that resilience levels differ between nurses, and within nurses over time. It is likely that some nurses cope by containing, suppressing or repressing their distress. As RPGs provide an opportunity to become more self-aware, so do they allow nurses to find a voice. While this may be unfamiliar and uncomfortable at first, the group's role is to validate, support, and help nurses process issues in a safe environment, providing longer term restorative and formative benefits.^{7,10,21}

When viewed in isolation, results of the current study might seem to indicate that benefits of RPG attendance only relate to stress reduction, however the collective studies in the project indicate a range of other potential benefits. The first study examined a cohort of 251 nurses found that RPG attendance was correlated with higher CS but no other elements of ProQOL.⁵ The second study then undertook further analysis of the same data and found a 'dose effect' in regard to RPGs.⁵ Nurses who attended 6-18 groups demonstrated significantly lower inhibitory anxiety and significantly higher tolerance to uncertainty, while those who attended more than 18 groups reported significantly higher CS and group cohesiveness. It was not possible to attribute beneficial outcomes to RPGs over other personal and job resource factors, however, or to identify any flow on effect to the workplace outside of the benefits for nurses who attended.

One year later, another quantitative study used a similar cohort of 191 nurses.²¹ This study explored the potential indirect effects of RPG attendance on ProQOL and focused on the perceived quality (effectiveness) of RPG by participants using the CSEQ. Higher CSEQ ratings were found to be positively correlated with a number of personal and job

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resources, including greater self-efficacy, job autonomy, skill discretion, job social support and group cohesion. This indicated the possibility of an indirect link between RPGs and ProQOL, with positive correlations in all three aspects of ProQOL seeming to be mediated by the resources of self-efficacy, job autonomy and social support for those nurses who attended more effective RPGs.²¹ The current study uses the same sample as Sundgren et al.²¹ but brings the focus back to 'dose' rather than 'potency'. The collective findings provide evidence that greater attendance at quality RPGs is associated with increased personal and job resources and greater ProQOL.

FACILITATOR EFFECT

It is important for the utility of the RPG model that all facilitators in this study were viewed as being effective by participants, but also that those with more experience had slightly higher ratings. This finding both identifies the importance of skilled facilitation but also that facilitators can be trained to a competent level in the model.

BENEFITS AND BARRIERS

Qualitative feedback reinforces the findings of an associated qualitative study from this project regarding the importance of voluntary attendance, group cohesion, confidentiality and effective facilitation in strengthening psychological safety, enhancing group process and improving RPG effectiveness.⁸

Social support and group cohesion are significant job resources that promote a positive work environment for nurses.^{4,23,27} Consistent with previous research,^{6,7,19,27,38} this study supports that effective facilitation of group processes is essential for enhancing cohesion, promoting the sharing of resources^{5,18} and creating a supportive space for issues to be addressed in RPG,^{6,8,10}

In order of significance, barriers to RPG attendance were workload, rostering, discomfortable sharing in a group, time constraints. These findings support the findings of Platzer and colleagues²⁶ and can be noted to primarily be logistical and organisational. This is topical in context of a growing focus on organisational responsibilities in relation to clinical supervision for nurses.^{39,40} Also consistent with previous literature,^{7,27} 14% of nurses in the study identified a level of discomfort in relation to RPG attendance. Reasons ranged from anxiety about sharing personal thoughts, to concern about confidentiality. The process of reflection can often result in a level of discomfort as accepted understandings, practices and norms are challenged,^{28,29} however confidentiality is crucial to establishing psychological safety. Issues such as confidentiality, appreciation of diversity and mutual support are explicitly addressed during the formation of RPGs, and then regularly reinforced during group sessions.

STRENGTHS, LIMITATIONS AND FUTURE DIRECTIONS

As with other studies in the project, the current study is quasi-experimental, not robustly randomised or controlled. For this reason, there may be a range of complex inter-related variables that could influence results: workplace and societal context, facilitator, individual and group variables. There is also potential for bias with self-reporting measures, plus limitations due to the opportunistic nature of sampling.

In considering the risk of confirmation bias, all studies in the research project have been conducted by researchers who were not involved with the RPG program; however, authorship of the published articles has involved an RPG facilitator from the program. The richness of qualitative responses may have been limited by the use of text-box responses, allowing participants to avoid and/or provide limited detail as opposed to an interview or focus group setting.

While each of the five studies in this project has provided evidence to support that RPGs may be beneficial, it is interesting that the identified benefits have differed between studies. It is important to acknowledge that discrepancies might be attributed to research design or methodology.⁴⁰ It might be that researchers are not identifying, assessing or interpreting factors and variables that need to be considered in a way that will provide the best results. The studies have all been cross-sectional and effects of RPG may be quite subtle and occur over time.

Another consideration is that data collection for different studies took place at the same facilities but a year apart.^{5,21} Workplace and other contextual variables might well have changed in this time. Correspondingly, nurses' issues and needs may have led them to seek and perceive different benefits from RPG. Another previous associated study has identified that different nursing cohorts report different benefits from RPG, and that perceptions of benefits may change over time.⁴¹ A recent study by Gabrielsson et al.⁴² has identified variations in nurses' reflective capacity based on their nursing specialty, whilst Hooper et al.⁴³ has identified how perceptions of ProQOL vary between nurses in different caring roles. Emergency nurses reported less CS, while intensive care nurses rated higher for burnout and oncology nurses higher for compassion fatigue. All of these factors might influence the benefits that nurses seek and perceive from RPG in these studies, and indeed from clinical supervision in general. It might also be that nurses' needs and the perceived impacts of RPG reflect changing issues within organisations, services and communities e.g. the impact of the recent COVID Pandemic. Overall cohort sizes seem adequate however some of the data sub-groups were quite small; particularly those for high level RPG attendance.

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It is proposed that the collective results of the overarching RPG project be viewed as complementary 'parts of a puzzle'. Synthesising findings in regard to 'dose' and 'potency' leads the authors to conclude that the longer nurses attend effectively run RPGs, the more opportunity they have to access a range of individual and workplace benefits, develop resources, and improve ProQOL. As anticipated, ongoing research is needed to better understand the processes and impacts of RPG.

CONCLUSION

The current study has addressed a gap in the literature regarding attendance preferences while expanding upon previous findings around attendance rates and participant perceptions. In context of the larger research project, RPG attendance is associated with both reduced STS and increased CS, and positively correlated with a number of personal and job resources. Qualitative responses indicate that nurses perceive RPGs to be supportive, facilitating shared of problem solving and building team cohesion. Many of the barriers to RPG effectiveness relate to work-related issues such as rostering and workload. These need to be addressed through organisational and managerial support.

Some degree of discomfort in RPG is an inevitable part of the reflective process,⁴⁴ however, effective facilitation and strengthening of group processes can help to mitigate discomfort related to the group format. Whilst the benefits of RPGs can increase with greater attendance, preferences to attend and voluntary participation are seen to be crucial considerations.

Overall, findings continue to support that RPGs are a viable form of clinical supervision, and a job resource for nurses.⁴ Future research should focus on analysing a larger sample size from a variety of hospitals and specialty areas over a period of time.

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- Contributing to the conception & design of this work.
- Drafting & revising the work critically.
- All parties have given final approval of the version to be published.
- All parties agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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