

Institution: University of Roehampton		
Unit of Assessment: 28 – History		
Title of case study: Surgery & Emotion: Using historical research to change surgical practice and perception		
Period when the underpinning research was undertaken: 2010-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Michael Brown	Reader	September 2010 - present
Period when the claimed impact occurred: 2016–2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact (indicative maximum 100 words)		
<p>Emotional detachment in surgical practice remains central to popular understandings of effective practice. The Wellcome Trust Investigator Award project ‘Surgery & Emotion’ (2016-20), led by Michael Brown, explores the emotional cultures of British surgery from 1800 to the present and has challenged historical and contemporary preconceptions. The project’s research interrogates and complicates entrenched ideas about the timelessness of, and necessity for, emotional detachment in surgical practice. Through collaborative workshops, policy statements and public engagement events, the research has:</p> <ol style="list-style-type: none"> i. promoted and shaped debates within the surgical profession about the importance of emotion and emotional intelligence in collaboration with the Royal College of Surgeons (RCS) and the Royal College of Nursing (RCN); ii. enhanced clinical practice and enabled and shaped advocacy; and iii. challenged widely-held stereotypes about surgical culture and identity, bringing together practitioners and the public to discuss the emotional complexities and demands of surgical practice. 		
2. Underpinning research (indicative maximum 500 words)		
<p>Surgeons are not noted for emotional intelligence or wellbeing; the former heart surgeon Sir Stephen Westaby claimed <i>‘you’ve got to have the characteristics of a psychopath to make a good surgeon’</i>. Such comments feed negative stereotypes. Within the profession, bullying and other forms of domineering behaviour are rife. Stress and burnout are a common feature of surgical careers, and relations with patients are often characterised by poor communication and emotional detachment. Outside of the profession, surgeons are often regarded as aloof, arrogant and uncaring, even if heroic. The research for the Surgery & Emotion project challenges these stereotypes through historical methodologies, demonstrating to practitioners and public alike that emotions have played a longstanding and vital role in the cultures and practice of surgery.</p> <p>The research grew out of work by Brown (R1), which considered a highly-publicised botched operation undertaken at Guy’s Hospital in 1828. This prompted questions about the emotive language used to critique the surgeon concerned and the perceived failings of his emotional demeanour. To answer these, and related, questions, Brown developed a broad-ranging project exploring the emotional landscape of surgery from 1800 to the present. This project was funded by a Wellcome Trust Investigator Award (G1) and a subsequent Research Enrichment - Public Engagement award (G2).</p> <p>Brown’s research involved extensive archival work in such repositories as the RCS, the Royal College of Surgeons of Edinburgh (RCSEd), and the Wellcome Library. It encompassed printed and manuscript materials including letters, diaries, casebooks and images, offering an unprecedented insight into the history of surgery. Brown explicated the emotional cultures of ‘Romantic surgery’, from c.1790s to c.1850, an era defined in historical retrospect by the absence of anaesthesia (R3). Traditionally, this period has been regarded as a surgical ‘dark age’, characterised by suffering, death, and dispassion, not to say cruelty: stereotypes evident in both academic scholarship and popular histories. However, Brown’s research conclusively showed that Romantic surgery was far more emotionally complex. It was defined by rich emotional expressivity</p>		

Impact case study (REF3)

and self-reflection, and the relationship between surgeons and their patients was characterised by pity, sympathy, and compassion (**R2**). The research also demonstrated that this surgical culture was rooted in the 'emotional regime' of Romantic sensibility and was linked to surgeons' desire for social and professional advancement (**R4**, **R5**). Such historical insights challenge the perceptions of the public, and also question widely-held professional beliefs about the timelessness of professional detachment. The research has had profound implications for current debates about the place of emotion in surgical practice.

3. References to the research (indicative maximum of six references)

R1 Brown, M. (2014) 'Bats, Rats and Barristers': *The Lancet*, Libel and the Radical Stylistics of Early Nineteenth-Century English Medicine, *Social History*, 39(2), pp.182-209. <https://doi.org/10.1080/03071022.2014.905277>.

R2 Brown, M. (2017) Redeeming Mr Sawbone: Compassion and Care in the Cultures of Nineteenth-Century Surgery, *Journal of Compassionate Healthcare*, 4(13). <https://doi.org/10.1186/s40639-017-0042-2>.

R3 Brown, M. (2018) Surgery and Emotion: The Era Before Anaesthesia, in Schlich, T. (ed.), *Handbook of the History of Surgery*. London: Palgrave Macmillan, pp.327-348. https://doi.org/10.1057/978-1-349-95260-1_16.

R4 Brown, M. (2019) Surgery, Identity and Embodied Emotion: John Bell, James Gregory and the Edinburgh 'Medical War', *History* 104(359), pp.19-41. <https://doi.org/10.1111/1468-229X.12720>. Listed in REF2.

R5 Brown, M. (2020) Wounds and Wonder: Emotion, Imagination and War in the Cultures of Romantic Surgery, *Journal for Eighteenth-Century Studies*, 43(2), pp.239-59. <https://doi.org/10.1111/1754-0208.12684>.

G1 Wellcome Trust, 2015: A Wellcome Trust Investigator Award in Medical Humanities and Social Sciences awarded to Michael Brown, 1 September 2016-31 August 2020 for the project 'A theatre of emotions: the affective landscape of nineteenth-century British surgery' (retitled Surgery & Emotion). Award: £569,215.

G2 Wellcome Trust, 2018: A Wellcome Trust Research Enrichment Award: Public Engagement awarded to Michael Brown to facilitate the public engagement programme of the Surgery & Emotion project, 1 January 2019-31 August 2020. Award: £19,650.

4. Details of the impact (indicative maximum 750 words)

At the outset of the project, the Surgery & Emotion team sought to use their research findings to inform debates about the place of emotion within surgery. The grant from the Wellcome Trust included funds to host workshops in collaboration with the RCS and RCN to inform professional practice, while funds were subsequently secured to run a series of public engagement activities to challenge and complicate popular perceptions of surgery, now and in the past. In particular, the research has complicated notions of surgical detachment and demonstrated that emotions play a vital role in surgery. It has influenced three key areas: healthcare policy, clinical practice and advocacy, and public perception.

i. Promoting and shaping debates within the surgical profession about the importance of emotion and emotional intelligence in collaboration with the RCS and RCN

In collaboration with the RCS and RCN, Brown's research (**R1-R5**) has created space for surgeons and other clinical practitioners to address sensitive issues and discuss the place of emotion in professional practice. In so doing, it has altered the perceptions of, and had a material impact on, the conduct of a range of healthcare practitioners.

Surgery & Emotions research into the emotional demands of surgery (**R2**) gives a unique view on the need to pay greater attention to the emotional health of surgeons, the emotional burden of the profession, and the emotional relations surgeons have with their patients and with work colleagues involved in surgical procedures and their outcomes. In 2017, the Surgery & Emotions team

submitted written evidence to the RCS' **Commission on the Future of Surgery**, which had asked for contributions to envision what surgical care would look like 20 years in the future, considering advances in medicine and technology. Brown's submission argued for the need for better emotional support for surgeons and other healthcare practitioners who work with them. Specifically, it recommended training to promote emotional wellness and resilience, and the use of practices such as Schwartz Rounds, which provide a structured forum where clinical and non-clinical staff can come together to discuss the emotional and social aspects of working in healthcare. Schwartz Rounds were developed in the USA and are not consistently used in UK healthcare, and usually not at all. In response to the Commission, the RCS produced a **Report on the Future of Surgery** (2018), which set out their '*compelling and achievable vision of the future of surgery in the UK*' (see page 4 of **IMP1**); Brown's historical evidence proved so compelling that the Surgery & Emotion project was the only non-clinical submission to be cited in the report. The Commissioners acknowledged the Surgery & Emotion team's recommendations concerning improved mechanisms to support surgeons emotionally, concluding that, '*The Commission believes that more support is needed through surgical training and the entire career pathway*' (see page 77 of **IMP1**).

Following the Commission's recognition of the importance and potential of the Surgery & Emotions research, Brown and the project team set up accredited Continuing Professional Development (CPD) training to further advocate for the emotional health of surgeons. In June 2018, a workshop brought together approximately 60 surgeons, historians and other stakeholders to discuss the emotional experience of surgery, past and present. In evaluations of the event, 80% of respondents indicated that they felt historical perspectives on the role of emotions in surgery could shed light on current or future practice. One attendee stated that it had '*really cemented my belief that what's happened in the past has an enormous impact on what's happening today*' and that '*history can have a strong part to play in where we go from here and how we react/practice*'. Asked whether the event had changed their views, a surgeon commented that they '*now [saw] the danger of becoming impersonal and so unprofessional. I also am now aware of the need to care for ourselves not only our patients*' (**IMP2**). The event further highlighted the importance of the mental health of surgical practitioners to the RCS, resulting in their production of a special edition of the college's *Bulletin* which was contributed to by the Surgery and Emotions team, and which reached the college's 25,000 Fellows and Members (**IMP3**).

As a result of the collaboration between the Surgery & Emotions team and the RCS, the RCS's Acting Head of Learning & Access notes how the project has enabled RCS to become more outward-facing concerning debates about the surgical profession. Surgery & Emotions, she notes, '*allowed Members and Fellows the chance to see the importance of bringing surgery to the public's attention outside of a medical setting and how surgeons engaging with the public on this level creates conversations that have an effect on both parties. The work with Dr Brown and his team has further encouraged us to think about how we can open events up to wider audiences... Previously we saw the public, academic and professional audiences as entirely separate*'. The collaboration is ongoing: RCS is now '*in conversation with Dr Brown about how the work of the... project could form the basis of future exhibitions*' in RCS museums (**IMP3**).

The Surgery & Emotions team have also extended their advocacy for better mental health support to all members of the surgical team, engaging them in discussions about workforce wellbeing. CPD-accredited training co-organised by the RCN and Brown attracted 100 different healthcare practitioners, including surgeons, nurses, anaesthetists, junior doctors, and operating department practitioners. Evaluations of the training show how the discussion of historical emotion would shape their practice; one planned to '*reach out and offer more support*', while another said they would '*consider the use of role modelling in healthcare*'. Three delegates planned to introduce Schwartz Rounds to their hospitals, while many noted they would draw on the learning for training sessions they delivered in their own hospitals (**IMP2**). A further result of the event has been its shaping of policy at the RCN in relation to staff well-being. As their Associate Director of Nursing notes, the '*historical research... suggest[ed] new ways of exploring how to challenge these stereotypes today in order to improve staff wellbeing. The event resulted in the production of a policy document, which has helped to inform the RCN's long-term priority work focusing on staffing for safe and effective care*'. In the long-term, the project has '*helped us to create new partnerships*

and enhanced RCN's profile with a public audience'. As she further attests, 'the impact on the RCN's work will be ongoing and we value how it will influence our future programmes of work. The Library and Archive team will continue to use the learning to consider myths and stereotypes around emotions in nursing as they develop new exhibitions and events... [and] the impact of COVID-19 on nurses' (IMP4).

ii. **Enhancing clinical practice and enabling and shaping advocacy**

Through these collaborations with RCS and RCN, the research has also enabled and shaped advocacy efforts and attempts to shift the culture of surgery in the UK. One Orthopaedic Registrar has commented on how engagement with Surgery & Emotions project events has shaped ongoing work with his own social media campaign designed to begin conversations about negative behaviours in healthcare, #HammerItOut and #CutItOut. This campaign is endorsed nationally and internationally by 16 major healthcare associations and colleges (<http://www.bota.org.uk/hammer-it-out/>). As he reports, *'Your research... has allowed me to build networks and further finesse the ongoing work I undertake in the culture change landscape' (IMP5)*. Surgery & Emotions has also enabled advocacy: the founder and former-CEO of The Point of Care Foundation, a London-based charity that works to humanise healthcare, noted how RCS and RCN events encouraged the organisation to advocate for the introduction of Scharz Rounds to the UK (IMP6).

The research has also shaped and enhanced clinical practice, particularly in reference to the training of new surgeons. An Orthopaedic Surgeon who works in surgical education at Imperial College London attests to how the research (R1-R5) *'changed how I respond to the needs of my junior team when dealing with loss'*. The surgeon notes that the project has changed the way she uses the appraisal process: instead of viewing it as *'a tiresome administrative exercise'*, and now uses it as an opportunity to *'pause for a while and consider the emotional impact of testing work on an individual and address issues that could end in burnout or contribute to moral harm' (IMP7)*. The project continues to shape clinical practice through its former Engagement Fellow, now the Workforce Policy Manager at the Academy of Medical Royal Colleges, who has reported that in her work, she used the project's research to inform *'one of my recent projects explor[ing] the formation of professional identities in multi-professional teams' (IMP8)*.

iii. **Challenging widely-held stereotypes about surgical culture and identity**

The Surgery & Emotion team has also engaged the public in the history of surgery and in discussions about surgery's place in society, reaching approximately 123,600 members of the public through events and the broadcast media (IMP9). In March 2019, Brown was involved in BBC Radio 3's 'Free Thinking Festival', using his research (R2, R3, R4) to contribute to a panel discussion with a surgeon, a general practitioner and a critical care physician/author on the topic 'Should Doctors Cry?' (IMP10). This programme has been broadcast on Radio 3 several times with listening figures of 93,000. Linked to this event, Brown also featured in a short film made by BBC Ideas entitled 'Is it OK for doctors to cry?' which has been viewed over 34,000 times (IMP9).

Complementing these broad engagement strategies, to extend the reach of the research and to support public discourse and understanding, a series of targeted events have simultaneously brought surgeons and the public into dialogue with one another, whilst also contributing to the enrichment of cultural life. Amongst the most significant events were two 'surgical speed-meets' which were funded by a Wellcome Trust public engagement grant (G2) and took place in London and Manchester in 2019, attracting over 40 attendees (IMP9). These events enabled surgeons and members of the public to have candid, informal one-on-one conversations about how it feels to practise (and undergo) surgery and were designed to demystify surgery and challenge stereotypes about surgical detachment. After the event, attendees were more likely to respond to the statement that *'Surgeons are usually detached'* with the response *'Strongly disagree'*. That the speed-meets challenged stereotypes about surgeons is further evident in written evaluation. As an example, a member of the public stated that the event had *'radically changed my view of surgeons'* reflecting that *'they were all very thoughtful and emotionally engaged' (IMP2)*.

The public engagement grant (G2) also funded a major Museums Late event organised in collaboration with the RCN. The event, which included a presentation by Brown about his research

(R2, R3, R4, R5), provoked debate about the place of emotion in medicine and surgery. Evaluations show the extent to which attendees at the event, mostly composed of young adults, had their ideas and behaviours changed. One wrote that *'It made me realise that emotions are fundamental to medical practice'* and that *'I will be more understanding about the demands that medical practitioners face'* (IMP2). The Associate Director of Nursing reports that the Museums Late event *'helped us to raise awareness of nursing past and present with a wider public, exploring the way historic stereotypes of nurses impact the way they are viewed and understood today'* and commented on the RCN's new and ongoing interest in using *'the learning to consider myths and stereotypes about emotions in nursing'* (IMP4).

5. Sources to corroborate the impact (indicative maximum of 10 references)

IMP1 Royal College of Surgeons' **Report on the Future of Surgery** (2018), pp. 77, 98, 108. https://futureofsurgery.rcseng.ac.uk/?_ga=2.20409329.854033558.1565176050-285002059.1525338293

IMP2 Pack containing responses to evaluations from 'Operating with Feeling' event at the Royal College of Surgeons dated 15 March 2018; responses to evaluations from 'Emotions and Team-Working in the Hospital' event at the Royal College of Nursing dated 7 March 2019; responses to evaluations from surgical speed-meet events dated 2 July 2019 (London) and 21 November 2019 (Manchester); and responses to evaluations from 'Open Hearts, Racing Pulses' event at Royal College of Nursing dated 12 February 2020.

IMP3 Testimonial from the Acting Head of Learning and Access of Royal College of Surgeons of England dated 10 November 2020, showing how partnership with Surgery & Emotions informed thinking about how to engage the public and ultimately raised the academic profile of the RCS.

IMP4 Testimonial from the Associate Director of Nursing, Royal College of Nursing dated 1 June 2020, showing new public engagement opportunities, partnerships and policy initiatives based on engagement with Surgery & Emotion research.

IMP5 Testimonial from an NHS trauma and orthopaedic surgeon dated 27 April 2020 showing how his engagement with Surgery & Emotion research informed his own social media campaign to end bullying in surgery and allowed him to form new networks.

IMP6 Testimonial from the CEO of The Point of Care Foundation dated 6 July 2020, showing how involvement in Surgery & Emotion public engagement initiatives expanded the organisation's opportunities for in-person advocacy.

IMP7 Testimonial from NHS trauma and orthopaedic surgeon who teaches on the Masters in Surgical Education at Imperial College London dated 13 November 2020, showing how engagement with Surgery & Emotion transformed her practice in regards to professional appraisals.

IMP8 Testimonial from the Workforce Policy Manager at the Academy of Medical Royal Colleges dated 21 May 2020, showing how Surgery & Emotion research has informed her work.

IMP9 Surgery & Emotions Metrics Report showing attendance figures at the project's public engagement events, viewership of video and listening figures for radio programme.

IMP10 BBC Radio 3 Free Thinking segment, 'Should Doctors Cry?'. <https://www.bbc.co.uk/programmes/m000488g>.