“The Cost of Caring: An Audit of Frontline Palliative Care Staff's Work Related Stress.”

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Aim / objectives of the project

Aims:

To identify burnout patterns in relation to length of service,

To establish what support staff use and find supportive and what more the organisation could do to support staff in their work.

Objectives:

To ascertain how stressed the frontline clinical staff in the hospice IPU are, and what are the contributing and mediating factors in

To establish what the organisation could do to assess burnout, and what strategies and supports needed to be put in place to help

To identify if any clinical discipline were more at risk of burnout than others.

To explore what impact longevity of service had on burnout levels..

Academic / research literature

Burnout has been conceptualised as a psychological syndrome, characterised by emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment. (Maslach and Jackson,1981)

Burnout among health care professionals has become an increasingly political and urgent concern, especially in emotionally demanding fields like palliative care. Palliative care staff provide holistic support to patients with life-limiting illnesses, often working in highly pressured environments, which require sustained emotional and interpersonal engagement. Overtime this can lead to burnout –

Kootte (2001) highlights that although working in a stressful role does not necessarily lead to psychological distress, the levels of stress, depression and anxiety associated with palliative health care provision is high.

- Multiple studies have documented high burnout prevalence in palliative care staff, with emotional exhaustion rates being reported in 30-60% of cases. Risk factors include work overload, role ambiguity, lack of institutional support, and compassion fatigue. (Sinclair et al, 2017). One cross sectional study suggesting that 25% of palliative care nurses had high burnout levels. (Gómez-Urquiza et al, 2020) Rates across all palliative care MDT professionals range dramatically, from 3-66% (Dijxhoorn et al., 2021.)
- Whilst there has been work conducted to ascertain the prevalence of burnout and the general associated risk factors in palliative care, there are several gaps in research.

Research Methods

Staff survey circulated by email to MDT members and hard copies in staff room (n=60)

3 weeks to complete with one reminder from Team Leaders

Inclusion criteria: MDT staff employed in hospice IPU

Exclusion criteria: Community based staff, bank and agency staff.

. Ethical Considerations

Consent,

voluntary participation,

confidentiality,

minimise risk of harm to self or participants,

distress protocol

Anonymous

Data Collection

Burnout Assessment Tool (short version)

Exhaustion, mental distance, cognitive impairment and emotional impairment.

Professional role,

time in role,

aspect of causing most stress,

support services offered by hospice,

support services accessed in work/outside work.

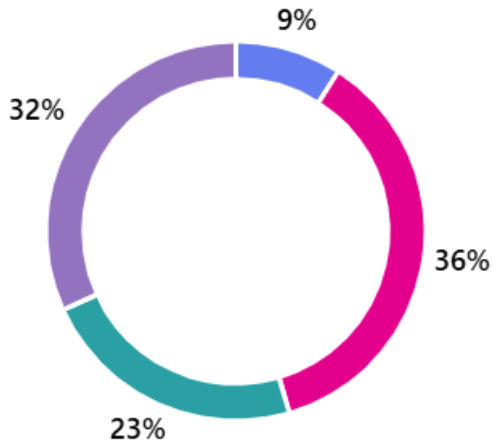
Most useful support and

steps the hospice could take to reduce the risk of burnout.

Findings

22/60 (37% Response Rate)

- Respondents by profession:
- Nurse (n=8),
- Medic (n=7),
- Social Worker (n=3),
- Admin (n=2),
- Chaplain (n=1) and
- Physio (n=1)



Burnout Score

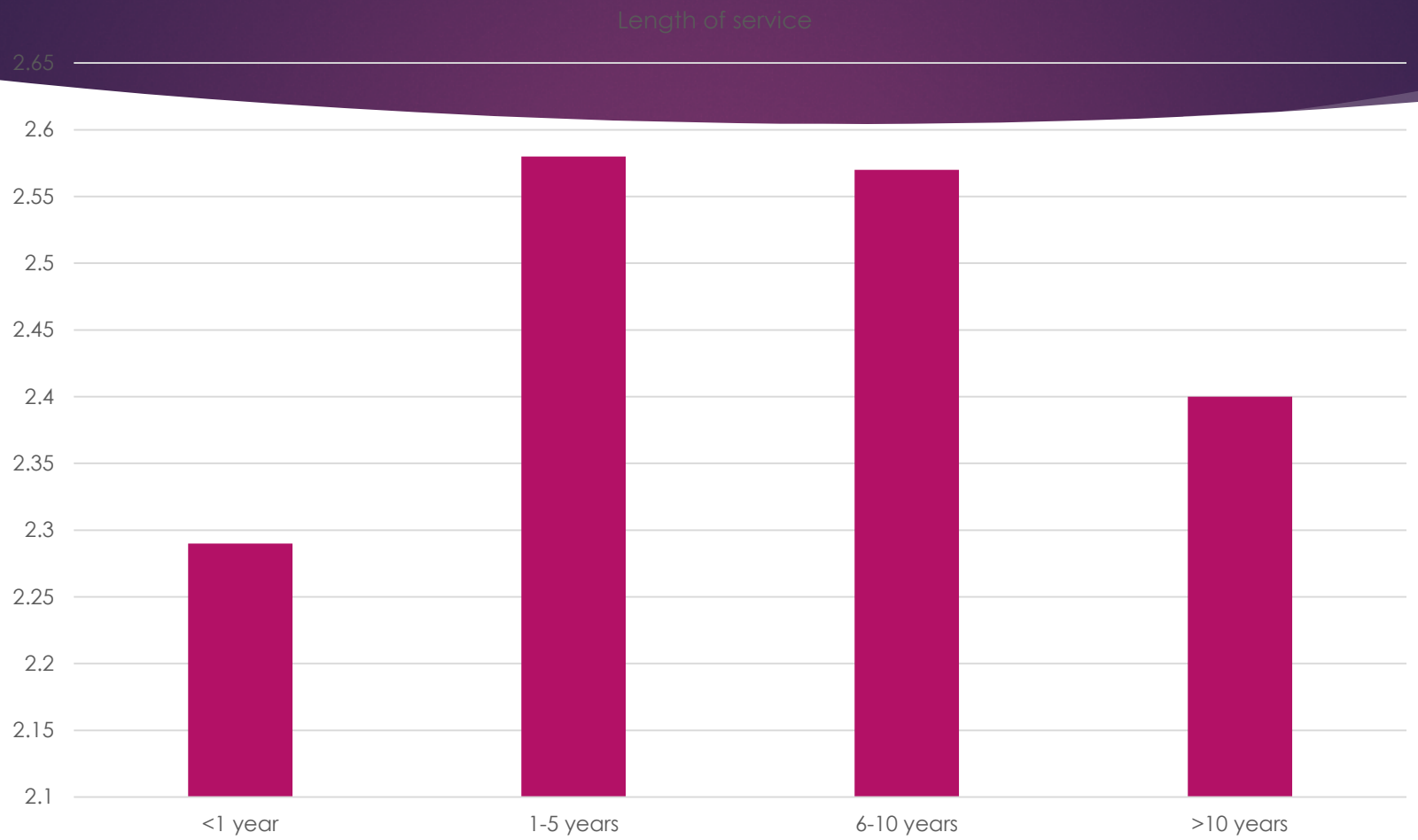
Burnout Scores

Burnout scores: range 1.56 - 3.45 (mean 2.36)

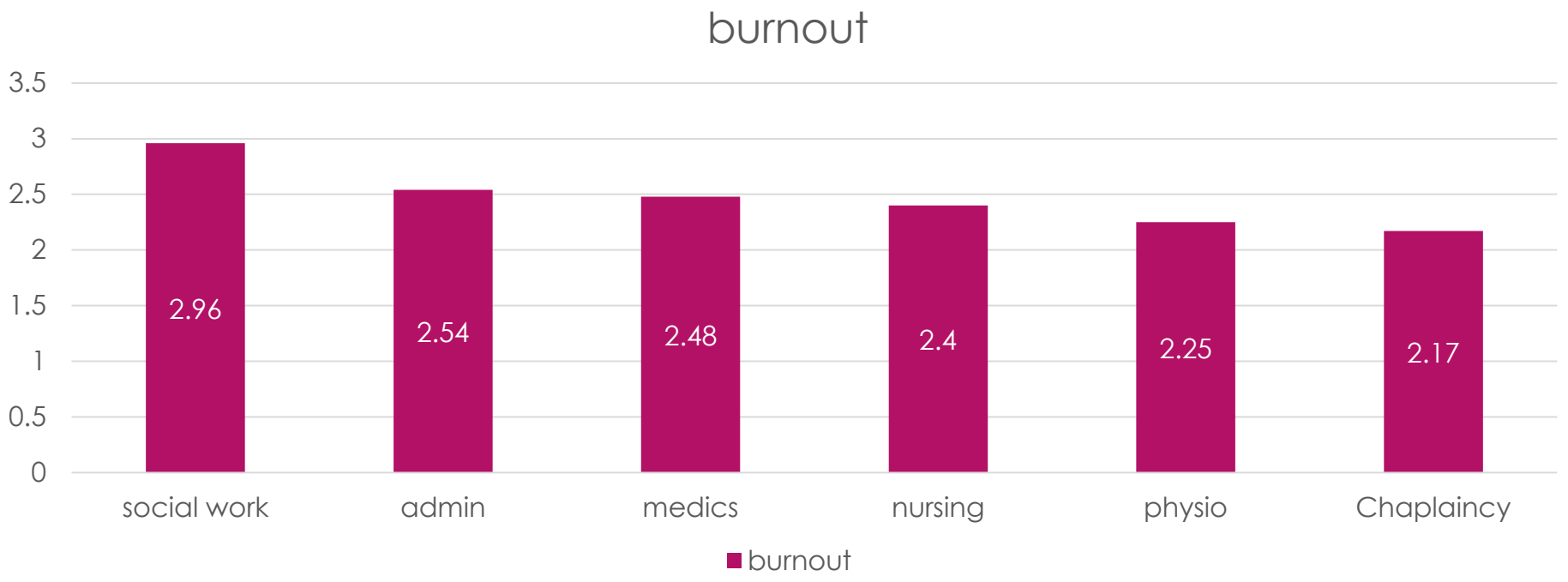
	Total-core	Exhaustion	Mental distance	Emotional impairment	Cognitive impairment
Green	1.00 – 2.53	1.00 – 3.16	1.00 – 2.16	1.00 – 2.16	1.00 – 2.82
Orange	2.54 – 2.95	3.17 – 3.50	2.17 – 3.16	2.17 – 2.82	2.83 – 3.16
Red	2.96 – 5.00	3.51 – 5.00	3.17 – 5.00	2.83 – 5.00	3.17 – 5.00

Note: * Secondary symptoms are not included in the table because no short version of this scale exists.

Burnout / Length of time in post

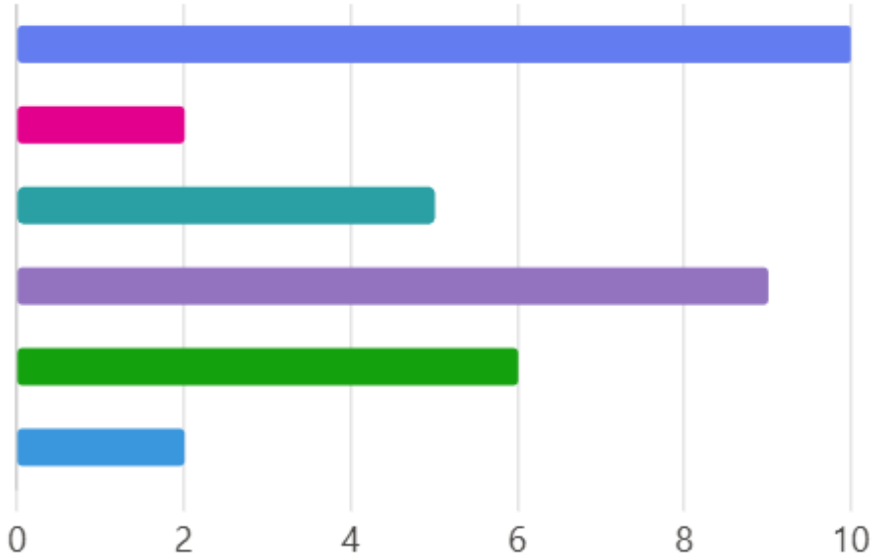


Professions



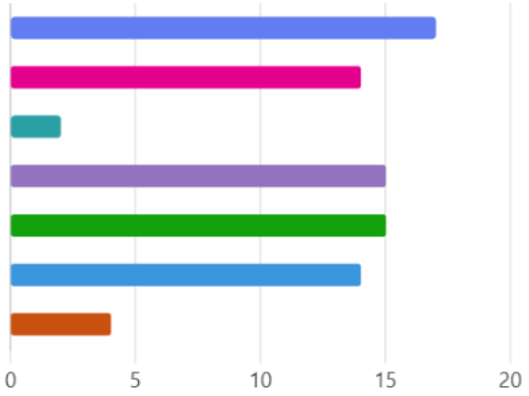
Causes of Stress

Work load	10
Death/dying issues	2
Patient distress	5
Work place conflict	9
Work/life balance issues	6
Other	2



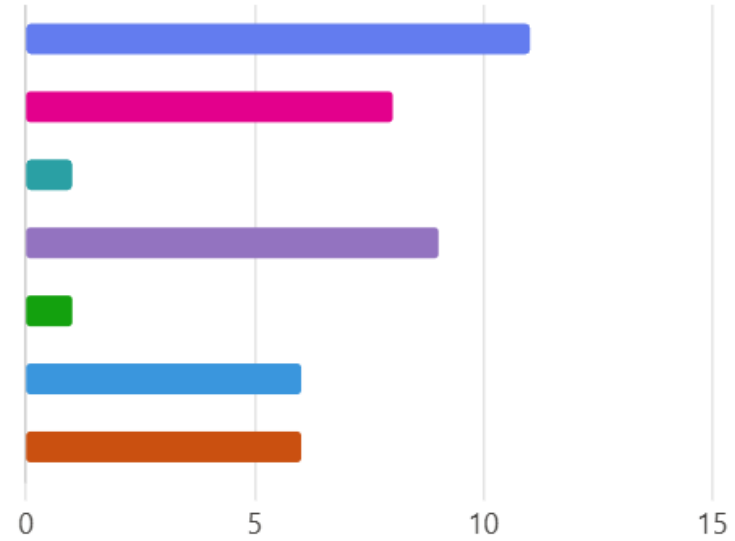
Supports offered by hospice

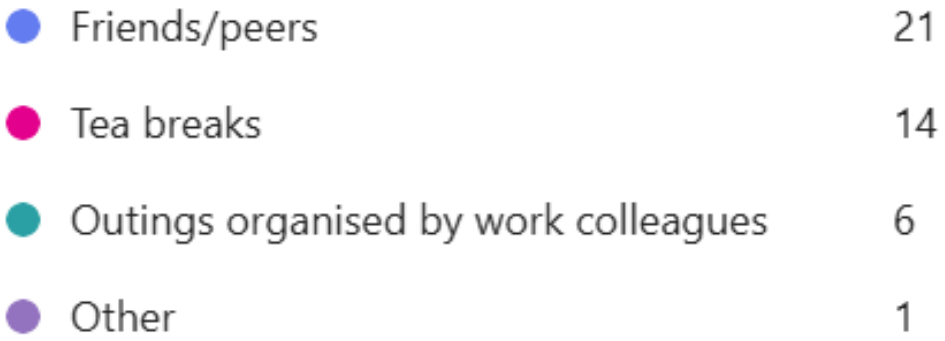
Debrief/reflection	17
Supervision	14
Employee Assistance Program	2
MDM discussion	15
Morbidity and Mortality meeting	15
Pause to Reflect	14
Other	4



Most useful sources of support

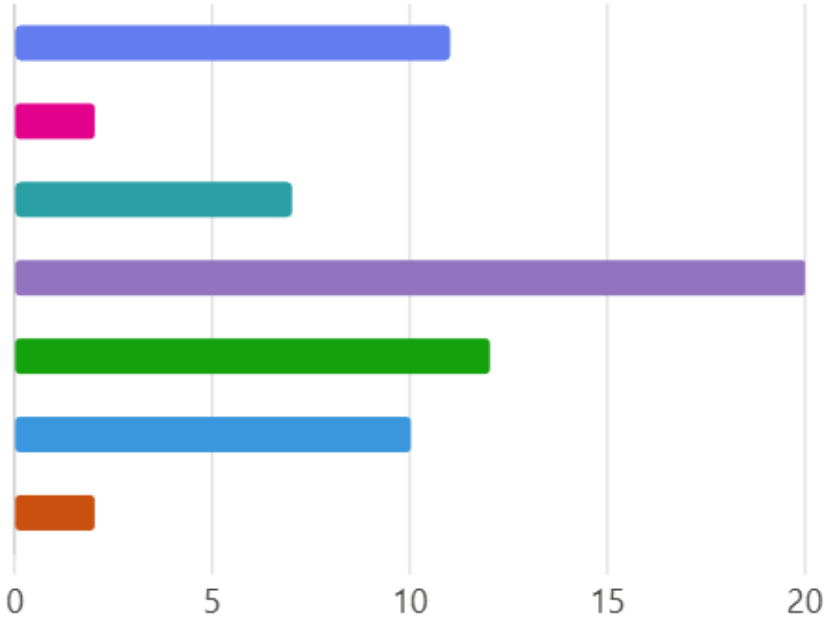
Debrief/reflection	11
Supervision	8
Employee Assistance Program	1
MDM discussion	9
Morbidity and Mortality meeting	1
Pause to Reflect	6
Other	6




Friends/peers 21
Tea breaks 14
Outings organised by work colleagues 6
Other 1

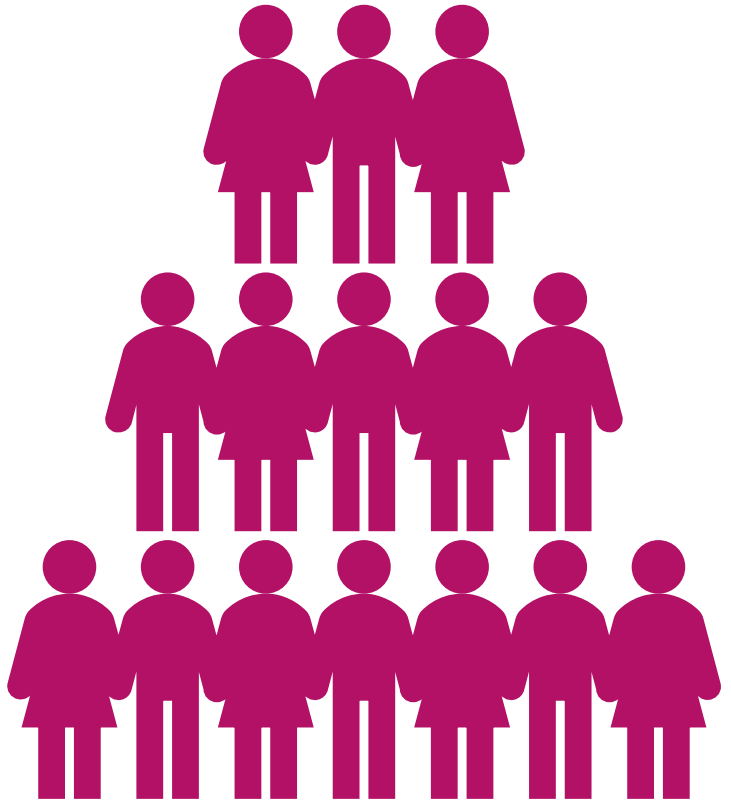
Self-care techniques

Exercise	11
Meditation/mindfulness	2
Relaxation	7
Spend time with family/friends	20
Spend time in nature	12
Pursue hobbies	10
Other	2



What else could hospice do to support staff

- 1:1 support and appointing social worker for staff support so we know who to run to if we are struggling.
- Opportunity for occasional group supervision with external psychologist/ other relevant professional.
- Something in place to cover sickness rather existing staff having to cover
- No I think [organisation] generally has a positive workplace culture where staff are able to communicate their needs and be heard
- Difficult to find a one size fits all support. However I do think extra time off the floor would help, extended breaks/additional breaks. In particular for nursing staff who are with patients 13 hours day shift.
- Formal psychology service for patients and staff.
- More opportunity to exercise
- Early morning yoga classes



Main conclusions

- The staff group who recorded the highest risk of burnout score were those who were in post for between 1-5 years. Research indicates that those who have been in post for less than 5 years are often less clinically experienced and have higher levels of emotional exhaustion due to limited exposure to end-of-life care and a steep learning curve in managing grief and loss. Some studies report higher levels of compassion fatigue in newer staff, linking this to lower skills levels in coping with trauma.
- Given the negligible difference in levels of burnout across the staff team and the different ranges of time in role

Main Conclusions

Staff appear to participate in a range of beneficial formal supports offered within the hospice. It appears that the organisation is meeting the needs of its workforce by providing a broad range of supports. This could in turn play a part in the reason behind the low risk of burnout among the hospice staff.

This project highlighted that many staff are engaged in other activities to maintain a health work-life balance, including talking to colleagues about impactful or challenging days, and leisure activities such as being in nature, and other self-care.

Recommendations for Policy/Practice/Research

Organisations should continue to offer a broad range of opportunity for debrief, support and connection to match people's needs, and to all who need it

Encourage work life balance and activities

Promote balance between formal and informal activities

Explore issues around workload – both amount and type of work

Support individual staff groups who have more susceptibility/risk of burn out

- Thank you!