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Access to & impact of psychological support for healthcare professionals working in palliative care settings

Horne M[1,2], Masley S[3], Allison-Love J[4]
1 School of Healthcare, University of Leeds, Leeds, UK;
2 Bradford Institute for Health Research, Bradford, West Yorkshire, UK.
3 Airedale NHS Trust, West Yorkshire, UK.
4 Honorary Research Associate, Bradford University, West Yorkshire

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Background

- Wellbeing, and the degree to which palliative healthcare professionals experience themselves as stressed, is:
  - an important part of quality care delivery
  - ensuring patients receive good compassionate care (Hospice UK, 2015)

- Caring for dying patients:
  - involves high levels of emotional engagement (Meier and Beresford, 2006)
  - repeated exposure to suffering and death (Peters et al, 2013)

- Healthcare professionals can find it difficult to balance compassionate care and self-care
  - need support to cope with the associated stress of caring in this environment

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Aims

To:

(i) explore the impact of psychological support for healthcare professionals working in palliative care

(ii) identify helpful forms of psychological support alongside any potential barriers to accessing such support

Objectives

1. To explore the barriers and facilitators to using psychological consultation/support

2. To explore what Health Care Professionals (HCPs) find most helpful from using psychological consultation/interaction

3. To explore what HCPs find least helpful from using psychological consultation/interaction

4. To identify any gaps in psychological support

5. To identify factors that contribute to useful psychological consultation/support

6. To explore how HCPs use psychological consultation/support

7. To provide information to design a future phase II study

Methods

Methods

- Exploratory, qualitative research design

- Purposive sample of palliative healthcare professionals (n=16) from one hospice in West Yorkshire, England (February-May 2016)

- Semi-structured interviews and drawing (to enrich the narrative account)

- Ethical approval was granted by Bradford University Research Ethics Committee

Data analysis

- Data were analysed using framework approach of verbatim transcripts

- Drawings:
  - Picture elicitation supported the interview data
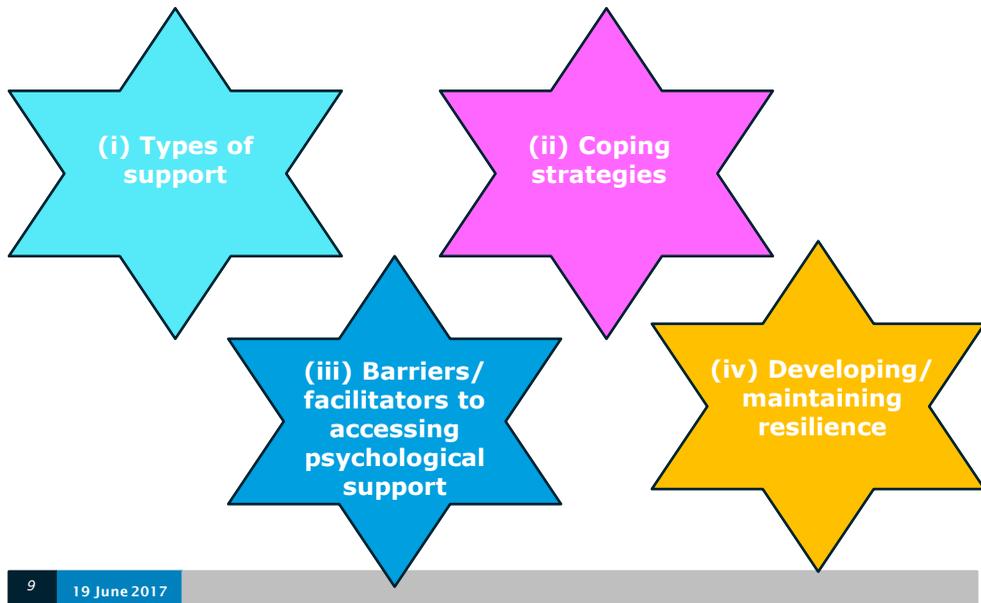 - Classified drawing into groups and noting shared features (Hall 1997)

Results

Four main themes

- (i) Types of support
- (ii) Coping strategies
- (iii) Barriers/ facilitators to accessing psychological support
- (iv) Developing/ maintaining resilience

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(i) Types of support

Formal (explicit)

- Clinical supervision:
  - 'unpack worries', 'off load', reduce weight, responsibility or burdens

- Action learning sets

- Structure, procedures & shift patterns:
  - policy, procedure and routines supported their psychological well-being above other forms of support
  - essential factors in emotional coping and resilience

Informal (Passive)

- Team banter and chit chat

'In the kitchen you are actually coming in contact with (other people) so you exchange a few words… It's actually important not just for people to get their refreshments but to sort of mix a little' (Participant 7)

- Private space

- Patients

- Family

- Walking the dog etc

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Drawing of types of support

(iia) Coping strategies: Conscious (seeking support)

- Clinical supervision
  - One-to-one support

- Supportive chat
  - Chit chat/banter

(iib) Coping strategies: Conscious (seeking support)

- Policies and procedures
  - Offer structure
  - provide clarity as to what is expected from them and how they may best respond

'Policies and some structure. I think emotionally that's necessary as well. So I suppose they're the bricks' (Participant 7)

'There's a structure in place. To support people in here…and that supports the caring element here. Not just the patients but also the staff here an everybody that sort of comes here…and that's supported by good policies and procedures as well' (Participant 6).

(ii) Coping strategies: Unconscious (distraction)

- Travelling was seen as an opportunity to think and reflect:

'so my drive home is quiet lengthy, so I do a lot of reflection when I am driving home. Sometimes I don't remember how I've got home so anything could have happened on that journey! Cos I am too busy thinking about work.'
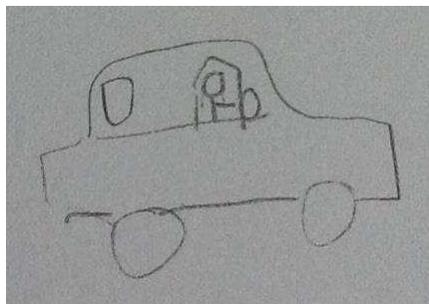
(iiia) Barriers to accessing psychological support

- Role identity
  - some roles appear to have greater permission to access formal supervision than others
  - different teams and roles appeared to have cultures which either facilitated supervision or became barriers

- Lack of peer modelling for supervision

- Feeling judged
  'People might think less of you, if you go "… I'm struggling and I need support" and what impact that might have on their career, or the job'

- Difficulties finding space to access supervision

(iiib) Facilitators to accessing psychological support

- Team membership or 'belonging' to a team helped many individuals through challenges as well as accessing support
  - a sense of being to something and knowing other people faced similar challenges

- Team culture

- Clinical supervision described as a place to 'unpack worries', 'off load', reduce weight and responsibility or burdens

- Ability for individuals to connect face-to-face with each other
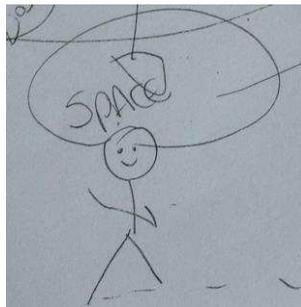
- Having space and time to think

(iv) Developing/maintaining resilience

- Resilience could be either increased or decreased depending on individuals' access to support

- Protected time and space to think
  - allows the mind the chance to wander
  - the organisation needs to give permission for this

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Discussion & conclusions

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Discussion

- Palliative healthcare professionals use a diverse portfolio of psychosocial support and coping strategies to promote their personal well-being

- **One size does not fit all**
    - whilst some people find Clinical Supervision supportive and it benefited their resilience others were more ambiguous or found it less helpful
    - a good range of options appears to be most important.
    - respecting the informal opportunities staff teams have to come together and talk is just as important as ensuring supervision is available

- Having the opportunity to access psychological support during working hours is an important part of staff support strategies in the workplace

- Clear policy, procedure and shift patterns are essential factors in emotional coping and resilience
    - Provides clarity as to what is expected from them and how they may best respond

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Conclusion

- Staffing shortages may put pressure on informal support networks
    - might be helpful to ask staff if they need more opportunity to come together or to access breaks etc

- Managers have a key role in providing access to psychological support to help reduce vulnerability to and impact of stress in the workplace

- Resilience could be either increased or decreased depending on individuals' access to support
    - Good interpersonal relationships and communication between team members is important for building and maintaining resilience

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Acknowledgments

Participants

• A big thank you to all the who took part in this study

Thank you for listening

M.Horne@leeds.ac.uk