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Kamau, Caroline and Medisauskaite, A. and Lopes, B. (2014) Orientations can avert psychosocial risks to palliative staff. *Psycho-Oncology* 23 (6), pp. 716-718. ISSN 1099-1611.

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## Orientations can avert psychosocial risks to palliative staff

Caroline Kamau<sup>1</sup>

&

Asta Medisauskaite<sup>2</sup>

&

Barbara Lopes<sup>3</sup>

<sup>1</sup>Department of Organizational Psychology, Birkbeck, University of London

<sup>2</sup>St Christopher's Hospice, London

<sup>3</sup>Faculty of Health and Life Sciences, De Montfort University

**Citation APA format:** Kamau, C., Medisauskaite, A. and Lopes, B. (2014). Orientations can avert psychosocial risks to palliative staff. *Psycho-Oncology*, 23(6), 716-718

**Citation Vancouver format:** Kamau, C., Medisauskaite, A., Lopes, B. Orientations can avert psychosocial risks to palliative staff. *Psycho-Oncol.* 2014. DOI: 10.1002/pon.3496

## Key points

1. Personnel in palliative care wards and hospices are at risk of chronic stress, burnout, anxiety, depression and substance/alcohol abuse because working in end-of-life care involves frequent grief, death anxiety and feelings of professional helplessness.
2. This commentary discusses the reported labour shortage in palliative care, and why some occupations are particularly at risk of quitting (e.g., care workers).
3. Most healthcare organizations are not providing palliative staff with training or orientations (inductions) about how to cope with the psychosocial risks of the profession.
4. This commentary discusses evidence that training interventions trialled on palliative staff are effective solutions.
5. The conclusion is a call on healthcare organizations to implement orientation or training programmes that help palliative personnel cope.

**Keywords:** cancer; oncology; psychosocial risks; staff inductions; workplace coping.

## **Orientations can avert psychosocial risks to palliative staff**

Despite evidence about the psychosocial risks associated with working in end-of-life care, and evidence about effective solutions, healthcare organizations have yet to bridge the gap between evidence and practice. There is overwhelming evidence that professional carers of dying patients are at risk of stress, burnout and mental ill health [1], [2], [3]. This includes clinical oncologists [1], palliative care physicians [1], [2], palliative nurses [2], a variety of healthcare professionals in oncology or palliative care wards [3], and healthcare assistants in ward, hospice or home settings. The psychosocial risks are created by grief, death anxiety, emotional exhaustion and feeling professionally helpless. A review reported that palliative nurses are at high risk of substance abuse, alcohol abuse, anxiety and depression [4], and one study reported a higher rate of alcohol use among oncology nurses compared to other nurses [5]. Another study reported that 63% of palliative and other oncology staff suffer from chronic stress symptoms, including feeling emotionally exhausted [3]. Researchers have been trying to find ways of helping palliative staff cope, and there is robust evidence that training interventions and learnable strategies work [6], [7], [8]. Despite this wealth of knowledge, many healthcare organizations have failed to adopt a clear policy of staff training which pre-empts the psychosocial risks of working in end-of-life care. Unfortunately, the psychosocial hazards have largely remained the same for nearly half a century [9]. Policies about how to orient (induct) palliative staff remain centred around task knowledge, rather than addressing the coping aspect of the job.

The problem is that there is very little formal psychosocial preparation for working with dying patients [10] and the culture in many healthcare organizations does

not encourage dialogue about the psychosocial risks of end-of-life care. An orientation or induction is a training course designed to prepare new staff for the job or to prepare existing staff before they begin new job duties. Training interventions are vital in averting the psychosocial risks to staff [6], [8] but most healthcare organizations are not providing them. It is easy for organizations to assume that someone who begins a job in end-of-life care should be prepared to face the psychosocial risks, but the lack of intervention is putting staff at risk. In fact, a study found that many nurses and physicians lack preparation about how to deal with their own emotions about patient death [11]. The study found that 54% of respondents answered that they would not be able to work in end-of-life care. Without training about how to deal with the psychosocial risks, many end-of-life nurses, physicians and professional carers are vulnerable to not just the initial risks but also further risks arising from maladaptive coping. End-of-life staff who are not trained about how to cope effectively with the psychosocial stressors could be at risk of adopting maladaptive coping methods such as avoidance, emotional distance, disengagement, absence and the intention to quit; this is given evidence of a high absence rate and evidence of a connection between stress and quitting intentions [12], [13]. That can produce yet more psychosocial stressors associated with reduced job satisfaction and lead to job-related burnout. These risks are most likely in the absence of personal attributes that are protective factors, such as motivation towards working in palliative care because of the desire to make a significant contribution [2].

Even if healthcare organizations focus on just staff absence and turnover, these pose a substantial financial burden because they damage the stability and workload of hospice care teams and increase the financial cost of organising staff cover and recruiting/training new staff. Most end-of-life care is delivered by professional carers in

home and hospice settings [14]. It is a serious concern that care workers leave their jobs at the highest rate among all healthcare staff; the staff turnover rate among UK care staff in non-hospital settings is high at 21% [15] and in nursing homes the quitting rate can be as high as 85.8% [16]. We know from USA research that there is an acute shortage of labour in palliative medicine [17]. We put forward the suggestion that healthcare organizations urgently need to audit the rate of staff absence and turnover in palliative wards and hospices in particular. Psychosocial risk factors could be at the heart of the problem.

Given robust evidence about the success of trainable interventions trialled on palliative staff in reducing psychological demands, effort-reward imbalance, burnout and distress in the long-term [6], [8], it is worrisome that many healthcare organizations have not implemented this evidence. A review of policies in 49 countries [18] and a summary of European Union policy [19] shows that palliative training policies in most countries focus on task knowledge but not coping knowledge. To explore updated policies at the national and local level, we browsed available policy documents from 14 countries in the European Union and we found a concerning lack of policies about training geared at helping end-of-life staff cope with the psychosocial risks of their work in 7 out of 14 countries. We would therefore estimate that approximately half the population of end-of-life staff are at risk because of inadequate training about how to cope with the psychosocial risks of their workplace, although we acknowledge the need for a review of policies in other regions of the world. The majority of policy documents we found presented policies affecting nurses and medical staff, but what about other kinds of staff? That is a major policy oversight, considering that the majority of end-of-life care is provided in domiciliary and hospice settings by healthcare assistants, care workers and other paid carers; for example, 60% of dying cancer patients are cared for

at home and 19% in hospices [14]. Among all palliative staff, these care workers could be most at risk.

It is time that healthcare organizations did more to pre-empt the serious psychosocial risks faced by personnel in end-of-life care. Healthcare organizations should implement robust evidence about effective solutions [6], [2], [7], [8], [9]. This evidence can be implemented in the form of a standard orientation programme which is made available to anyone who works in palliative care and includes:

- Training palliative staff about team-based psychosocial support strategies.
- Allocating new palliative staff to job shadowing and a mentor.
- Clarifying job responsibilities to prevent role ambiguity.
- Embedding clinical variety within the job design, to prevent overload.
- Creating a professional support network by twinning palliative staff.
- Training palliative staff about personal coping strategies.

This could be a cost-effective and viable solution which can be shared between hospitals, hospices and even across borders.

**Competing interests:** None

**Statement of ethical approval:** Not applicable

## References

1. Asai, M, Morita, T, Akechi, T, Sugawara, Y, Fujimori, M, Akizuki, N, Nakano, T, Uchitomi, Y. Burnout and psychiatric morbidity among physicians engaged in end-of-life care for cancer patients: a cross-sectional nationwide survey in Japan. *Psycho-Oncol* 2007;16:421-428.
2. Pereira, SM, Fonseca, AM, Carvalho, AS. Burnout in palliative care: A systematic review. *Nurs Ethics* 2011;18:317-326.
3. Dougherty, E, Pierce, B, Ma, C, Panzarella, T, Rodin, G, Zimmermman, C. Factors associated with work stress and professional satisfaction in oncology staff. *Am J Hosp Palliat Med* 2009;26:105-11
4. Trinkoff, AM, Stoor, CL. Substance use among nurses: differences between specialties. *Am J Public Health* 1998;88:581-585
5. Vachon, MLS. Staff stress in hospice palliative care - a review. *Palliative Med* 1995;9:91-122.
6. Bourbonnais, R, Brisson, C, Vinet, A, Vézina, M, Lower A. Development and implementation of a participative intervention to improve the psychosocial Work environment and mental health in an acute care hospital. *Occup Environ Med* 2006;63:326-334.
7. Swetz, KM, Harrington, SE, Matsuyama, RK, Shanafelt, TD, Lyckholm, LJ. Strategies for avoiding burnout in hospice and palliative medicine: peer advice for physicians on achieving longevity and fulfilment. *J Palliat Med* 2009;12:773-777.
8. Bourbonnais, R, Brisson, C, Vézina, M. Long-term effects of an intervention on psychosocial work factors among healthcare professionals in a hospital setting. *Occup Environ Med* 2011;68:479-486.



9. Vachon, MLS. Four decades of selected research in hospice/palliative care: have the stressors changed? In I. Renzenbring (Ed.) *Caregiver Stress and Staff Support in Illness, Dying, and Bereavement* 2011; Oxford:New York.
10. Gibbins, J, McCoubrie, R, Forbes, K. Why are newly qualified doctors unprepared to care for patients at the end of life? *Med Educ* 2011;45:389-399.
11. Dobrowolska, B, Cuber, T, Slusarska, B, Zarzycka, D, Wronska, D. Analysis of the nurses' and physicians' opinion regarding their end-of-life education. *J Palliat Med* 2011;14:126-127.
12. Jones, MC, Wells, M, Gao, C, Cassidy, B, Davie, J. Work stress and well-being in oncology settings: a multidisciplinary study of health care professionals. *Psycho-Oncol* 2013;22:46–53
13. Elpern, EH, Covert, B, Kleinpell, R. Moral distress of staff nurses in a medical intensive care unit. *Am J Crit Care* 2005;14:523-530
14. The Hospice Information Service. *Directory of hospice and palliative care services in the United Kingdom and Republic of Ireland* 2000; London: St Christopher's Hospice.
15. DHSSPSNI. *Review of the social services workforce 2011: Final report.* Department of Health, Social Services and Public Safety (DHSSPSNI) 2011; Available from <http://www.dhsspsni.gov.uk>
16. Castle, NG, Engberg, J. Staff turnover and quality of care in nursing homes. *Med Care* 2005;43:616-626
17. Lupu, D. Estimates of the current hospice and palliative medicine physician workforce shortage. *J Pain Symptom Manag* 2010;40:899-911.
18. Centeno, C, Clark, D, Lynch, T, Rocafort, J, Greenwood, A, Flores, LA, De Lima, L, Giordano, A, Brasch, S, Prail, D. *EAPC Atlas of Palliative Care in*

*Europe* 2007; European Association for Palliative Care, EAPC/IAHPCPress.

ISBN: 0-9758525-5-8.

19. Martin-Moreno, JM, Harris, M, Gorgojo, L, Clark, D, Normand, C, Centeno, C.

*Palliative Care in the European Union* 2008. European Parliament Policy

Department: Economic and Scientific Policy: Study IP/A/ENVI/IC/2007-123.