

Evaluating the need for a staff support/ counselling service in a palliative care setting

Dear Editor - Research in palliative care indicates that working in this environment can produce high levels of stress, job dissatisfaction, emotional burnout and compassion fatigue 1-3. In particular, studies indicate that the stressors associated with hospice care are derived from the work environment, occupational role, patients and families and from illness-related variables 4. Progressive solutions aimed at supporting staff through these issues have centred around the delivery of staff support mechanisms which exist in a variety of forms, most notably with a counselling service 5-6.

Qualitative research methodologies were used with a wide range of staff working in a palliative care setting in the Mid-West region of Ireland to determine if there was a need for a staff support/ counselling service. In total 14 focus groups were conducted. Researchers also held 12 formal meetings with line managers, attended 3 Team meetings, presented at one lunch time education session, and met numerous staff informally throughout the organisation over a three week period.

It was clear that although many staff received excellent peer support from colleagues, there was almost uniform support for the introduction of a staff support/ counselling service. A number of significant sources of stress were identified in this research project.

One obvious source of stress was dealing with death and dying patients. Particular areas of concern noted were inadequate pain control, as well as feelings of guilt, inadequacy and burnout. However it was clear from staff that dealing with families was routinely much more difficult and stressful than dealing with patients. Bereaved families were widely acknowledged as the main source of stress.

However it was also noted by many staff that dealing with young people dying was particularly stressful. Many staff acknowledged feeling 'inadequately prepared' for dealing with this issue. Additionally some staff noted the extra stress involved in dealing with a dying patient of a similar age to themselves with whom they identified.

Many staff noted that workloads were such that staff taking holidays or being absent because of sick leave led to a significant increase in staff stress. Although this was not normally a problem, prolonged sick leave, or more than one member of a team absent due to sickness caused substantial stress.

Perhaps inevitably concerns were also raised concerning tension between management and staff. As well as feeling undervalued by management, some staff felt that communication within the organisation was flawed and that this was particularly evident in management – staff communication. The issue of the absence of structured feedback to staff in the form of annual evaluations was also noted as a bone of

contention.

One clear finding from this research was the need to have any proposed staff support/ counselling service available to all staff, and not just 'front-line' care staff. Staff throughout the organisation were almost routinely dealing with grieving families and relatives. This included fund raising, finance, catering, maintenance, and cleaning staff. In line with Ireland's growing multi-cultural and multi-lingual workforce, some staff noted the need for any proposed staff support/ counselling service to move beyond a traditional mono-cultural Catholic English speaking service.

Despite a strong pastoral care element within the organisation and the long-standing informal use of the social work department to provide staff support, there was overwhelming support for the introduction of a formal staff support/ counselling program. Some staff felt that as the organisation had grown, it now needed to formalise such activities. Staff indicated that any proposed service should include not just 1:1 counselling work, but also team/ group counselling and debriefing sessions, as well as ongoing training for all staff. Staff also generally agreed with the introduction of an annual check-in with the support/ counselling service, similar to a physical health annual check-up.

These findings clearly support the need for the provision of a staff support/ counselling service for all staff working in palliative care settings.

References

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