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WHAT MAKES HOSPICE CARE STRESSFUL FOR STAFF?

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Palliative care in cancer is acknowledged to be a stressful occupation, with nursing care of the dying cancer patient frequently identified as a source of stress. The stresses on doctors working in palliative care have not been studied.

The Leicestershire Hospice has 25 beds for palliation and terminal care. It employs only trained (SRN and SEN) nurses and a system of nursing teams and patient-allocation to individual nurses has been used. There are two full-time and three part-time senior medical staff. A full-time Counsellor (LP) is in post, who can respond, not only to patients' and relatives needs, but also to those being experienced by staff members.

A survey of the awareness of stress and its causes has been carried out among the entire clinical workforce, based on a questionnaire with open-ended items, which in the event, was completed anonymously by all members of staff. (n46) There was a 73% response rate.

Inter-personal relationship difficulties between nurses and other clinical workers appeared to constitute a focal point for staff stress. Several nurses also considered the pressures of multi-disciplinary teamwork to be stressful.

Another area of stress was the apparent indecision regarding clinical management of certain patients, notably those who were not regarded as "dying" but who had been admitted to the Hospice for assessment and for symptom control. Identification with patients (and/or relatives) especially where they were contemporary in age, was reported as being stressful. Surprisingly few staff members seemed to regard the physical or emotional concomitants of dying from a malignant disease as a source of stress.