



Improving stressful working lives: complementary therapies, counselling and clinical supervision for staff

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Summary The aim of this paper is to briefly examine the contemporary phenomenon of “burnout” within oncology and palliative care. In discussing the suitable interventions to manage stress and avoid burnout, reference will be made to counselling and clinical supervision, but more substantially the paper will report on an innovative subsidised complementary therapy service for staff. The Government’s Improving Working Lives Standard will be referred to as an initiative that supports the development of supportive services for NHS staff.

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Zusammenfassung Ziel dieser Studie ist eine kurze Untersuchung des gegenwärtig auftretenden “Burn-out”-Syndroms (Erschöpfung) innerhalb der onkologischen und palliativen Pflege. Bei der Diskussion der geeigneten Maßnahmen, um Stress zu bewältigen und das Burn-out-Syndrom zu vermeiden, wird auf Beratung und klinische Überwachung hingewiesen; umfassender jedoch berichtet diese Studie über ein innovatives und subventioniertes, alternatives Therapieangebot für das Personal. Die Studie verweist auf die Regierungsinitiative zur Verbesserung des Arbeitslebens (“The Government’s Improving Working Lives Standard”) als eine Initiative, die der Entwicklung unterstützender Angebote für das Personal des staatlichen Gesundheitsdienstes (NHS) dient.

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Introduction

Anecdotally work stress is commonly reported by healthcare professionals (HCP), but for some being overwhelmed by the strain of public service can

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result in 'burnout', even prompting them to consider leaving the speciality (Barrett and Yates, 2002). For the purpose of this paper excessive stress will be defined as 'psychological, physiological and/or spiritual discomfort that is experienced when environmental stimuli are too demanding or exceed a person's coping strategies' (Burnard, 1991, p. 3). This would imply that stress arises as a result of both extrinsic and intrinsic components. Terkel's (1972) view of stress developed through working with others, and suggests a more honest, raw, certainly tangible and perhaps brutal description of a typical nurse's day when it is suggested that the "work is, by its very nature, about violence...to the spirits as well as to the body...to survive the day is triumph enough for the walking wounded among the great many of us." (p. 3).

The Department of Health has through the Improving Working Lives (IWL) Standards (DoH, 1999) acknowledged that the staff employed in the NHS need a range of support mechanisms to enable them to 'manage a healthy balance' (p. 3) between the demands of their work and outside commitments. Coordinators of IWL are required to produce a portfolio of evidence and services and strategies assessed, and if successful awarded 'Practice' accreditation and then with further development and assessment given 'Practice Plus' status'. The evidence can include; flex-time arrangements, childcare support, reducing staff turnover, training initiatives, development and supervision opportunities, commitment to healthy workplace practices and staff support services. The three interventions in the title of this paper have been documented in the Trusts' evidence for IWL assessment. The work presented here might be useful for other Trusts in interpreting the IWL guidelines and finding a useful model to support staff in managing their stressful working lives.

The stress of cancer and palliative care

Skilbeck and Payne (2003) suggest that the experience of cancer creates unique stresses for patients and their families. If the role of HCP is to support them through this difficult time, then it needs to be acknowledged that the stresses involved in providing this support. Vachon (1998) reports that distress is a feature of the cancer journey, from diagnosis right through to the terminal phase of the illness. Complex emotional problems coupled with difficult physical, psychological, social and spiritual issues are part of what is entailed in this area of work. Costello (2001) suggests that this is compounded by the organisation of hospital and community ser-

vices which does not always allow facilitation of these complex problems. Even where staff are allocated time to, and are skilled at identifying and addressing patients and carers concerns, the emotional component of this work can drain both professional and personal resources. The costs in repeatedly engaging in this 'emotional work' can result in high levels of stress, which if left untreated can result in 'burnout'.

Burnout

In reviewing the literature, the concept of 'burnout' appears to have been identified approximately 20 years ago (Freudenberger and Richelson, 1980; Maslach, 1982). However, the relatively recent adoption of the term in nursing ironically reflects the often imperceptible process an individual goes through before finally reaching burnout, in that the 'condition develops gradually but may remain unnoticed for a long time for the individual involved' (Schaufeli and Enzmann, 1998 p. 36). Maslach et al.'s (1996) definition makes particular reference to public service employment, stating, "burnout is a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur among individuals who work with people." (p. 4). Burnout is acknowledged as a major risk for individuals experiencing prolonged stress, yet anecdotally at least, there appears to be no successful, uniform, equitable infrastructure whose purpose is to promote and maintain the health professionals' welfare. This is in spite of suggestions by Maslach (1982) that this professional group are at particular risk of burnout as "it is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems" (p. 8). Burnout itself comprises of several common themes but is well summarised by Schaufeli and Enzmann (1998) who suggest that it encompasses "exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviours at work" (p. 36).

Approaches to managing stress

To best support the stressed individual requires assessment and identification of suitable support and/or interventions. The 'burnout' individual may only receive attention when they have reached the very perceptible crisis stage referred to by Firth-Cozens and Payne (1999) when *tertiary intervention* is offered. This is unfortunate as it is action after the event when the damage has already taken

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