



Resilience: A qualitative study describing how community palliative care nurses experience resilience in their daily work.



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Introduction: Resilience helps one embrace and learn from difficult situations, viewing them as opportunities for growth.

Despite the challenging nature of palliative care, current research indicates that stress for palliative care nurses is no greater than their contemporaries in other nursing fields¹. These findings prompted this inquiry, which speculates that palliative nurses develop resilient traits that facilitate positive coping. To date, only one study², explored the experience of resilience in palliative care staff. This study explores how community palliative care nurses (CPCNs) experience resilience in their daily work.

Aim:

- Explore the experience of resilience in CPCNs.
- Identify opportunities for enhancing resilience for staff of a community palliative care team.

Method:

- The study methodology used was phenomenology which seeks to explore the lived experience of a phenomenon from the perspective of those experiencing the phenomenon.
- A purposive sample of CPCNs from an Irish urban hospice were recruited until data saturation was achieved (n=8) and semi structured interviews were used for data collection.
- Inclusion criteria: Community palliative care CNSs with more than one year community experience.
- Exclusion criteria: Nurses working directly with the researcher.
- Access was negotiated through management and ethical approval granted from the study site and from University College Dublin.
- Information sessions facilitated recruitment, participation was voluntary with signed informed consent.
- Respondent validation and researcher reflexivity enhanced rigour.
- Braun and Clarke's (2006) six phase approach was used for data analysis.

Results

Commitment to doing the best you can

Making a difference

'...minding people at home, if it's their wish to die at home and supporting families to manage at home, if possible to have a good death...if that's achieved then it's very satisfying'

Acceptance

Respecting patient choices, doing the best you can within the confines of the patient's choices/circumstances

'...you know that things could be better but they are making choices...you have to respect their wishes as well...I can park it once I know I've done the right thing, given the right information and done all I can do for today...'

Feeling confident in the role

Role clarity

Clear medical plan, knowing one's own limitations and managing expectations of others with regards the CNS role i.e. patients, families and other health care professionals

Competence

Balanced team skill mix, formal education, learning from experience, formal and informal learning from the team and getting other perspectives enhance competence.

'...reflecting informally with my colleagues is really valuable and I think it is a huge learning thing for me...'

Self care

Self management at work and work/life balance

Time management, prioritising workload, self awareness and recognition of own trigger signs for stress facilitates resilience. The car journey acts as a quiet place for contemplation and debriefing

'...the car is fantastic to help you gather your thoughts...sometimes phone a colleague...sometimes you just need to replay events, sift and sort things in your head'

'...outside of work, having a good network of friends/family, good social life, exercise, I try to eat well, all those sort of things help, I think they are essential'

Being strong as a team

Sharing the caseload

'...when I need to step back, I ask a colleague to visit...to maintain the therapeutic relationship... so that you're not giving too much of yourself or getting too entrenched in it so that you're no longer effective in the relationship...'

Supporting each other

Reliance on colleagues for debriefing and support as they understood best the nature of the work.

'...I usually phone a colleague...hearing your own voice saying it out loud, it's like releasing it...you stop bottling it up, so it's probably a bit of a release to hear yourself verbalise it.'

Discussion:

Participants displayed positive adaptive strategies that enhanced their coping. As resilience is a dynamic process influenced by internal and external factors, findings suggest management can play a role in helping staff to further develop these strategies through leadership, educational support and fostering a strong, supportive team environment. This study, although not generalisable, supports findings of the limited number of previous studies on resilience in palliative care nurses. Findings may be applicable to other community palliative care settings or disciplines, further studies would help to substantiate this.

Conclusion:

The overarching theme of this study is that a supportive network enhances resilient practice. Support from peers, management and the wider team fostered a culture of reflective practice and professional development. This enhanced competence and confidence for this group and promoted their resilience. This support network also allowed for debriefing, reassurance and affirmation which positively impacted on their emotional wellbeing and reduced stress.

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