

# Service Priorities and Programmes Electronic Presentations

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Stress of Nursing Staff and Its Management in Caring Palliative Patients

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### **Keywords:**

Compassion satisfaction Burnout Secondary traumatic stress Compassion fatigue Palliative care

#### **Introduction**

Nurses working in palliative care unit can find the rewarding aspects when caring the end-of-life patients and their families and have an opportunity for personal growth and professional development. However, it is challenging for palliative care nurses to repeatedly experience vicarious traumas related to death of patients and grief of the families. It contributes to compassionate fatigue and burn-out with symptoms similar to post-traumatic stress disorder for palliative care nurses. With great impacts on psychological health of nurses, it may lead to retention problem of nursing manpower in palliative care unit in long run.

# **Objectives**

- (1) Identify the types of stress of nursing staff working in palliative care unit
- (2) Determine the most effective tool or intervention to relieve stress
- (3) Understand and improve the professional quality of life of nursing staff working in palliative care unit to promote staff retention

# **Methodology**

A peer group sharing session was established for nurses of palliative care unit in Prince of Wales Hospital, Haven of Hope Hospital and Tuen Mun Hospital with use of relaxation exercise information leaflet, booklet and 3 minutes relaxation trial by using relaxation CD. Pre-test vs post-test approach was adopted. ProQOL 5 Self-Score Measure Chinese version was used to measure the 'Compassion Satisfaction' and 'Compassion Fatigue' of palliative care nurses among three hospitals. Outcome measures were categorized as (1) Compassion Satisfaction, (2) Burnout, and (3) Secondary Traumatic Stress.

#### Result

From December 2016 to April 2017, 27 nurses from caring palliative care patients in Haven of Hope Hospital (Palliative Care), Prince of Wales Hospital (Oncology Unit) and Tuen Mun Hospital (Medical Palliative Medicine) were recruited by convenience

sampling. There was statistically significant difference in reducing secondary traumatic stress for palliative nurses (p<0.01, paired t-test). Statistical significance could not be achieved in reduction of burn-out and improvement of compassion satisfaction because of relatively small sample sizes. Conclusions:

A peer group sharing session was established for nurses working in palliative care unit and was effective in relieving their secondary traumatic stress to prevent compassion fatigue.