Welcome to the Dementia Community of Practice Webinar

Thank you for logging on early.

As you can see, we are still setting up. Please introduce yourselves in the chat box. Thank you.

(We are not recording this session today but please note we will save the chat box text)
Welcome and Introductions

Dr Karen Harrison-Dening, Head of Research & Publications, Dementia UK
Liz Bryan, Education Consultant, St Christopher’s

Anita Hayes, Head of Learning and Workforce, Hospice UK
Cathriona (Cat) Sullivan, Senior Clinical Practice and QI Lead at Hospice UK
Amber Morgan, Programmes Coordinator, Care and Clinical Leadership, Hospice UK
Lucy Donovan, Clinical Team Coordinator Hospice UK
Aim of Today’s Meeting: To continue our conversation on equipping and sustaining good practice when caring for people with dementia and their carers in the context of COVID-19

During the meeting members of the CoP will;

• share concerns and current issues
• offer experiences and suggestions
• signpost one another to resources
## Structure of Today’s Meeting

<table>
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<th>Activity</th>
<th>Duration</th>
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<tr>
<td>Welcome and overview of the day – Anita Hayes</td>
<td>5 mins</td>
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<tr>
<td>Presentation by Liz Bryan: 'How to work at the frontline during COVID-19 and survive’ based on the S-T-R-E-T-C-H mnemonic</td>
<td>20 mins</td>
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<tr>
<td>Intro to break out session – Dr Karen Harrison Dening</td>
<td>5 mins</td>
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<td>Breakout group discussions – All</td>
<td>20 mins</td>
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<td>Feedback from group discussions – one spokesperson per group led by Liz Bryan</td>
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<td>Summary and close – Cat Sullivan</td>
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'How to work at the frontline during COVID-19 and survive

Liz Bryan, Education Consultant, St Christopher’s
How to work at the frontline and survive: Physical And Emotional Resilience

Liz Bryan, Education Consultant, St Christopher’s
Liz Bryan - Education Consultant

Palliative Care Nurse, trained psychotherapist, palliative and end of life care educationalist

Wife, mother, daughter, sister, grandma, friend......
What we aim to think about today:

What do we mean by resilience?

What does ‘compassion fatigue or burnout look like?

Why palliative care as a care model could provide a guide to us.

S-T-R-E-T-C-H - How we can safeguard (take care of) ourselves – compassionate self-care??
COVID-19 - Additional physical and emotional stress
What is stress?

Stress is a temporary imbalance in a person’s emotional state and behaviour, usually happening when they are under more pressure than they can cope with.
Stress

Demands made on the person

The person’s capacity to respond
What does stress mean to us?

- Disruptions of meanings or understandings
- Cessation of smooth functioning
- Experience of harm, loss, challenge
- Requirement of a new skill

(Benner and Wrubel, 1989)
Straw and camel’s back?
How do you know when you’re under pressure or stressed? How would other people know?

How do you manage feeling stressed?

What can we usefully learn from our emotional responses?

How do you give yourself the opportunity to process your emotions?
Resilience

Dictionary definitions:

• the ability of a substance to return to its usual shape after being bent, stretched, or pressed

• the ability to be happy, successful, etc. again after something difficult or bad has happened
What does it mean to be resilient?

- Elastic
- Recovering quickly from shock
- Able to withstand or recover quickly from difficult conditions
- Able to recoil or spring back into shape after bending, stretching, or being compressed
Time to reflect........

1. How resilient do I feel today?
2. What are the reasons for this?
3. What about last week?
4. What affects my ability to be resilient?
“…….involves feeling for a person who is suffering and being motivated to act to help them” (Strauss et al, 2016)
Compassion Fatigue

Compassion Fatigue as the "profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate".

When our compassion bucket is empty!!
Compassion Fatigue

Six signs of compassion fatigue:

1. Failure to Leave Anything in the Bucket for Self
2. Anger and Irritability
3. Fatigue and Exhaustion
4. Withdrawing from Friends and Family
5. Lost Sense of Humour and No Time for Fun
6. Reduced Ability to Feel Sympathy and Empathy
Burnout is a syndrome of:

- Emotional exhaustion
- Depersonalisation
- Reduced personal accomplishment

(Maslach, 2003)
Care Homes: The New Hospices??

PLACE OF DEATH PER DAY IN ENGLAND AND WALES

- 1,250
- 1,000
- 750
- 500
- 250

Mar 12 - Apr 16

OTHER
HOME
CARE HOME
HOSPITAL
Care Homes: The New Hospices??

- Palliative care professionals face the challenge of working intensively with seriously-ill patients and their families at highly emotional and stressful times in their lives (Meier and Beresford 2006, Rokach 2005)

- Constant exposure to death and loss can lead to ‘grief overload’ (Vachon 2008)

- Professionals don’t often grieve the losses they witness; Rokach describes these repeated ‘ungrieved losses’ as potentially becoming “too heavy a burden to carry” (Rokach, 2005), increasing palliative caregivers’ vulnerability to compassion fatigue (Abendroth and Flannery, 2006).
However...

- Research shows burnout and work-related stress in palliative care are not universal.

- Staff working in palliative care may in fact experience lower levels of burnout than colleagues in other disciplines (van Staa et al., 2000).

- Desbiens and Fillion (2007) argue that the presence of emotional stressors alone is an insufficient determinant of burnout in members of these groups.

From [http://www.hospicefriendlyhospitals.net/](http://www.hospicefriendlyhospitals.net/)
A Palliative Approach

Key Principles of Palliative Care are:

- A whole person approach
- An interdisciplinary team approach
- Focus on quality of life
- Care which encompasses both the dying person and those who matter to that person
- Respect for patient autonomy and choice (person-centred)
- Emphasis on open and sensitive communication

Oxford Handbook of Palliative Care (2019)
Compassionate Self-Care

S – Acknowledge your own ‘Suffering and/or ‘Stress’

S-T-R-E-T-C-H
55% have been made unwell by stress in the previous year

Causes of stress included:

- Staff believing they were unable to deliver the care they would like
- Increasing workloads
- Feeling unsupported
- The rapid pace of change

RCN survey (2,000 staff) shows nursing staff working under huge pressures RCN Bulletin Oct 2013 p 4
Reflections on Suffering during this Pandemic

Suffering; to be badly affected by a disease, pain, sadness or a lack of something (Oxford Dictionary)

- Patients – the virus itself (fatigue, fever, breathlessness), isolation, fear and anxiety
- Relatives – separation, fear and anxiety, emotional conflict, bereavement
- Staff/You – fear and anxiety, emotional conflict, the virus itself, bereavement
Compassionate Self-Care

S – Acknowledge your own ‘Suffering’ and/or ‘Stress’

T – Recognise the importance of sharing the burden with your ‘Team’

S - T - R - E - T - C - H
Six Areas of Work life (Maslach, 2003)

1. Workload
   - Sustainable workload
2. Control
   - Experience of choice and control
3. Reward
   - Recognition and reward
4. Community
   - Sense of community
5. Fairness
   - Fairness, respect, justice
6. Values
   - Meaningful work

- Work overload
- Lack of control
- Insufficient reward
- Breakdown of community
- Absence of fairness
- Value conflict
Compassionate Self-Care

S – Acknowledge your own ‘Suffering’ and/or ‘Stress’

T – Recognise the importance of sharing the burden with your ‘Team’

R – Respect the value of your contribution to alleviating the suffering of others

S - T - R - E - T - C - H
Standing in the Gap!

Carer breaks down in tears reading family note to woman dying in care home (30 April – Lincolnshire Live News)
Compassionate Self-Care

- **S** – Acknowledge your own ‘Suffering’ and/or ‘Stress’
- **T** - Recognise the importance of sharing the burden with your ‘Team’
- **R** – ‘Respect’ the value of your contribution to alleviating the suffering of others
- **E** – ‘Empowerment’ – sadly if you don’t look after, you possibly no one else will!

S - T - R - E - T - C - H
Our duty of care?

We cannot meet patients’ needs if our own needs are not met (Cohen et al., 2011; Huggard, 2011)
Compassionate Self-Care

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R – ‘Respect’ the value of your contribution to alleviating the suffering of others

E – ‘Empowerment’ – sadly if you don’t look after you, possibly no one else will!

T – Make ‘Time’ for yourself (and be honest - ‘Truth’)

S - T - R - E - T - C - H

Greenwich & Bexley Community Hospice

StChristopher’s
More than just a hospice
What helps us cope??

Compassion fatigue is exacerbated if we do not consider, and put into practice, our own self care (Abendroth and Fennelly, 2006)

Often we’re not given this time but we have to take it – and we have an obligation to do so (Cohen, 2006)

Work-based stress is sometimes hard to identify. We need to know that at times it’s inevitable, be honest with ourselves and consider what would help.
Compassionate Self-Care

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C - Practice ‘Compassion’ towards yourself

S - T - R - E - T - C - H
“…….involves feeling for a person who is suffering and being motivated to act to help them” (Strauss et al, 2016)
Compassionate Self-Care

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E - ‘Empowerment’ – sadly if you don’t look after you possibly no one else will!

T – Make ‘Time’ for yourself (and be honest - ‘Truth’)

C – Practice ‘Compassion’ towards yourself

H – Always remember your ‘Humanness’

S - T - R - E - T - C - H
“We in this work are somehow missing an outer layer of skin and must take care to renew ourselves”

Dame Cicely Saunders
Your toolkit
Any thoughts to share?
What can still bring me joy.......despite COVID-19?!!
For general enquiries regarding CMC or myCMC please contact: education@stchristophers.org.uk

For clinical enquiries relating to CMC or myCMC please contact:
St Christopher’s Hospice - SPOC team on: 020 8768 4500
Greenwich & Bexley Community Hospice – ACT team on: 0208 320 5837
How Breakout Rooms Work

• For small group discussion we will divide into breakout rooms
• When the time comes you will see on your screen an invitation to join. Please accept
• Each room will contain at least one Admiral Nurse
• When you get into your room, please take a few moments to introduce yourselves to one another
• Nominate a scribe and spokesperson who will report back to the large group
• If anything goes wrong and you find yourself on your own or unable to join your allocated room come back to the main room. If you lose connection at any point, re-join the meeting using the same Meeting ID and Password.
• We will not be recording today. However, someone will be taking notes of the main points
Feedback from discussion groups
May be of interest

Delirium screening practice in specialist palliative care units: a survey

https://spcare.bmj.com/content/early/2020/05/15/bmjspcare-2020-002251
Next meeting

15 June: 13.00 – 14.30

Presentation by: Dr Jane Rowley

“The way DEEP groups have adapted your activities during COVI-19 outbreak.”

Register link:
https://supporter.hospiceuk.org/public/event/eventBooking.aspx?id=EVT01109
Summary and close
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Dementia Community of Practice Webinar

Thank you for listening