

Methods We completed a cross-sectional questionnaire study across two large NHS hospital trusts in the UK, and national UK professional networks. We used three questionnaires for data collection: the Performance Failure Appraisal Inventory, the Self-Efficacy in Palliative Care scale and the Thanatophobia Scale. We used two-step multiple regression for data analysis.

Results We recruited 104 physicians and 101 specialist nurses from 20 hospital specialties. The study validated the use of the PFAI (FOF) measure and its subscales within a novel population group of medical professionals. We found that the more end-of-life conversations a clinician had positively impacted comfortableness and confidence with end-of-life care. 'Discomfort with death' was significantly associated with male gender clinicians, and physicians more than nurses. The FOF subscale 'Fearing loss of interest from important others' was shown to negatively impact a clinician's confidence in communicating. The FOF subscale 'Fear of devaluing one's self-estimate' was shown to negatively impact confidence in decision making, working with others, and a clinician's total self-efficacy.

Conclusions Our study suggests that psychological processes may influence a clinician's approach to end of life care, and highlights the need for clinicians to be aware of factors which may affect their performance. Drawing from wider psychological research, we make suggestions on how exploration of psychological strategies to reduce a clinician's fear of failure may positively help them to deliver end of life care more effectively.

Parallel session 3.1 – Building community capacity and connection in end of life care (Wednesday 23 November, 10:45 – 12:00)

0-09

BEYOND TRADITIONAL APPROACHES TO COMMUNITY ENGAGEMENT: USING ASSET BASED COMMUNITY DEVELOPMENT TO DISCOVER, CONNECT AND MOBILISE COMMUNITIES TO SUPPORT EACH OTHER RIGHT TO THE END OF LIFE

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Background Social relationships are effective at supporting people to live well (Holt-Lunstad, Smith, Baker, et al., 2015. *Perspect Psychol Sci.* 10:227). Traditional hospice approaches focus on services: problems are defined externally to the community. Over 80% of wellbeing determinants are contingent on connection and mobilisation of community assets (National Academies of Sciences, Engineering, and Medicine, 2020).

Aims To explore an ABCD approach (Kretzmann & McKnight, 1993) in four communities to:

- Discover the treasure trove of skills, knowledge and experience that exists within residents and communities.
- Connect and mobilise these resources.
- Work alongside people to build resilient communities where people can live well and be active participants right to the end of life.

- Cultivate deeper, more reciprocal relationships with local communities and to provide appropriate support as required.

Methods Using an ABCD approach, four Community Builders (CBs) worked in four locations to discover and connect residents in order to identify what resources the community already had, what they needed help to achieve, and what they needed professionals or outsiders to do for them. The progress and impact of using this approach has been evaluated using '8 touchstones of ABCD' (Russell, 2021).

Results

- Treasure maps have been developed and shared with residents.
- CBs have connected people in communities who decided together what mattered most. Priorities included a memorial bench in a local park, a way of marking Remembrance Day in lockdown.
- Residents requested education and support from the hospice to increase their understanding of dying and grieving.
- Storytelling sessions about life in WW2 were provided to schools by a 90-year-old resident.

Conclusion The hospice has developed strong links and a reciprocal relationship with these communities. There is a raised awareness of the capacity and ability to co-create care at end of life. The asset based community development approach has become a key part of the hospice strategy and has influenced the development of core services.

0-10

USING CREATIVE COMMUNITY ENGAGEMENT METHODS TO EXPLORE EXPERIENCES OF PALLIATIVE CARE IN RURAL, COASTAL AND LOW-INCOME AREAS

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Background Research shows that people in rural areas (Chukwusa, Verne, Polato, et al., 2019. *Int J Health Geogr.* 18:8) and people with a lower socio-economic status (Buck, Webb, Moth, et al., 2020. *BMJ Support Palliat Care.* 10:e23) are less likely to access palliative care. Coastal populations have the worst health outcomes in England (Whitty, 2021). The South West has the highest proportion of over 65s (Office for National Statistics, 2020), and 0% conurbation (Office for National Statistics, 2018). Public health approaches to palliative care advocate health services working alongside communities to address such challenges (Abel, Kellehear, Mills et al, 2021. *Future Healthc J.* 8:e699) but it is unclear what rural and coastal communities feel is needed to support this.

Aims The South West multi-sectoral palliative care research partnership (funded by the National Institute for Health Research) developed a programme of engagement in rural, coastal and low-income communities to:

- Better understand the issues important to communities in relation to supporting the dying.
- Explore how people's experiences and needs impact upon their capacity to respond to death and dying, and,
- Generate evidence on feasible ways to create conditions for communities to be active partners in supporting those with palliative care needs.