Background Working in a hospice setting can be difficult and emotionally challenging (Goodrich, Harrison, Cornwall. Resilience: A framework supporting hospice staff to flourish in stressful times. Hospice UK, 2015). Caring for patients on a daily basis who are dying or nearing end of life can lead to emotional distress, burnout and a high turnover of staff (Fetter. Clin J Oncol Nurs. 2012; 16(6):559–561). Data shows that over 40% of hospice workers are either thinking about or actively planning on leaving their role (Royal College of Nursing. RCN Employment Survey 2021). St Gemma’s Hospice currently offers individual supervision for all clinical staff, however, the uptake in some areas is poor.

Aims We aim to relaunch clinical supervision (CS) which embeds both Restorative Clinical Supervision (RCS) and Resilience based clinical supervision models (RBCS) by:

- Gaining an understanding of staff experience of supervision both as a supervisor and supervisee.
- Revise and implement a CS model based on current best evidence.
- Encourage staff to attend a minimum of quarterly.

Method The hospice Clinical Supervision Leads successfully completed the Professional Nurse Advocate (PNA) course in 2022. This was developed around the A-Equip model (Macdonald. Bri J Midwifery. 2019;27(4): 258–264) which is a framework made of four distinct functions: Normative, formative, restorative and personal action for quality improvement. The model encourages staff to reflect on their own contribution to situations, building resilience which will empower them to make decisions independently. Training and supervisor support will integrate the new model into hospice provision using a flexible approach for staff to access either individual or group supervision.

Proposed results/conclusion Staff to feel supported to make thoughtful, reflective decisions which will enhance their resilience to cope. This will in time, lead to less staff sickness and reduced staff burnout. We will measure the response to the new model by using ‘check in’ scales before and after the sessions to gauge effectiveness. Measurable outcomes of the project will include attendance, absence management, staff feedback and retention.

Aim To demonstrate how the model of RBCS – known as Reflective Practice (RP) – was implemented and evaluated within the hospice. To evidence the impact it has made to clinical staff following attendance at RBCS/RP sessions.


Results Hospice UK baseline survey results – Response 25 out of 150 (16%).
16% – neutral or slightly negative perspective.
16% – positive perspective.

Nov. 2022: 152 sessions booked and 91 staff attended, = 66%
Jan. 2023: 52% had attended RP.
61% found the sessions helpful.

The RBCS/RP model was re-launched in April 2023 with a new poster and dates of sessions displayed in all staff clinical areas, Teams, and the hospice intranet, to positively encourage staff to book and attend with their manager’s support.

Conclusion Evaluation of the RBCS/RP shows a positive contribution to the wellbeing of the clinical staff in the inpatient unit, hospice at home and children and young people’s teams. We have learnt that continual evaluation is essential to assess the impact of RBCS/RP for staff wellbeing.