

Abstracts

styles grieved more ($p < 0.003$) and felt it was wrong to sell the old hospice ($p < 0.05$). Both anxious and avoidant staff with higher scores were less likely to want to move ($p < 0.05$).

Conclusions and Applications to Hospice practice Our data suggest that attachment style is stable despite the stress of working in a hospice environment. As in other workplaces anxiously attached personnel have predictably more negative emotional responses to life events. This is useful information for staff care and suggests some groups of staff may benefit from targeted clinical supervision during periods of great change.

P74 **TEARS AT THE WEDDING**

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Background A diagnosis of cancer can mean that the 'taken for granted' future is disrupted which impacts on self-image and social roles. People may strive to contribute to a meaningful life (Armstrong-Coster, 2004) and develop contingencies to preserve their sense of self-identity so remain within their social worlds (Becker, 1997). In their everyday work, hospice staff face tensions and conflicts within families as well as the loss of anticipated social roles for their patients. In the case presented, the anticipated social role of wife in a young dying women brought into focus personal and professional unity and conflict for hospice staff.

Aims To explore the challenges of a hospice responding to a families wishes by organising a wedding for a dying woman: whose needs are we meeting?

Methods Through the medium of a Schwartz Centre Round 4 members of hospice staff presented their contrasting experiences and feelings evoked by hospice weddings. In keeping with the SCR, a multidisciplinary discussion was then opened up to staff.

Results The juxtaposition of different professional and personal beliefs and values was explored and the challenge of how to manage complex social dynamics of meeting the patient's and family's needs when death is a spectre at the wedding celebration. The discussion focused on opposing views of whose needs are the most pressing: the dying woman or the needs of a caring family anticipating bereavement.

Conclusion Resolution is not the aim of the SCR but open, honest conflict and discussion in a confidential environment allowed the 'unspeakable' to be spoken. In dealing with such complex issues in a hospice setting, the SCR allows an effective means of exploration not necessarily resolution.

Application to hospice practice Schwartz Centre Rounds are protected time to allow hospice staff the space to explore socially and emotionally difficult situations.

P75 **"YOU'RE A LITTLE PART OF A JIGSAW. GOING TO SCHWARTZ CENTRE ROUNDS, YOU SEE THE OTHER BITS OF THE JIGSAW"**

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Background Schwartz Centre Rounds (SCR) offer healthcare providers a protected time to talk openly and honestly about

situations in their work that challenge them on a human level. Evidence suggests that SCR's strengthen team working and are valuable to the healthcare providers which translates to the care they offer their patients¹.

In 2012, Princess Alice Hospice was one of the first hospices in the UK to adopt SCR's and opened the rounds to both clinical and non-clinical staff and volunteers. Presenters have included nurses, doctors, housekeeping staff, healthcare assistants, trustees and volunteers.

Aim To explore in detail the experience of multidisciplinary staff and volunteers of SCR's in a UK hospice after one year.

Methods A mixed method approach triangulating quantitative evaluation data from the first year and qualitative data from 3 focus groups (presenters, attendees and non-attendees). Categorical indexing was generated from the topic guide themes and sub-categories generated within the identified key themes².

Results Over the year SCR's have had a mean attendance of 46 people (range 37-57). They are consistently well evaluated with 90.5% gaining knowledge helpful in their work, 98.2% gaining insight into how others think/feel in caring for patients and 85.1% feeling the SCR will help them work better with colleagues. Twenty six people attended three focus groups. Each group was representative of clinical and non-clinical staff as well as volunteers. General themes: values and challenges of an inclusive multidisciplinary SCR; appreciating the roles and experience of others; time and commitments; dissonance between the personal and professional self; safety versus exposure; and communicating about Schwartz in a UK Hospice.

Conclusion Overall, SCR's are well valued at Princess Alice Hospice influencing individuals in their everyday work and working relationships. Issues around communication, format and representation have been taken forward to further develop SCR's at the Hospice.

P76 **RAGS TO REVENUE**

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A pilot scheme was set up in September 2012 to re-evaluate our current textile recycling process, which was selling all the Rags* from our retail shops onto textile recyclers. This scheme examined the possibilities of increasing revenue by re-sorting our discarded Rags, focusing initially in four specific areas; Vintage/Retro, clearance items (to support a new shop), saleable items returned to standard shops and true Rag items. These results showed the potential of 16% of total rags being recovered, giving a large extra revenue opportunity.

The next challenge was to find a dual purpose site, large enough to support the resorting project and allowing expansion into other areas, with a shop attached to sell the clearance items thus avoiding further transport costs. In March 2013 the Resorting Centre was opened with a full time manager and two part time deputies, the Clearance shop opened at the start of April 2013. In order to monitor the outputs of the project, all items that are returned back to shops are tagged with a pre printed bar code for our Epos system to track. To fully understand this concept, all Shop Managers were invited to see the process first hand.

Additional revenue benefits to this project involve the team expanding into an upcycling section encompassing areas such as, bunting, felting, and removing unusual buttons, to sell in the