Stress, compassion fatigue and/or burnout can be destructive to a nurse’s health and career (Ablett & Jones, 2007). It has been identified that hospice nurses face many stressors, but some research has identified that they do not always feel that the required fit is still there.

Conclusion As hospices continue to transform from a ‘Rolls Royce’ service for the minority, into a more modest style for all (Mathew, Gray & Thomas, 2018), the findings of this study demonstrate that, during transformation, hospices may need to take measures to maintain an ‘ideal’ way of caring, that people feel fits their vocational aspirations.

P-266 FROM NOVICE TO EXPERT IN PALLIATIVE CARE: A NEW ZEALAND EXPERIENCE

Victoria Thompson, Kendra Ellis. Harbour Hospice, Auckland, New Zealand

Results are still being collated at time of writing. The conclusions are that, during transformation, hospices may need to take measures to maintain an ‘ideal’ way of caring, that people feel fits their vocational aspirations.

P-267 ‘THERAPY REVOLUTION’: NHS ROTATIONAL THERAPY POSTS IN A HOSPICE SETTING

Helen Birch. Queenscourt Hospice, Southport, UK

Background Recruiting and retaining therapists has been challenging and expensive, with few therapists with specialist palliative care knowledge and skills and many choosing to practise within their own area of expertise. Agency staff were utilised and although knowledgeable and professional, didn’t take ownership of the role and cost was prohibitive. We needed to be innovative in order to develop, recruit and retain therapy staff and ensure that the wider therapy workforce gains palliative care knowledge. We have a proven track record developing roles from within and excellent collaborative working with the local NHS Hospital Trust.

Aims To ensure the organisation evolves to meet the needs of the local population (NICE guidelines for care of the dying, 2015; Ambitions for palliative and end of life care, 2015) and give therapists the experience of working in a specialist palliative care organisation for a defined period, enabling them to utilise their new found skills in practice when returning to the hospital, ultimately providing a wider recruitment pool in future.

Methods Formal discussions between hospice clinical leads and head of therapy services in the local NHS Trust to determine interest and costing for a mutually beneficial collaboration. Proposal paper presented to hospice Board of Trustees for discussion and approval.

Results Approval given for the hospice to form part of the wider NHS Trust therapy rotation programme. Therapists rotated to the hospice would be supported and mentored by the hospice therapy lead and clinical team.

Conclusion We continue to strengthen relationships working collaboratively with the hospital trust and sharing good practice, not only are we creating a workforce with experience, specialist knowledge and skills in palliative care for recruitment purposes for the future, but those therapists who have spent time at the hospice are utilising their new skills in their general practice, undertaking audit and education sessions, so benefiting every patient they care for, wherever that may be.

Abstracts

P-268 IS STRESS, COMPASSION FATIGUE AND/OR BURNOUT PREVENTABLE IN HOSPICE NURSES?

Niamh Eve. St. Helena Hospice, Colchester, UK

Background Stress, compassion fatigue and/or burnout can be destructive to a nurse’s health and career (Ablett & Jones, 2007). It has been identified that hospice nurses face many stressors, but some research has identified that they do not