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 find definite gaps in understanding of what the different levels of practice are, as well as some commonly perceived barriers. These initial findings will be presented to the management levels by late July 2018 and the results from across New Zealand should be reportable by early September 2018.

### Conclusion

From the original organisational results we have found definite gaps in understanding of what the different levels of practice are, as well as some commonly perceived barriers. These initial findings will be presented to the management levels by late July 2018 and the results from across New Zealand should be reportable by early September 2018.

---

**P-267** 'THERAPY REVOLUTION': NHS ROTATIONAL THERAPY POSTS IN A HOSPICE SETTING

Helen Birch. Queenscourt Hospice, Southport, UK
10.1136/bmjspcare-2018-hospiceabs.292

**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 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 costings 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.

---

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

Niamh Eve. St. Helena Hospice, Colchester, UK
10.1136/bmjspcare-2018-hospiceabs.293

**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