report higher stress levels than other nursing disciplines (Whitebird, Asche, Thompson *et al*., 2013; Hospice UK, 2015.

Aim(s) The aim was to perform a comprehensive review of the literature and to analyse research on stress, compassion fatigue and/or burnout for hospice nurses, and to identify coping mechanisms that nurses and organisations can undertake. Recommendations for changes to practice will be identified and shared in this literature review.

Methods A wide-ranging search of recent literature correlated to stress, compassion fatigue and/or burnout was undertaken to encapsulate the research published over the last eleven years.

Results Nine studies were included in this literature review. The majority of the nine studies highlight that hospice nurses do not suffer with more stress than other nursing disciplines. The recent studies offer an insight into the coping mechanisms employed to avoid stress and compassion fatigue and/or burnout (Hospice UK, 2015; Montross-Thomas, Scheiber, Meier *et al*., 2016).

Conclusions Hospice nurses do suffer from stress and are at risk of compassion fatigue and/or burnout. The research has shown that if emotional and physical self-care and organisational strategies are utilised this can reduce the risk of compassion fatigue and/or burnout. If nurses report that these approaches are successful, further research should be undertaken to evidence the benefits of stress reducing strategies.

How innovative or of interest to hospice and palliative care is the abstract?

Some of the stressors nurses face can be directly related to the unique nature of palliative care and dealing with death and dying (Peters, Cant, Sellick *et al*., 2012; Hawkins, Howard & Oyebode, 2007). Therefore, hospice nurses should be aware of self-care strategies and support available from their organisation, as it may prevent stress, compassion fatigue and/or burnout.

P-269 EXPLORING THE EXPERIENCE OF PERSONAL BEREAVEMENT FOR NURSES WORKING IN A PALLIATIVE CARE SETTING

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Background The impact on palliative care nurses of working in an environment that reminds them of their personal experience of bereavement may have a detrimental effect on their psychological wellbeing (Marcella-Brienza & Mennillo, 2015). The emotional labour of nursing can be stressful, but when the internal reality of grief is at odds with the external reality of the professional, nurses are at risk of burnout (Brotheridge & Grandey, 2002). Little is understood about the impact a personal bereavement has on palliative care nurses. Four hospices joined together to explore the experience of their bereaved nurses.

Aim To explore the experience of a personal bereavement for nurses working in a palliative care setting through the death of a significant relative or friend.

Outcome Make recommendations for ways hospices support nurses working in palliative care before and after the death of a significant relative or friend.

Methods Using a grounded theory approach, 13 nurses were interviewed using a semi-structured approach.

Results Initial findings suggest that if support and time to grieve is not given at the time of the death, nurses may experience a period of disintegration at a later date. Those experiencing a sudden bereavement may have different needs to those experiencing an anticipated bereavement. Grief and bereavement is a continuum experienced over a prolonged time. Anniversaries, times of stress or resonance with patient diagnosis or family reaction can trigger an emotional response challenging nurses' ability to integrate bereavement' into their lives and work. Separating the personal from the professional can take time.

Conclusion Nurses grieve in different ways and managers and employers need to allow flexibility and time for each person to grieve recognising that bereavement continues a long way past the statutory compassionate leave allowance. Recommendations will be shared with Hospice UK to consider a national initiative.

P-270 WELLBEING, THE LONE HR PRACTITIONER, AND MANAGING VOLUNTEERS: CARING FOR THE CARERS' CARERS

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In this paper we consider the role of the HR manager in managing their own self-care (Malloy, 2013) while working with hospice volunteers (Alfes, Antunes, Shantz *et al*., 2017). Carvalho & Sampaio (2017) argue that there has been a lack of a strategic approach to challenges associated with the human resource management of volunteers. How does the HR practitioner regulate their own emotional labour and professional boundaries while being responsible for volunteers who support medical and nursing and other staff who care for patients and their families? How does the HR practitioner demonstrate their own engagement with the organisation without becoming over-committed? How can the HR professional devise policies and practices to optimise the benefits of volunteering (Thoits & Hewitt, 2001) while mitigating the potential for over-commitment in hospice volunteers?

We explore theoretical concepts on boundary work and over-commitment in supporting wellbeing within an end of life care setting. Drawing on one-to-one qualitative interviews and insights from the ability, motivation, opportunity (AMO) framework and literature on SMEs (small and medium size enterprises), we highlight policy and practices to support individual wellbeing and performance management. Specifically, we focus on the concept of 'flow' (Csikszentmihalyi, 1997) in delineating boundaries between professional and personal identities.

We discuss practical implications for the career development and wellbeing of HR practitioners in UK hospices and the risks of over-commitment (Earnshaw-Smith, 1987). We also reflect on the impact of performance management and recovery time for both HR managers and volunteers. Initial findings suggest the importance of deliberate and regular interventions in the workplace to buffer work and personal space; outsourcing employee assistance for rapid responses to symptoms of distress and overload; frequent audits and appraisals to

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identify over-commitment; strict application of rest and recovery policies; co-mentoring support within HR managers' networks in the hospice sector.

P-271 SUSTAINING OUR WORKFORCE – PLACING STAFF SUPPORT AT THE HEART OF GOOD PRACTICE

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Background With the UK demographic profile changing, people are living longer and more complex lives with progressive illness (Help the Hospices, 2012). This increases demand on palliative care professionals who have to respond to the needs of the population their serve. If recent mortality trends continue, Healthcare systems will need to adapt to the age-related growth in deaths of palliative care across health and social care disciplines (Etkind, Bone, Gomes *et al*., 2017). But how will hospices care for their staff knowing that burnout and compassion fatigue are the cost of caring in a healthcare setting (Brotheridge & Grandey, 2002)?

Providing formal mechanisms for support will be essential to retain and sustain healthcare professionals and cultivate a climate of resilience. Clinical supervision is a working alliance between supervisor and supervisee with the aim of providing a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. Seeking ways to embed an affordable, sustainable model of clinical supervision would benefit both hospices and their staff.

Aim 1) Explore different models of clinical supervision provided in hospices in the UK to understand current practice; 2) Develop a UK-wide debate about the application and impact of clinical supervision and its role in sustaining and retaining the palliative care workforce.

Method 1) UK-wide consultation with representation of hospices in different regions using video conferencing to understand the different models of clinical supervision; 2) Collate and disseminate findings; 3) Development of an adaptive model of supervision to use in any hospice setting.

Results We anticipate that this initiative will give an understanding of barriers and enablers to clinical supervision in hospices and develop a model of supervision that is easy to use, applicable in different settings, affordable and sustainable. In doing so, support palliative care professionals in a changing and increasingly challenging landscape.

P-272 WHEN VOLUNTEERS MET AI: TRANSFORMING VOLUNTEER COMMUNICATIONS THROUGH CHATBOTS AND WORKPLACE

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With a diverse volunteer base, it's difficult to find a method of communication to suit everyone. A recent review of volunteer communications allowed volunteers the opportunity to voice their views about the way in which CHAS communicates with them. Volunteers stated that communications were ad hoc, inconsistent and one-way. They wanted timely, relevant communications and a chance to share their views and network with others. They also favoured online communications.

A working group, chaired by a volunteer, was established in order to improve communications and identify an online communications platform, as requested by volunteers. The group researched options and decided that Workplace by Facebook was the most suitable platform. Free for charitable organisations, the platform has the same functionality/navigation as Facebook, making it very accessible.

A successful pilot led to the scaling up of the platform for all volunteers. With 500 sign-ups in less than the first six weeks, Workplace has transformed our volunteer communications and engagement, creating an opportunity for dialogue with volunteers, flattening hierarchy and enabling volunteers to access and receive real-time communications.

Workplace has strengthened the volunteer voice and improved the two-way communication with the organisation significantly. Volunteers have told us that they now feel more informed and connected to CHAS. Facebook analytics have allowed us to measure the success of the platform. We have harnessed digital technology (Workplace and the use of bots) to transform our volunteer communications and drive engagement. We are keen to showcase this project to other hospices as we feel it could enhance volunteer and employee communications in hospices across the country.

P-273 'I ALWAYS DREAMED I WOULD BE A NURSE' – THE EMERGENCE OF ADULT CARE VOLUNTEERS

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10.1136/bmjspcare-2018-hospiceabs.298

Background Staff working in a care setting should have a minimum training based on their Care Certificate (Cavendish, 2013). Sixth form students have been achieving a Care Certificate through a supported learning programme within the hospice (Wilcocks & Marshall, 2017). Adult volunteers were inspired by what these students have achieved and asked if a similar opportunity could be provided to adults, enabling their volunteering time to support the clinical staff in a more practical way.

Aims Facilitating volunteers to develop care skills, in order to provide the hospice with a brand new team of 'Care Volunteers'.

Methods Volunteers who approached the education team were interviewed; four were accepted for a pilot project. A range of training and work plans were organised including:

- Induction in statutory and mandatory topics
- An overview of palliative care
- The outline of the Care Certificate standards and workbook
- Buddies allocated to monitor, support, advise, shadow and provide feedback
- Mobile messaging application used for communication and support
- Weekly tutorials and observations of competencies
- Practical competencies include moving and handling, personal care, nutrition and hydration.

Results Four adult volunteers completed their Care Certificate within eight weeks, working half a day a week. Two now work as care volunteers on inpatient ward, two have taken

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