



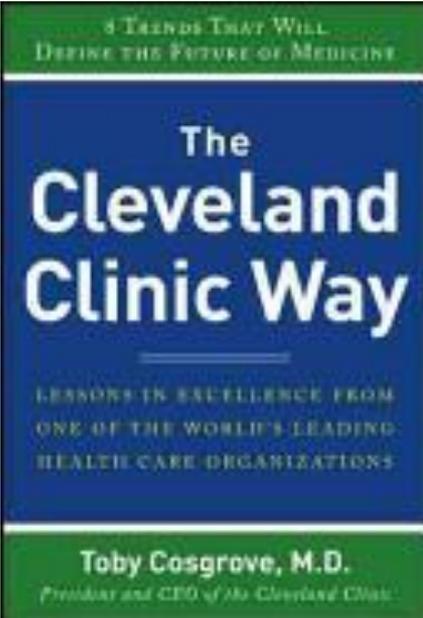
Oncology support staff and patient experience. An opportunity for greater workforce integration

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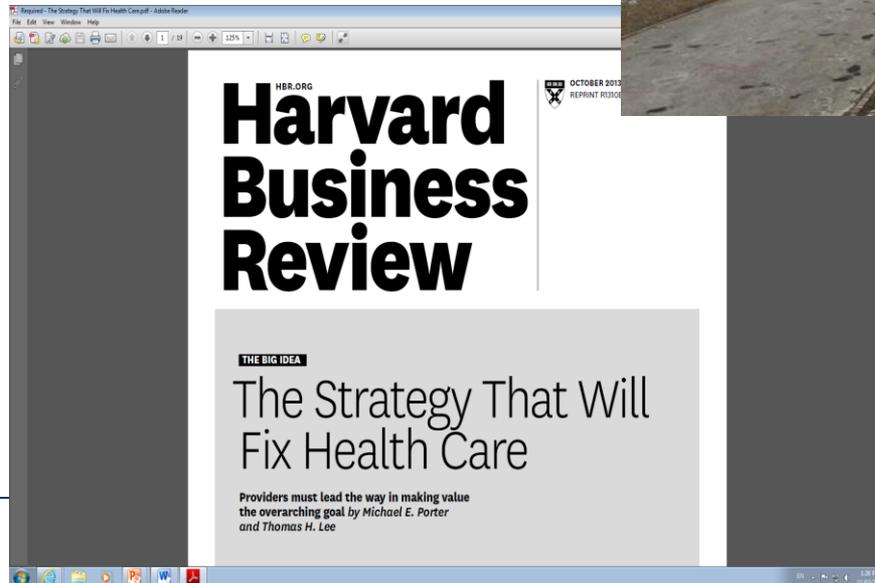


- Many support (non clinical) staff develop ongoing relationships with patients and families and the nature of their work frequently brings them into direct contact with patients throughout their work day
- The role of support staff in healthcare organisations has been shown to be an important factor in influencing organisational behaviour and culture
- Measurable improvements have been shown in patient-reported perceptions of quality and satisfaction with care when support staff are adequately prepared for their roles



"One of the best
healthcare systems in
the world."

**President Barack
Obama**





A review of the literature showed us that:

- Perceptions of the knowledge and skills support staff need to safely interact with patients has been largely unexplored, leaving both support staff and patients vulnerable to distress, clinical risk, and sub-optimal organisational experience.



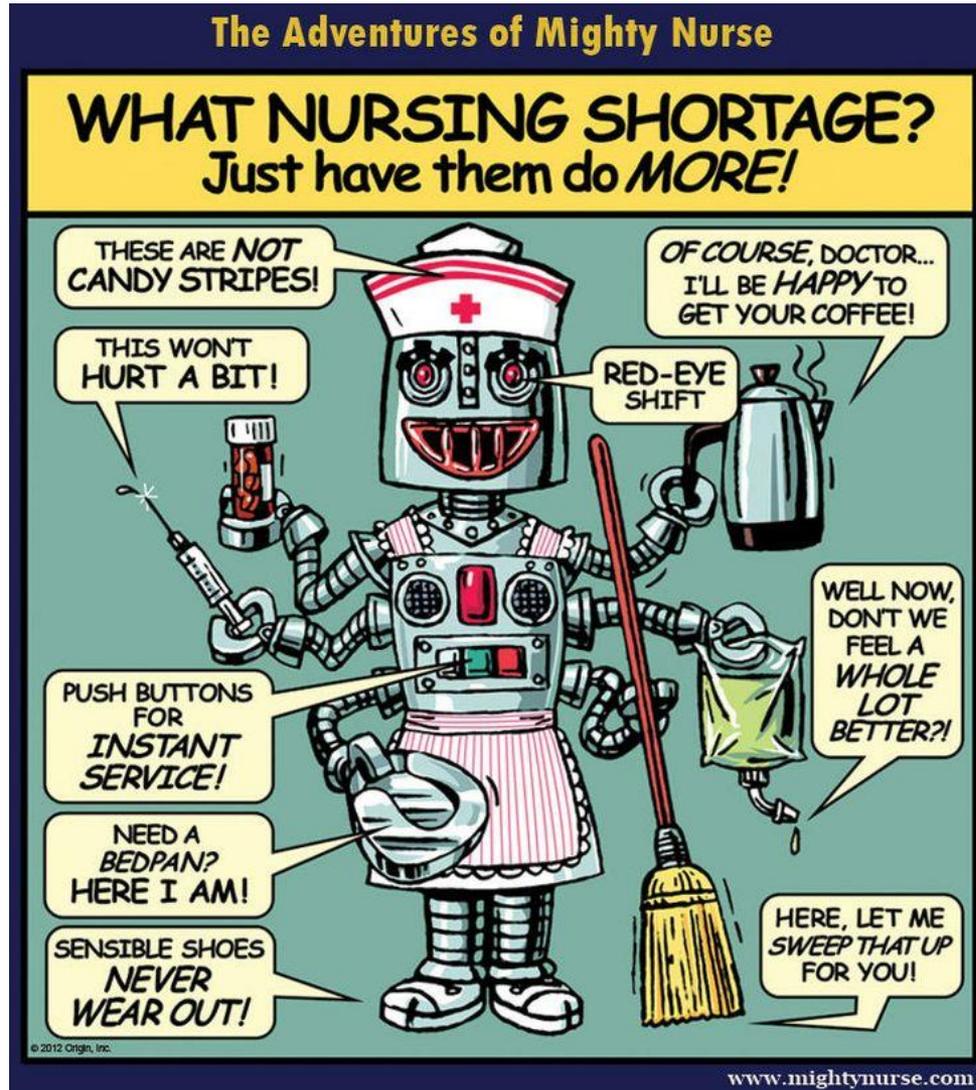
There are currently 365,990 nurses practising in Australia (NMBA, 2015) an increase of almost 25,000 (approx 7%) since 2012

But

Health Workforce Australia has warned of a nursing shortage of over 100,000 by 2025.



We have to let others in – but WE have to be the decision-makers





- To generate Australian-first data to explore the work and person-centred experiences of non-clinical oncology staff so they that their contribution to:
 - Patient outcomes (for example, enhanced experience of and satisfaction with care), and
 - Staff outcomes (for example, job satisfaction, retention)
- could be described, and initiatives to better support these team members help and support our patients be developed

An exploratory, mixed-methods study

Two participant groups

1) Support staff

- Patients Services Assistants (PSAs)
- Food services staff

Eligibility: full, part time or casual support staff with over 3 month working history.

2) Patients

Eligibility: ≥ 18 years; had to have had an inpatient stay for a minimum of 2 nights on one of 4 cancer wards and able to be called within 1 week of discharge to take part in a semi-structured, telephone interview.



- *Staff participants completed Maslach-Burnout Inventory – General Survey (MBI-GS). A 22-item questionnaire developed to measure dimensions of exhaustion (emotional and physical), cynicism (depersonalisation) and professional efficacy (accomplishments and success)*

Maslach, C. & Jackson, S. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2, 99-113.

- Support staff were also invited to take part in one focus group



Staff members participated in a focus group session to explore:

- how well they felt they had been prepared for their roles
- how confident they felt to have conversations or interactions with patients and their family members and other members of the health care team
- what they would describe as positive aspects and the most challenging aspects of their work
- any suggestions for how their place of work can provide them with more support to carry out their role



- Patients from 4 in-patient areas were asked to share their views of the contribution of support staff to their experience of care.
- Interviews were audio recorded and thematic analyses undertaken (in keeping with principles of grounded theory):



Participant characteristics (Staff)	N = 21 (38%) (MBI-GS)	
Age		
M (SD)	44.1 (13.3)	
Median (IQR)	47 (32, 56)	
Range	22, 60	
Years at hospital		
M (SD)	9.6 (9.0)	
Median (IQR)	6.7 (2.8, 15.4)	
Range	0.9, 28.8	
Sex	n	%
Male	8	38.1
Female	13	61.9
Language		
English	16	76.2
Other	5	23.8
Department		
Food Services	7 (50%)	33.3
Patient Services	14 (28%)	66.7
Education		
Primary School	2	9.5
High School	7	33.3
Trade/Technical or vocational training	5	23.8
Diploma degree	2	9.5



Participant characteristics (Patients) (n=38/76%)		
Age		
M (SD)	59.3 (14.8)	
Median (IQR)	63 (51, 69)	
Range	22, 90	
Length of inpatient stay		
M (SD)	14.9 (13.5)	
Median (IQR)	11 (5.3, 17)	
Range	3, 74	
Sex	n	%
Male	18	47.4
Female	20	52.6



Findings: Patients

- Yeah they were really good. One - he used to take me down most of the time to X-ray and to all that. And he was really good because he would talk all the way down and it wasn't just a boring trip down so was good, he was interactive with the patient (Patient 1)
- They were brilliant, all of them were fantastic from the cleaners to the people that brought the meals.. they were always smiling, they were pleasant, they were helpful. They always had time for a chat and ask how you were....I don't know what I would have done without them (Patient 10)
- If I needed something it just happened, everything that I asked for always came, and that's a bit unique (Patient 23)



- They were flat out, to me they seemed very busy (Patient 7)
- They seemed to be working very hard ... we rarely got morning and afternoon tea- you know they have got a lot of other stuff to do (Patient 27)
- He worked very hard, every time you looked around he was doing something not as if he had any spare time (Patient 37)



Why would we not want these people as part of our caring team?

They are just so friendly and pleasant, and just do things so willingly They are just such pleasant people to the patients, just seem to be very caring and the patient comes first (Patient 28)



- I feel like I'm rushed sometimes....but [it's] hard to help someone who has a brain tumour and they're on medication.... and I think I would hate to know inside of me [if I was the patient], that I could communicate if this person could take the time, but they don't so they leave me and I end up getting things that I don't like or what have you. (member of the food services staff, Focus group 5)



- What I like is the camaraderie between staff, the interaction with patients, the ability to feel like you're interacting with someone positively.. and for me if I can make a patient smile that means so much to me....you'll be standing back and you'll see the way another staff member's interacting with a patient, and it's just all those special little moments that you don't see out in the real world... you just don't see that interaction between two humans (Patient Services Assistant-Focus group 2)



The cost of this level of caring can be high

- When you take a patient down [to another area] and a patient says, you know the doctors says I've only got a few months, or, I've got to tell my husband I'll never work again, I've got to admit ... well how do you respond to that? (PSA , Focus group 3)



- [The] hard part for me is sometimes when the patient, telling me they have bad news from the doctors and we won't see you anymore, they start crying, we cry....(member of the food services staff, Focus group 4)
- I kept an eye out in the papers and everything but it turned out that he had passed away, that a letter had been sent [to the hospital]. No one told us... and I don't think [the staff] realise that it's very hard (member of food services staff, Focus group 5)



The message and the missed opportunity

- Just being in an oncology hospital and talking to patients and being involved in their stay here, you could definitely get a lot more support in that .. because people will say all sorts of things to you, so I think being prepared or trained for that... sometimes I don't know how to respond because I don't want to say something that's going to end up being detrimental not overstepping the line (member of the food services staff, Focus group 7)



What's next?

In 2015 competitive research funds were awarded by the Victorian Comprehensive Cancer Centre (VCCC) to build a resource to ensure support staff have the opportunity to develop knowledge and skills they need to contribute to patients as integral members of the care and treatment team:

The COACH Study