Cancer Nurses Society of Australia – State Group Workshop
29 October 2021
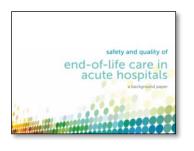
The Importance of Teams and Psychological Safety for Staff

Kim Devery

Deb Rawlings

Flinders UNIVERSITY

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

safety and quality of
end-of-life care in
acute hospitals
a background paper

national consensus statement:
essential elements for
safe and high-quality
end-of-life care

NSQHS STANDARDS

- **End of Life Essentials** – education for acute hospitals funded by the Department of Health. Free, evidence-based, peer reviewed by over 50 clinicians around Australia
- Education modules were built around areas of knowledge gap identified in the 2015 ACQSHC's consensus statement [1]
  - ED, Chronic Complex Illness, Imminent Death, Paediatrics end of life , States of Mind
  - **23,000 doctors, nurses and allied health registered**

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- **Around two thirds of Australian die 75-95 years of age**
- **Estimated 70% of all deaths are expected**
- **Numbers of Australians who die each year will double in the next 20 years[2]**
- **Think about your death**

The Grattan Report *Dying Well 2014*
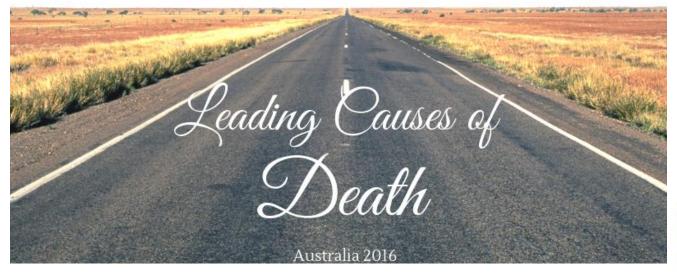
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1. CORONARY ARTERY DISEASE

2. DEMENTIA AND ALZHEIMER'S DISEASE
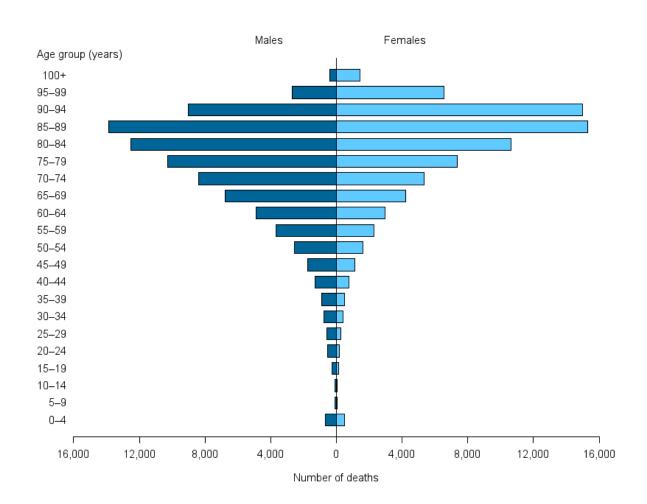
3. CEREBROVASCULAR DISEASE

4. LUNG CANCER

5. CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Leading Causes of Death

Australia 2016

Males   Females

Age group (years)

100+
95–99
90–94
85–89
80–84
75–79
70–74
65–69
60–64
55–59
50–54
45–49
40–44
35–39
30–34
25–29
20–24
15–19
10–14
5–9
0–4

16,000 12,000 8,000 4,000 0 4,000 8,000 12,000 16,000

Number of deaths

AIHW 2016

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82%

Australians think it's important to talk to family about end of life issues

28%

Have done so

14%

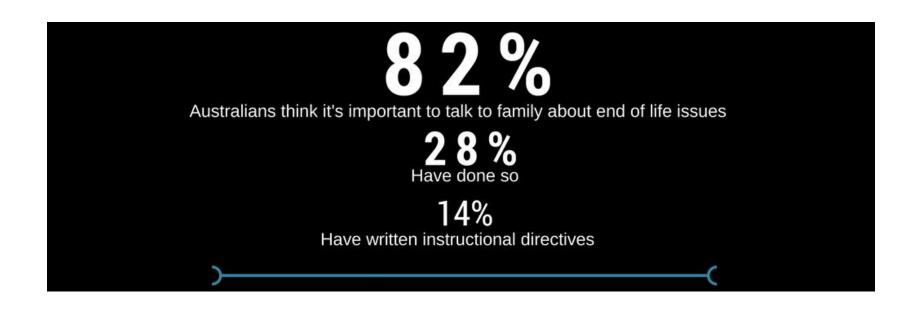Have written instructional directives

Figures from
3. Palliative Care Australia, http://dyingtotalk.org.au/
4. End-of-life Law in Australia, QUT

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So?

Patients are poorly prepared for their future (and may not know for example, their chronic complex illness will end their lives).

Hospital HCP (where 54% Australians die) are excellent at prolonging life but the ACQSHC work has identified that not so good at recognising end of life or providing EOL care.

Early identification of end of life is recommended by WHO as key to providing quality and safe care.

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End of Life Care – *therapeutic humility*

Demands of us an ability to manage:

Complexity – *be confronted and challenged*

Heightened emotions – *don't avoid, just be*

Uncertainty – *flexible to not know the right answer*

Chochinov H (2013) Health Care Provider Communication: An empirical model of therapeutic effectiveness. Cancer, May 1;119(9):1706-13. doi: 10.1002/cncr.27949.

Imagine a patient - Mr Georgiou

A family request that he is told nothing of his diagnosis, advanced head and neck cancer. Importantly, they do not want their father to know he has less than one year to live. The patient, who is fully competent to make his own decisions, has directly asked the nurse what will happen to me? She smiles and answers 'Ah, I think dinner is on its way!' She leaves the room and then pages the RMO to come, fix things up and answer the patient's questions.

The RMO is on his first week with the oncology team and has no idea how to respond. He feels alone. There is no leadership or mentoring about end of life care. He avoids the ward.

The nurse, a new graduate feels alone, she never knows what to say. The ward staff are often fatigued at constantly advocating for end-of-life care.

Mr Georgiou feels alone.

He is frightened and exhausted.

He senses he is dying and he wants to know more.

Can you guess what will happen next?

Maybe no one ever answers Mr. Georgiou's question, he dies without sharing what matters most to him.

All the staff feel disappointed. The rift between the nurses and doctors widens with each death on the ward.

TO BE CONTINUED….

Think – who is in your team?

Think of the health care provided to an elderly patient.

So many providers contributing including:

her general practitioner,
her podiatrist,
the orthopaedic team,
the nurses on the orthopaedic ward,
the respiratory team,
the hospital pharmacist,
the physiotherapist **together with the patient and her family.**

Patients and families are part of the team.
But they are often excluded from decision making.

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What makes effective teamwork in EOLC?

Leadership – champions who can drive change in hospitals, services and units
Are you this person?

Cultural readiness to allow patients to steer and be centre of care -
Allowing patients and families into a team means making room for them and listening to and respecting their requests

A clear vision of patient goals of care -
not only negotiating with the patient (and his or her family) but communicating goals of care to the wider team, the GP and others

Clarity regarding roles of all team members -
Are your strengths around spiritual care or complex symptomology for example, if not, who do you refer to?

Trust and respect of end-of-life issues are being valued-
Do you value those staff who speak up and advocate about end-of-life care? How do you support the staff who are learning to do so?

Clements D, Dault M, Priest A. Effective teamwork in healthcare: research and reality. Healthc Pap. 2006 Dec;7:26-34.

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Why do we sometimes need to speak up?

- The patient is not being accepted in the decision-making team

- Patients not receiving appropriate end-of-life care

- Inadequate pain and symptoms control

- Lack of communication about prognosis and the goals of care

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'How do you manage differences of opinion amongst staff regarding patient care management?'

Qualitative data and analysis of 293 health care professional responses to this question.
12 month data collection May 2019-2020

'How do you manage differences of opinion amongst staff regarding patient care management?'

Team collaboration

Inclusive discussions

"Bring everyone together for a group discussion to gather all opinions before openly discussing options "

Acknowledge and respect individual staff concerns and opinions

"Differences of opinion are not to be dismissed as this can lead to innovation or additional suitable care options "

Negotiation

"Try to come to a conclusion that is effective for both the staff and the patient to be able to continue to give the utmost quality of care"

Seek advice from senior staff or a third party

"I listen to what my team members have to say and then put my point across. If I still think that it is not in the best interest of the patient I try and get a 3rd party involved that is neutral"

Liaise with the patient and or family

"sit down and discusses the issue calmly and empathically in a private space. With the patient and family being central at all times."

'How do you manage differences of opinion amongst staff regarding patient care management?'

Communication skills and emotional awareness

Open and honest communication

"with open, honest and constructive communication"

Active listening

"Active listening to everyone's point of view"

Anticipation of emotive potential

"Try and remain calm and don't let your emotions affect the conversation. When you notice a conflict situation, prepare yourself to not respond emotionally, find a non-judgemental way to respond and reframe from emotionally charged responses"

Empathy

maintaining empathy in considering and responding to others

Negotiation

Unsurprisingly perhaps, negotiation emerged as a subtheme in this study. One of the foundations of teams and negotiation is to understand team members roles and goals. This is especially relevant where end-of-life care is the focus -

Goals of care are shifting or oscillating from curative intent to supportive it is crucial to have a common and shared understanding of prognosis, treatment plans and end of life needs of the patient and family.

For example, agreed prognostication amongst nurses and physicians can predict more accurately compared to the prognostication of a solo practitioner.

Aslakson RA, Cox CE, Baggs JG, et al. Palliative and End-of-Life Care: Prioritizing Compassion Within the ICU and Beyond. *Critical Care Medicine* 2021; ePub ahead of print. DOI: 10.1097/ccm.0000000000005208.

Conflict happens

We all want to collaborate, negotiate, have inclusive emotionally aware conversations and discussions.

Conflict is often seen as unwelcome, however well managed, respectful responses to conflict has the potential to strengthen team respect and decision-making.

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Addressing conflict

A step-wise approach
Adapted from Back A, Arnold R: Dealing with Conflict in Caring for the
Seriously Ill "It Was Just Out of the Question" JAMA, March 2005, 293:11

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1. Notice it

ask yourself - are
you feeling angry or
irritated?

2. Prepare yourself

am I thinking right?
am I too angry to fully listen?

3. Find a non-judgemental starting point

what would an impartial third person say this conflict is all about?

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4. Reframe emotionally charged issues

how can I reframe my thoughts and language so to move away from 'Im right'

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5. Respond empathetically

have I responded showing I understand the others feelings and point of view?

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6. Look for solutions that meets the needs of both parties

7. If no satisfactory agreement can be reached, get help

who can you call for back up?

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So what happens with Mr Georgiou's case?

The registered nurse on the medical ward calls and speaks to the RMO. She discusses with the RMO the complex issue around disclosure of prognosis to Mr Georgiou – she says she realises the family don't wish their father to know he has less than one year to live.

She reframes her own emotions of fear and unease and says she knows there is no easy responses or a way to fix the situation quickly.

Empathically, she acknowledges that the RMO is new to the service, and says it would be helpful to discuss Mr Georgiou's question with the medical team.

The RMO replies that he will come to the ward and discuss the best way to approach Mr Georgiou's question. Meanwhile, the RMO asks a colleague for advice and he admits to himself, he doesn't know what to do.

REMAP

STEPS

Reframe why the status quo isn't working.
we're in a different place

Expect emotion and emphathise
I can see you're really concerned about X

Map the future
Given this situation what's most important for you?

Align with the patient's values

As I listen to you, it sounds like the most important things are . . .

Plan medical treatments that match patient values
Here is what I can do now that will help you do those most important things

Adopted from

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Barriers to speaking up

We don't like to criticise others and especially other disciplines

Hierarchy/authority in health

Autonomy of practice

We don't want to look ignorant, incompetent, intrusive or negative.

So we don't ask questions, don't admit mistakes, don't offer ideas and we don't critique the status quo.

Edmondson AC, Higgins M, Singer S, et al. Understanding Psychological Safety in Health Care and Education Organizations: A Comparative Perspective. *Research in Human Development* 2016; 13: 65-83.

Building Psychological Safety

Is speaking up!

Knowing that conflict/difference of opinion happens

Knowing how to create a climate of openness

Frame mistakes or uncertainties as learning points

Acknowledge we are all fallible *I may have just missed something*

Model curiosity

Edmondson AC, Higgins M, Singer S, et al. Understanding Psychological Safety in Health Care and Education Organizations: A Comparative Perspective. *Research in Human Development* 2016; 13: 65-83.

**Building psychological safety can take time,
but it can be done to create a culture that values:**

Framing issues as learning, this creates a reason for speaking up with ideas.

Sharing with team members that everyone has made mistakes and uses these as a learning or teaching opportunity.

Asking questions and creating a culture of curiosity.[4]

O'Daniel M, Rosenstein AH. Professional Communication and Team Collaboration. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 33.

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Some patients will wish to know everything, other patients only some things and a smaller group will not want to know details about end of life at all - so ask.

LISTEN TO HOW PATIENTS AND THEIR FAMILY/CARERS ARE EMOTIONALLY AND PHYSICALLY

reacting and responding to treatments & interventions

Sometimes we can't fix things in hospitals. But there is so much that can be done . . . .

Learn more about end-of-life care with us.

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eLearning Topics

- Dying, a normal part of life
- Patient-centred communication and shared-decision making
- Recognising end of life
- Goals of care
- Team work
- Responding to concerns
- ED – EOLE Care
- Paeds – EOLE Care
- Imminent death
- Chronic complex conditions – EOLE Care
- States of mind at the end of life

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In summary

- Patients and families are a central part of health care teams.

- Effective teamwork encompasses leadership, clear goals, clear roles, trust, respect and a cultural readiness to allow patients to steer care.

- Effective end-of-life care requires you to speak up to advocate.

- Feeling safe to speak up is a key to effective teams.

- Everyone in the team can learn about the best way to approach conflict.

- Resources are available to assist you to change your practice.

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End-of-Life Essentials advocates proactive approaches to [professionals' quality of mental health.](#)

There are many ways to access information and support about your wellbeing and mental health. Here are some suggestions from Australia:

Headspace Australia

Beyond Blue

Black Dog Institute

myCompass Personalised Self-Help Tool

Lifeline

• Chat Crisis Support - 13 11 14

• Crisis Chat 7pm-12pm

• Crisis Text 6pm-12am: 0477 13 11 14

Suicide Call Back Service - Online and video chat: 1300 659 467

QLife for LGBTIQ+: 1800 78 99 78

Kids Helpline: 1800 551 800

Mensline: 1300 78 99 78

Open Arms for Veterans and their families: 1800 011 046

Nurse and Midwife Support

Doctors' Support

Allied Health Professionals' Support

References

1   Australian Commission on Safety and Quality in Health Care. (2015) *National Consensus Statement: essential elements for safe and high-quality end-of-life care*. Sydney: ACSQHC.

2   Swerissen, H and Duckett, S., 2014, Dying Well. Grattan Institute

3   Palliative Care Australia, http://dyingtotalk.org.au/

4   White B, et al, (2014) *Prevalence and predictors of advance directives in Australia*, Internal Medicine Journal, 44 :10.

5   Croxon L, Deravin L, Anderson J. Dealing with end of life—New graduated nurse experiences. *J Clin Nurs*. 2018;27:337–344. https://doi.org/10.1111/jocn.13907

6   Glare P, Sinclair C, Stone P, Clayton J, (2015) Predicting survival in patients with advanced disease, in Oxford Textbook of Palliative Medicine, (Cherny N, Fallon M, Kassa S, Portenoy R, Currow D eds) Oxford University Press.

7   Chochinov H (2013) Health Care Provider Communication: An empirical model of therapeutic effectiveness. Cancer, May 1;119(9):1706-13. doi: 10.1002/cncr.27949.

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End-of-Life Essentials would like to thank the many people who contribute their time and expertise to the project

https://www.endoflifeessentials.com.au

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