



Participative management and quality of life at work for teams of Haematology-Oncology

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OBSERVATIONS

- The caregivers of onco-hematology services are often exhausted
- The care of palliative patients is complex and needs a multidisciplinary approach
- The accompaniment of patients in oncology needs listening and empathy

PALLIATIVE DYNAMICS

(definition of Health Ministry, 2002)

«Setting up and development of palliative care in all medical services and at home by making easier the care of palliative patients and their families with the setting up of a participative dynamics to prevent the difficulties of caregivers» ,

CONTENTS OF PARTICIPATIVE DYNAMICS

1) Multiprofessional staffs

2) Service project

3) Internal formation

4) Team support

Multidisciplinary staffs

- 1° Staffs where complex clinical cases are discussed :
 - Multiprofessional
 - at least one time per week
 - Common care program and ethical decisions are elaborated
- 2° Staffs with rereading of clinical or ethical cases

SERVICE PROJECT

- Talk about the project approach
- Evaluation of needs : definition of the topics for work
- Development of the project by independent working parties
- Setting up
- Evaluation
- Update

THE SUPPORT FOR CAREGIVERS

- Necessity to regularly evaluate the needs
- Modalities :
 - Debriefing staffs for the whole team
 - Informal support
 - Talking group for caregivers
 - Multiprofessional
 - For voluntary caregivers
 - With psychotherapist from outside the team

JUSTIFICATION

1. Needs of the patients and their families
2. Legislatives
3. Needs of the caregivers

Needs of the patients and their families

Participative approach is needed for:

- 1) Information suited to the expectations of the patient
- 2) Setting up of an optimal care project
- 3) Ethical decisions as palliative chemotherapy

LEGISLATIVE JUSTIFICATION

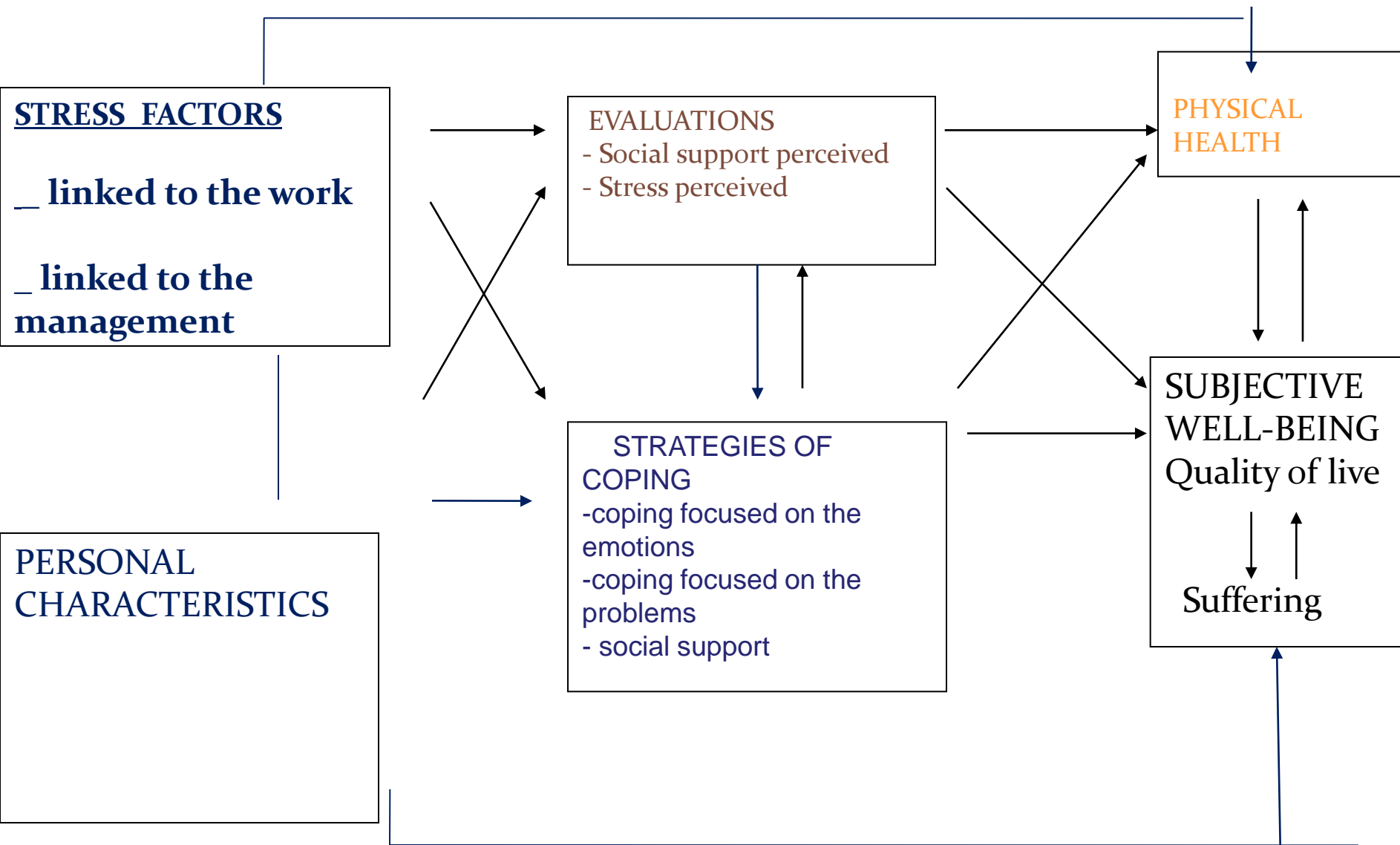
- - circular DHOS (19 february 2002)
- - Marie de Hennezel report (2003) and consensus conference about end of life (2004)
- - circular DHOS (22 june 2004)
- - circular DHOS (march 2008)
- - accreditation criteria of HAS (2010)

NEED OF CAREGIVERS

Etiologic Factors

TRANSACTIONS

ISSUES



**RELATIONSHIPS BETWEEN THE CHARACTERISTICS OF ONCO-
HEMATOLOGY SERVICES PROVIDING PALLIATIVE CARE AND THE
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF CAREGIVERS
USING HEALTH INDICATORS: SOCIAL SUPPORT, PERCEIVED
STRESS, COPING STRATEGIES, QUALITY OF WORK LIFE**

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Methodology (1)

Study population :

This cross sectional study concerned nurses and nurse aides working in hematology and oncology services in Western France

574 questionnaires from 53 different services were analyzed

Methodology (2)

Objectives:

To analyze the relationships between the characteristics of the management of onco-hematology services and the psychosocial determinants of caregivers' health at work including social support, stress and coping strategies

Characteristics of the study population :

- 574 caregivers : 94,1% were female
 - 74,8% were living with a partner
 - Young population (66,5% of less than 40 years)
 - 57,4% nurses and 42,6% nurse aides
 - 80,1% with less than 10 years of experience
 - 83,2% worked during the day
 - 79,9% chose to work in an oncology service and 21.9% wished to change service

Relationship between global score for quality of life and service characteristics adjusted for the caregivers' individual characteristics

Variables	Quality of work life	p
<i>Lack of recognition</i>	-0,32	<0,001
<i>Lack of time</i>	-0,27	0,001
<i>Poor consideration of relatives' needs</i>	-0,21	0,002
<i>Poor consideration of patients' needs</i>	-0,21	0,001
<i>Lack of training</i>	-0,18	0,003
<i>Lack of collaboration</i>	-0,16	0,008
<i>No interdisciplinary meeting</i>	-0,15	0,034
<i>Lack of communication</i>	-0,12	0,038

Relationship between global score for social support and the characteristics of the service

Variables	Social support	p
<i>Overlap time between shifts per day (min)</i>		
>60	0,47	0,006
]30-60]	0,33	0,044
]0-30]	0,24	0,146
<i>Intervention of volunteers</i>	0,10	0,031
<i>Training in palliative care</i>	0,10	0,036
<i>Training on pain management</i>	0,10	0,036
<i>Lack of recognition</i>	-0,21	<0,001
<i>Poor consideration of patients' needs</i>	-0,19	<0,001
<i>Poor consideration of relatives' needs</i>	-0,19	<0,001
<i>Lack of collaboration</i>	-0,16	<0,001
<i>Lack of training</i>	-0,16	0,001
<i>Lack of communication</i>	-0,09	0,036

PARTICIPATIVE DYNAMICS

= Creation of areas for exchange with different objectives

BUT

In all cases, optimization of:

- the need of recognition
- communication
- collaboration

→ **with improvement of the quality of work life**

Areas for exchange

	Exchange	Training	Support	Autonomy
Staffs	++	+	+	
Training	+	++		
Debriefing staff	+		++	
Service project	++			++

CONCLUSION

- 1° We demonstrated a relationship between participative dynamics and quality of work life in care
- 2° There is an ongoing study to show a relationship between the quality of work life of caregivers and the quality of care of patients
- 3° This model is actually difficult to apply in France with the price setting linked to the activity.