ACT-ing for self-care in palliative care.

Acceptance and Commitment Therapy (ACT) as an intuitive model for staff sustainability and patient benefit in palliative care

Dr David Gillanders

Dr Juliet Spiller

Dr Anne Finucane

Evidence for ACT

- Strong evidence base for ACT
- Evidence describing the value of ACT in palliative care is emerging.
- Recent systematic review identified 25 research papers focused on ACT for palliative care and bereavement.
- Preliminary evidence that ACT can improve anxiety, depression, sleep and quality of life.
- But rigorous research is needed.
  - ACT for people with terminal illness
  - ACT for bereavement support
  - ACT for carers
  - ACT for staff providing palliative care

Tilly Gibson Watt (University of Edinburgh) at the Palliative Care Congress, March 2022

The University of Edinburgh

University of Chester

Marie Curie
Care and support through terminal illness

Feasibility of an online Acceptance and Commitment Therapy (ACT) intervention to improve staff wellbeing in palliative care settings

The RESTORE project

Project team

- **Dr Anne Finucane: University of Edinburgh (Co-Lead)**
- **Dr David Gillanders: University of Edinburgh (Co-Lead)**
- Prof. Nick Hulbert Williams: Edge Hill University
- Dr Brooke Swash: University of Chester
- Brigid Lydon: Marie Curie Hospice Edinburgh
- Dr Juliet Spiller: Marie Curie Hospice Edinburgh

Background

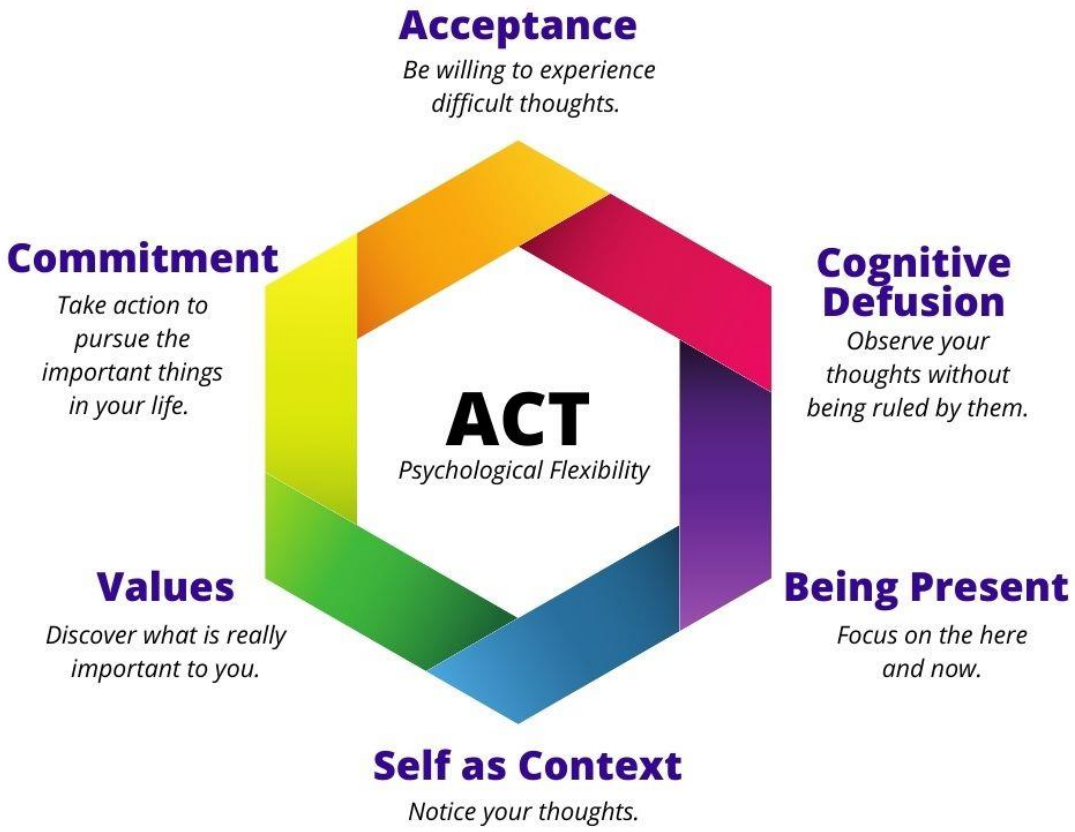
- Stress is commonly experienced by healthcare professionals
- Additional stressors in palliative care.
- COVID has increased stress and burnout
- Nursing Standard-Marie Curie survey found that 45% of respondents reported insufficient support at work to manage grief and emotional stress.

➢ Acceptance and Commitment Therapy (ACT).

"We are all tired mentally & physically. We do what we do because we want to help but I can see that it is affecting my own health"

Ref: Nursing Standard-Marie Curie survey (Sept 2020)

Acceptance and Commitment Therapy (ACT)



Ref: Gloster AT, Walder N, Levin ME, *et al.* The empirical status of acceptance and commitment therapy: A review of meta-analyses. *J Contextual Behav Sci.* 2020; **18**: 181–192.

Research questions

1. Is online ACT **feasible and acceptable** to palliative care staff?
2. What is the **experience** of staff undertaking online ACT?
3. What are the **barriers and facilitators** to implementing online ACT?
4. Is there preliminary evidence for **improvements in wellbeing** and stress following online ACT?
5. What are the **implications for future** intervention development and evaluation?

Methods

Design

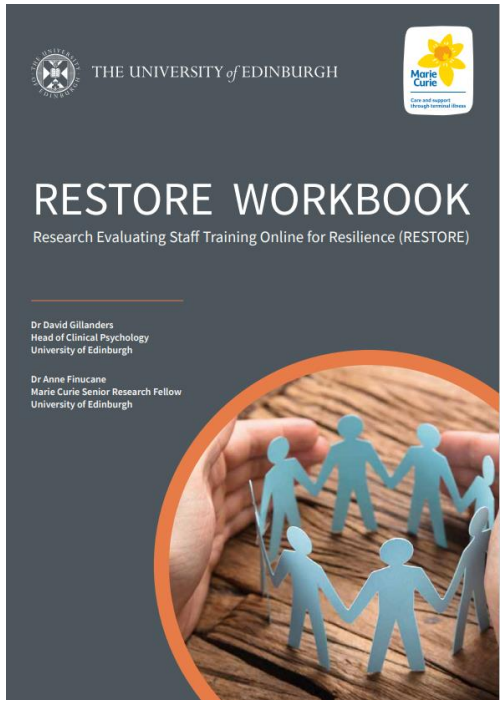
- Single arm mixed-method feasibility study

Participants

- Patient-facing Marie Curie staff in Scotland

Intervention:

- 8 week blended learning online ACT course
- Covered key components of ACT
- Three facilitated online group workshops
- 12 audio and video files for self-direct learning
- Workbook with weekly exercises
- Chat via MS Teams



Week	Module	Time required (approx.)	Aim	Content	Delivery mode
1	Introduction to ACT	90 minutes	To introduce the ACT approach	What is it like to work in palliative care, how do you respond stress, what ways are helpful and unhelpful; what gets in the way of you feeling satisfied with your work. Introduction to ACT.	**Live** Virtual classroom via MS Teams
2	Values	30 minutes	To introduce the concept of values	Identifying and acting in line with your values.	e-learning
3	Awareness	30 minutes	To introduce awareness	Present moment awareness, mindfulness, grounding.	e-learning
4	Review of materials	90 minutes	To review material to date	Review, troubleshooting, clarifying materials. Discussion.	**Live** Virtual classroom via MS Teams
5	Openness	30 minutes	To introduce the concept of openness	Developing willingness, becoming more open, making room.	e-learning
6	Defusion	30 minutes	To introduce diffusion	Unhooking from difficult thoughts and feelings.	e-learning
7	Compassion & Self-care	30 minutes	To introduce self-compassion and self-care	Kindness to self and others.	e-learning
8	Review and trouble shooting	90 minutes	To review materials and plans to sustain practice	Review, troubleshooting, clarifying materials. Discussion.	**Live** Virtual classroom via MS Teams

Evaluation

- **Feasibility data**
  - Number of participants recruited (target: 24 – 30)
  - Number of participants completing the intervention (target 2/3 of those recruited)
  - Number of participants completing the questionnaires (target: 2/3)
  - Number of focus group participants (target: 50-75%)

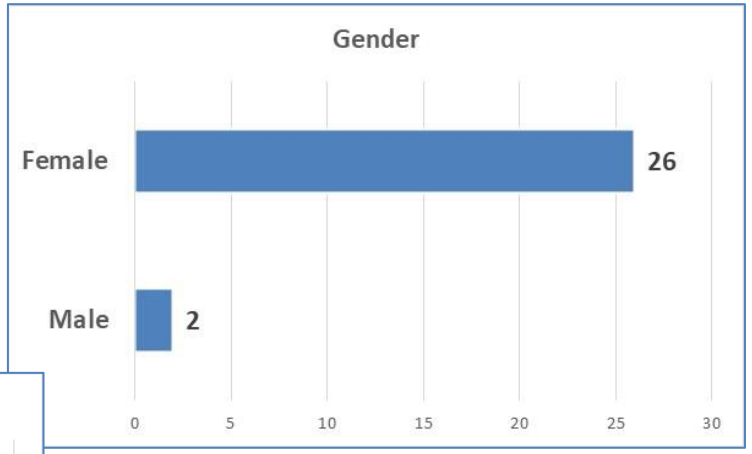
- **Outcomes – baseline, mid-way, end & follow-up**
  - Psychological flexibility: Openness, awareness, valued action
  - Stress: Perceived Stress Scale
  - Wellbeing: Edinburgh Warwick Mental Wellbeing Scale
  - Workplace quality of life: Compassion satisfaction, burnout, secondary traumatic stress
  - HCP psychological flexibility: Mindful Healthcare Scale (in development)

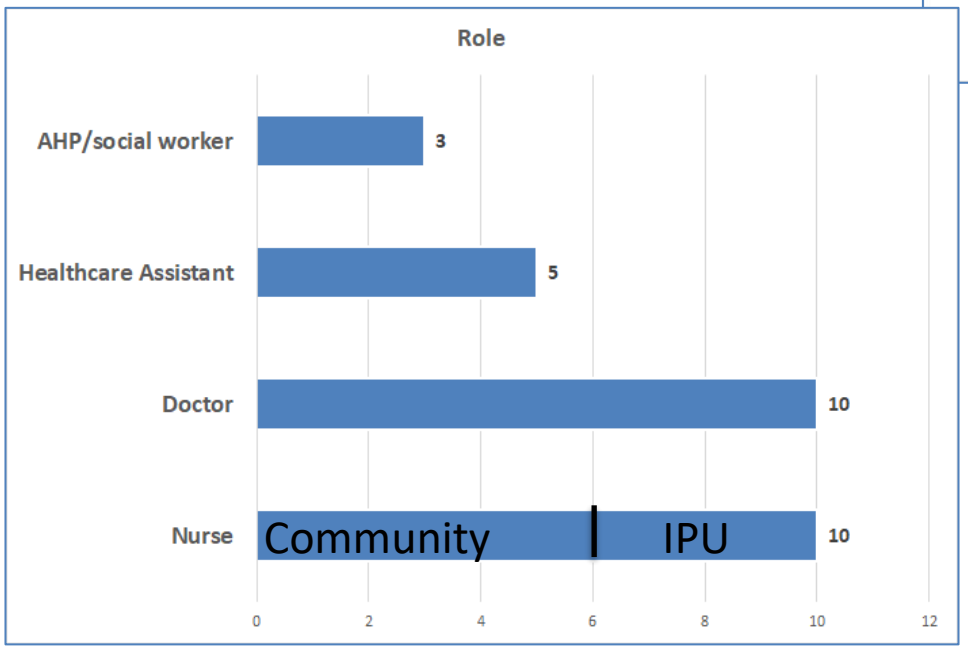
- **Focus groups**
  - Participant experience and overall impressions
  - What worked well / improvements
  - Barriers and facilitators

Before we discuss the results……

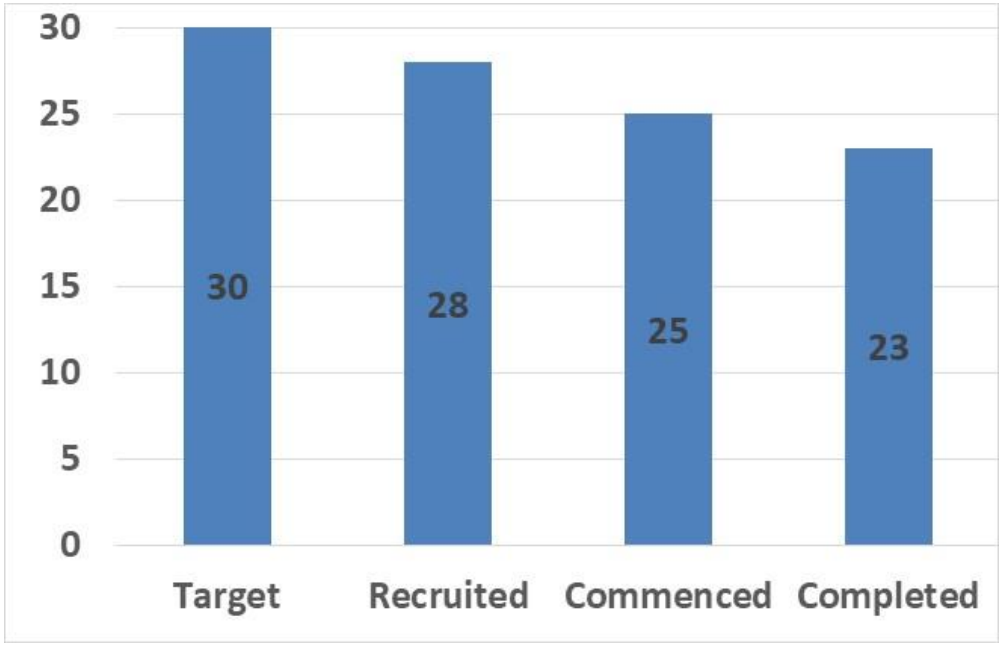
Results: Participant overview

- **28** participants recruited
- **61%** aged 45+



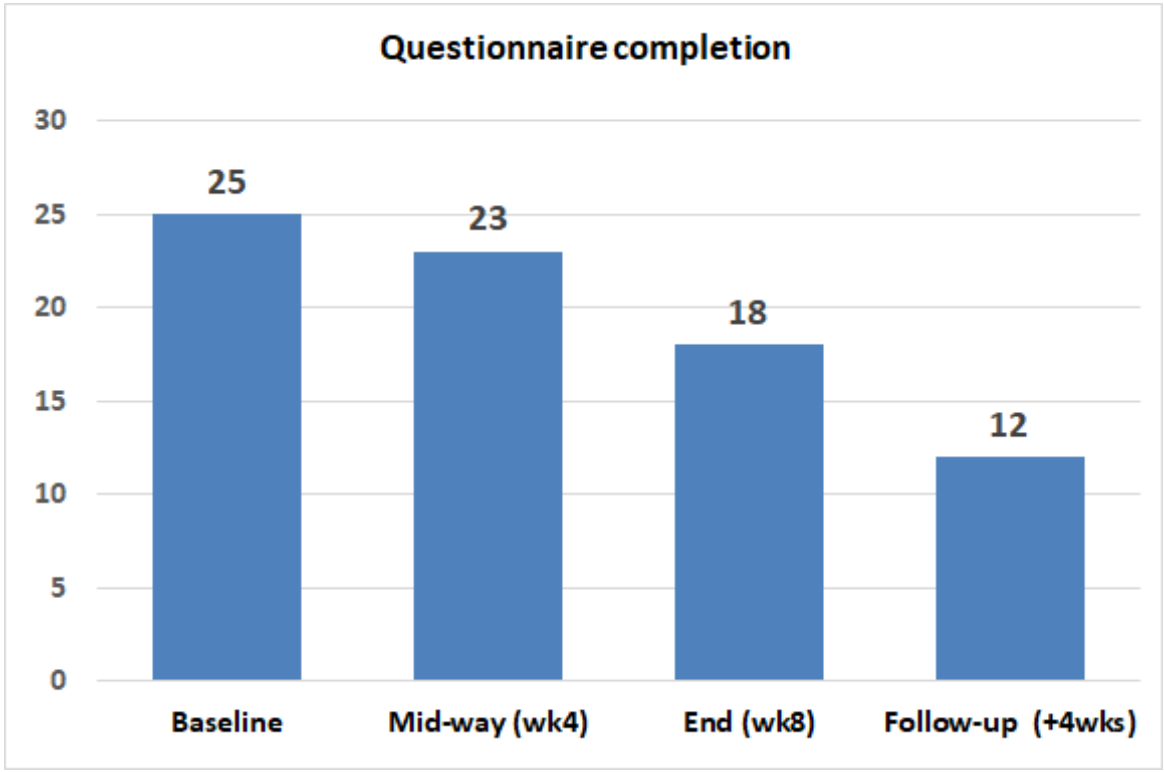


Results: Feasibility and acceptability



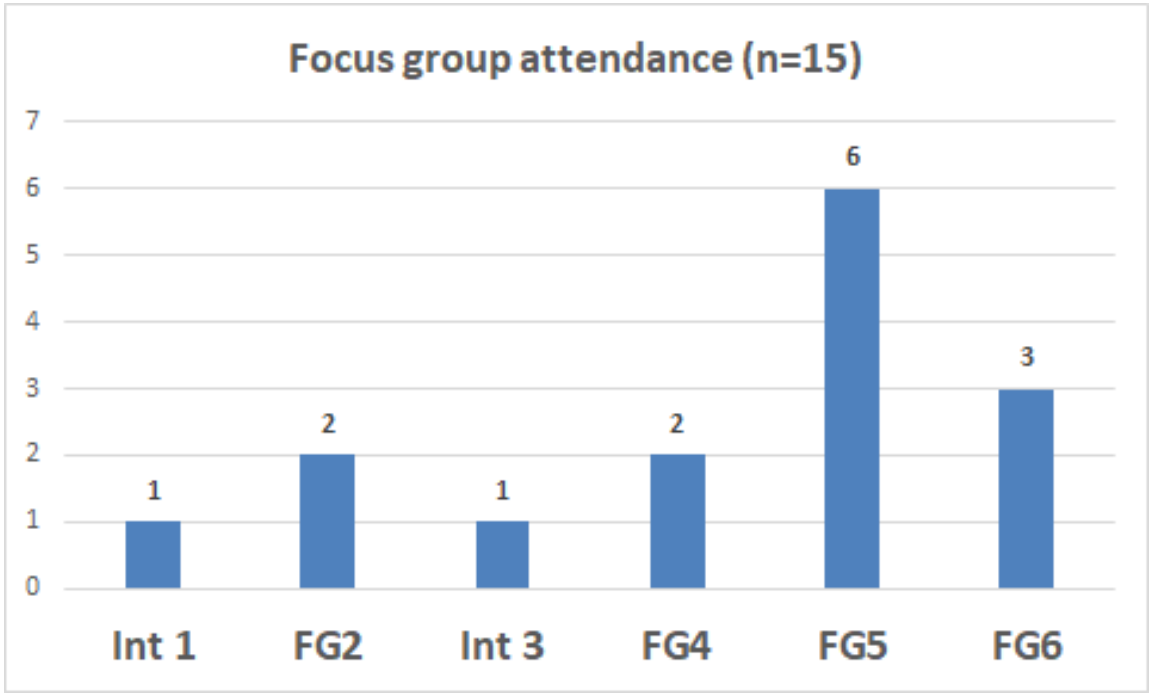
92% of those who **commenced** the intervention completed it.

Results: Feasibility – questionnaire completion



72% completed end-point
48% completed follow-up

Results: Feasibility



At follow-up 15 of 25 participants took part in a focus group (60%)

Results: Acceptability

Content was acceptable

- Developing openness
- Defusion
- Present moment awareness
- Values
- Self care

"I think probably the most helpful things [were] the kind of practical tips … ways to break those anxious thoughts or negative thoughts on a day-to-day basis"
(FG3, P3)

Results: Acceptability

Structure

- Blended approach highly valued
- Online group sessions essential
- Videos helpful and enabled flexible engagement with material
- Workbook helped participants stay on track
- Length/Pace – fast paced, follow-up welcome.

*"…good balance with the self-work that you needed to do… I think if it had all been face-to-face sessions I wouldn't have got so much out of it because **you really do need to work through it**" (FG4, P2)*

*"I definitely wouldn't have got as much just going through the material without that **ability to hear other people's reflections** and stories, and the challenges…. "(FG4, P1)*

Results: Acceptability

MS Teams acceptable as platform

- Worked very well
- Teething problems for some
- Chat function not much used.
- Recognition that Teams may a barrier for others who did not participate.

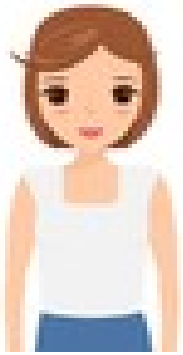
"I think on Teams…we're all getting used to it … But the benefit being it's so easy, you don't then lose the time of having to travel somewhere and that you can bring people from across the nation together so I feel that actually it worked very well."
(FG4, P1)

Results: Experience

- Enjoyable
- Informative
- Beneficial

"I really enjoyed it and you know, quite a lot of the techniques that they were showing us and asking us to do I found ***really helpful in allowing yourself some space and time to think, or to clear your mind****…."* (FG 5, P3)

I think that the quality of the sessions was really great, there was ***so much rich stuff in there; lot(s) of information, lots of insights****"* (FG5 P1)



"I really enjoyed it and found it a positive experience and definitely feel like ***it makes you think about things in a different way so hopefully manage stress a bit better."*** (FG5,P2)

Results: Barriers

- Finding time
- Wellbeing not seen as a priority

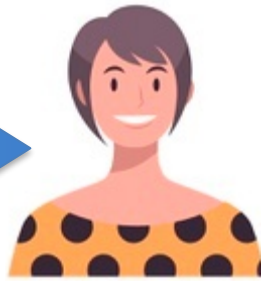
"I think some people can feel guilty I suppose it's partly the time management… but just with the pressure everyone's under at the moment but [I].. would feel guilty about taking the time out" (FG6, P1)

"Ultimately the top-down pressure is because of staffing so they can't get time off the ward because there's not enough of them to cover…certainly though, it would never be seen as a priority". (FG2, P1)

Results: Facilitators

- Line manager support
- Protected time
- Private space
- Flexible

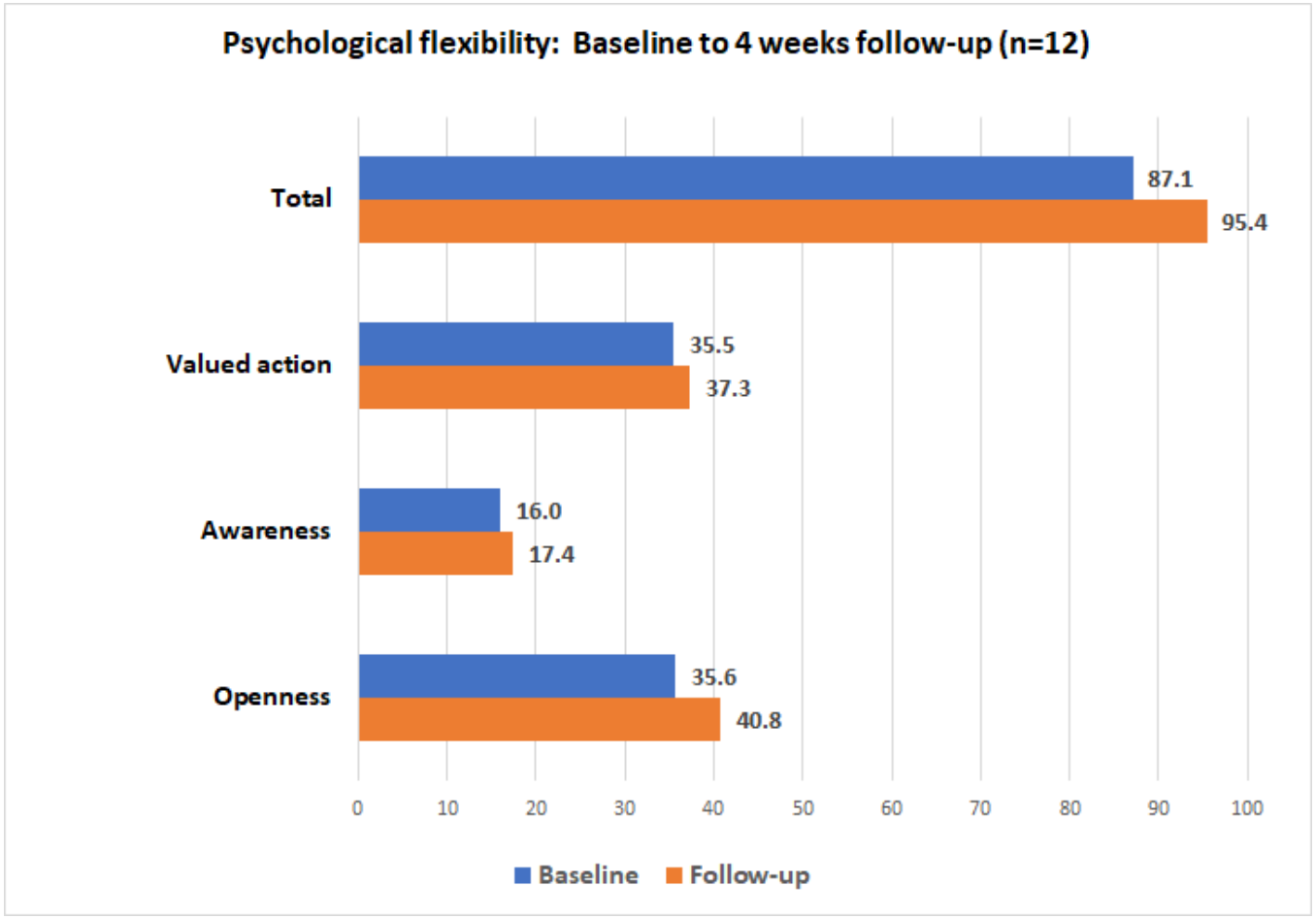
*"we were very much supported by the senior (profession) team to take part in this… on the day making sure that actually the service is covered but allowing us to get to sessions (*FG6, P2)



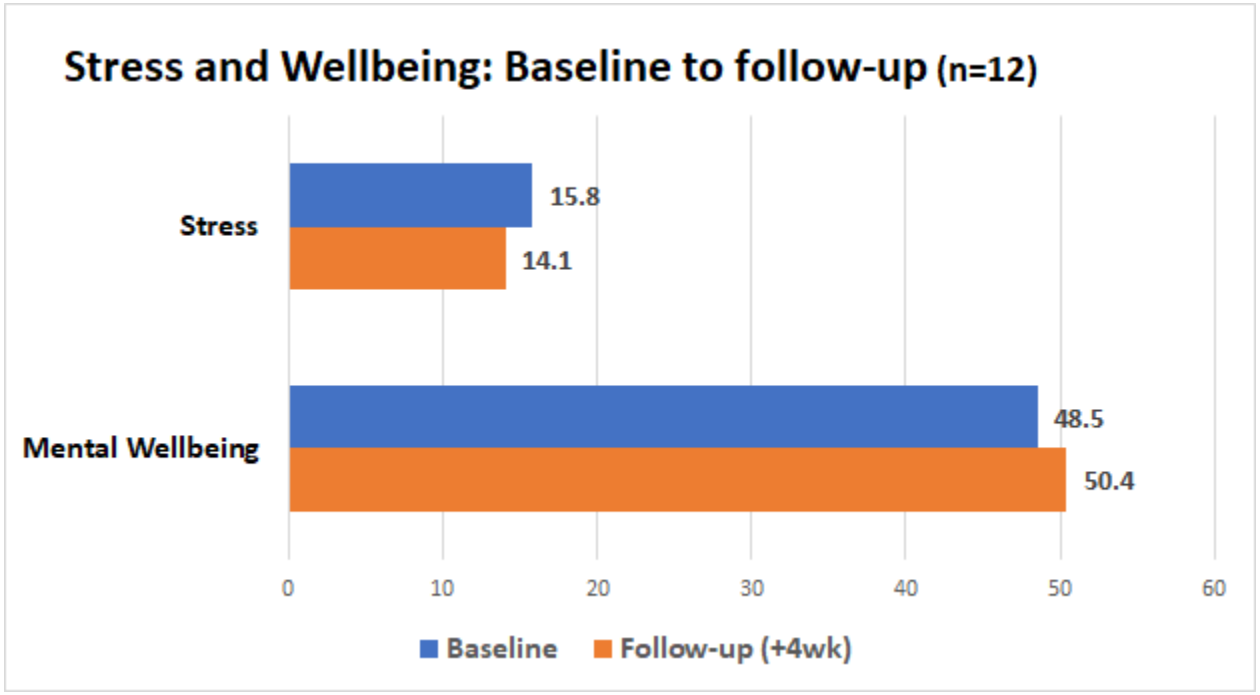
"It's probably flexible enough you know because you can do the course work at different points and catch up at different points" (FG3, P1)

"I actually was working from home so I was removed from the office, no phone calls, no nothing so that was actually really, really helpful" (FG5, P6)

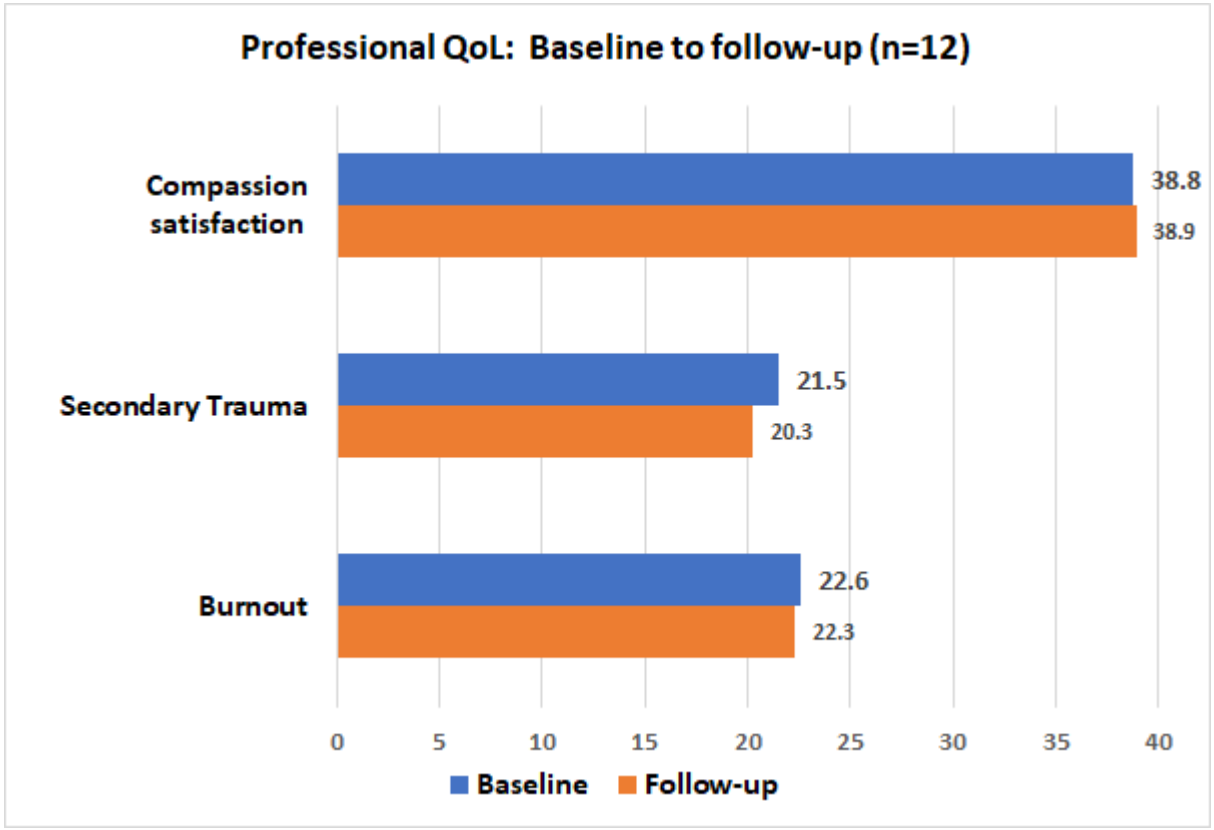
Results: outcomes - quantitative



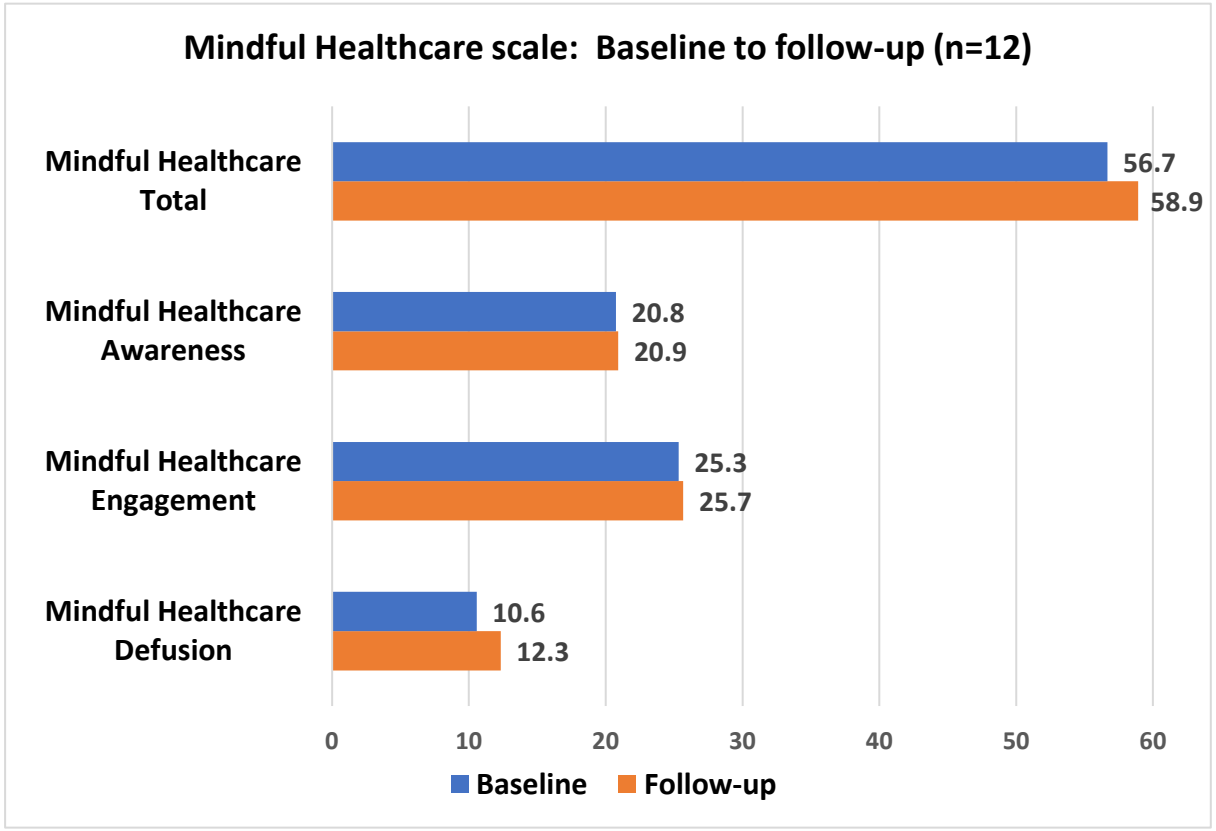
Results: outcomes - quantitative



Results: outcomes - quantitative



Results: outcomes - quantitative



Results: outcomes - qualitative

Not one participant reported negative impacts

Future intervention development

- Focus: preventative or responsive?
- Booster / follow-up session
- Explore facilitation
- Build in approaches to sustaining practice

"I do worry, as with everything, you know that life comes back in and some of this falls away and you go back to bad habits from before… " (FG1, P1)

Future evaluation

- Outcomes measures assessing psychological flexibility (CompACT) and mental wellbeing (Warwick Edinburgh Mental Wellbeing scale were most sensitive to change.
- Consider alternative outcomes (e.g. self-efficacy)
- Reduce data collection timepoints
- Build in strategies to optimise data collection at follow-up.
- Identify a suitable control for comparison in a future trial.

Conclusion

- Acceptable
- Enjoyable, informative and beneficial
- Data collection is feasible during the intervention but challenging at follow-up
- Line manager support, protected time, a private space and flexible access to materials facilitates engagement.
- Time constraints and low prioritisation of staff wellbeing are barriers.
- Strategies for long term maintenance are needed.
- Follow-up linked study under way.
- **Next step is to redesign as a pilot feasibility study, with a control condition, examining additional outcomes, including cost.**

Protocol paper:

Finucane A, Hulbert-Williams NJ, Swash B *et al.* Research Evaluating Staff Training Online for Resilience (RESTORE): Protocol for a single-arm feasibility study of an online Acceptance and Commitment Therapy intervention to improve staff wellbeing in palliative care settings. *AMRC Open Res* 2021, **3**:26 (https://doi.org/10.12688/amrcopenres.13035.1

Study registration and materials (ISRCTN registry):

https://doi.org/10.1186/ISRCTN14313559

For further information please contact:

Dr Anne Finucane: a.finucane@ed.ac.uk **@A_Finucane**

Dr David Gillanders: David.gillanders@ed.ac.uk **@davidgillander**

Acknowledgements:

Particular thanks to Marie Curie for a small research grant for this work.

Results: outcomes - quantitative

Outcomes	Baseline N=25		Mid-way N=23		Endpoint N=18		Follow-up N=12		Effect size1		Effect size2	
	Mean	*SD*	Mean	*SD*	Mean	*SD*	Mean	*SD*	Cohen's *d*	Interpretation	Cohen's *d* (pooled)	Interpretation
Pychological flexibility												
CompACT Total	86.5	*18.6*	87.9	*19.7*	96.4	*21.0*	95.4	*25.0*	0.43	Small increase	0.70	Medium increase
Valued action	35.6	*6.5*	36.9	*7.7*	37.3	*6.5*	37.3	*8.4*	0.24	Small increase	0.83	Large increase
Awareness	16.9	*7.0*	15.9	*7.3*	19.2	*8.1*	17.4	*8.8*	0.07	Minimal change	0.29	Small increase
Openness	34.0	*9.4*	35.0	*10.1*	40.0	*10.0*	40.8	*9.9*	0.71	Medium increase	0.66	Medium increase
Wellbeing												
Warwick Edinburgh Mental Wellbeing Scale	47.3	*7.5*	47.8	*7.2*	50.8	*7.5*	50.4	*7.8*	0.41	Small increase	0.49	Medium increase
Stress												
Perceived stress scale	17.3	*6.2*	16.7	*6.1*	14.9	*5.7*	14.1	*7.6*	-0.48	Medium reduction	-0.34	Small reduction
Workplace quality of life												
Compassion satisfaction	38.8	*5.1*	38.7	*4.7*	40.2	*4.7*	38.9	*4.9*	0.02	Minimal change	0.08	Minimal change
Secondary trauma	23.1	*5.6*	22.9	*5.5*	22.5	*5.0*	20.3	*5.4*	-0.51	Medium reduction	-1.03	Large reduction
Burnout	23.6	*4.2*	24.3	*4.3*	23.2	*5.1*	22.3	*5.7*	-0.28	Small reduction	-0.15	Minimal change
Mindful Healthcare scale												
Total	57.2	*5.1*	58.6	*4.5*	58.8	*6.5*	58.9	*6.3*	0.31	Small increase	0.75	Medium to large incr
Engagement	25.6	*2.9*	25.6	*3.1*	25.4	*3.0*	25.7	*3.5*	0.03	Minimal change	0.15	Minimal change
Awareness	21.7	*3.8*	21.5	*3.0*	21.7	*3.8*	20.9	*3.7*	-0.21	Small reduction	0.20	Small increase
Defusion	9.9	*3.7*	11.5	*3.1*	11.7	*2.7*	12.3	*3.4*	0.67	Medium increase	0.64	Medium increase