

## ABSTRACT

Title of the Research: **ATTENDING TO THE CONCEALED STRUGGLE:  
AN ACCOMPANIMENT PROGRAM FOR THE  
PALLIATIVE-HOSPICE CARE TEAM**

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The main problem/question answered in this study was finding out the effect of an accompaniment program to maintain the quality of life/health status of the palliative-hospice care professionals in relation to experiencing burnout syndrome. The assumption refuted in this study was that there would be no dysfunctional/maladaptive symptoms of the burnout syndrome among the participants. It was confirmed in the qualitative data and the pre-test scores that they had only mild-to-moderate burnout level, thereby needing only a preventive accompaniment program to avoid the dysfunctional strong level.

The participants of the program who agreed to take part as intervention group comprised a palliative-hospice team of six professionals: a doctor, a nurse, a counselor, a social worker, a day care staff, and a spiritual care provider. They come from a palliative-hospice care center which renders community-based/home-based services to the terminally ill, the dying, the dead, and the bereaved. A comparison group was comprised of another set of equivalent palliative-hospice care professionals from another community-based hospice center.

The study made use of the mixed- method design based on Creswell (2013) and other authors. Particularly, the embedded design was employed, that is, a quantitative quasi-experimental approach (specifically using the small n design) was in between or embedded in two qualitative stages of the study. This study was anchored on the concepts framed out of the IPO (Input-

Process-Output) components of the General Systems Theory of Ludwig Von Bertalanffy (1968). The Integrative Psychotherapy approach (Corey, 2012), specifically the blending of the tenets of existentialism, choice theory (Glasser, 1995), approaches of spirituality and companioning (Wolfelt, 2012) that integrates the body, the mind, and the spirit informed the accompaniment program. In measuring the life management status of the participants in dealing with burnout, the paired two-sample t-test was employed to measure the difference on the degree of burnout before and after exposure to the accompaniment program as an intervention. An adapted modified burnout instrument called the LMSBS (Life Management Status related to the Burnout syndrome Scale) based on Maslach (1981) was used.

The qualitative phase yielded five thematic categories reflecting the participants' dominant needs. The Accompaniment Program was a series of six (6) sessions addressing the participants' needs. This was anchored on Glasser's Choice-Reality Theory and Wolfelt's Soul-Journey Companioning Model.

The LMSB Scale yielded no significant difference between the pre-and-post intervention mean scores which means that, as a group, the program maintained the burnout status present before the program on the same level after the program; hence, the worsening of symptoms was prevented. In individual scores, the social worker and the nurse showed significant differences, meaning their burnout (in particular dimensions) level before the intervention improved after the intervention. The qualitative feedback points to the positive impact of the program among the participants.

It was concluded that an accompaniment program is effective in preventing the maladaptive consequences of burnout among members of the palliative-hospice care team but the program would need follow up in order to sustain self-care for wellness.