

24 Hours On-Call for Transplant



An Ethnographical study of the effects of an on-call service on the everyday life of Renal Transplant Co-ordinators

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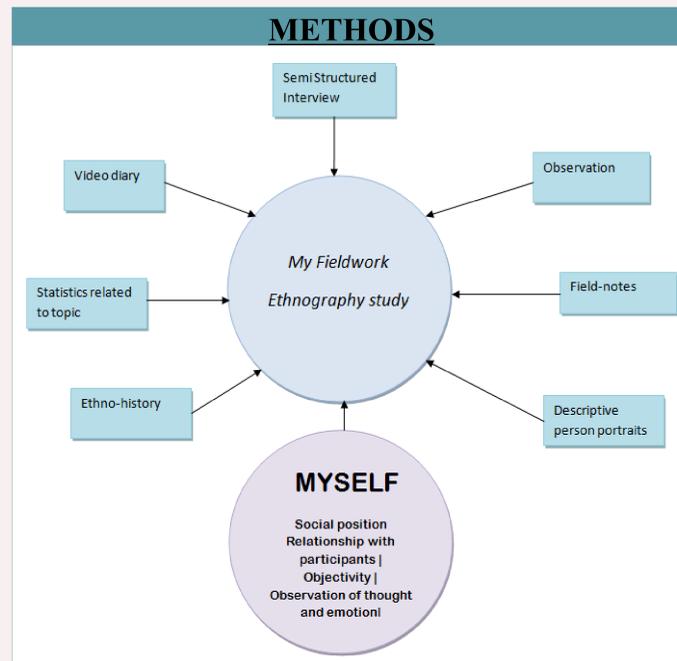
STUDY AIM

The aim of the study was to explore in detail the impact of a 24 hour on-call on everyday life for the renal transplant co-ordinators based at the Royal Infirmary of Edinburgh.

This is in the context of an increasing number of transplants in the UK and a concern over transplant team resilience. There is also a need for preparation predicting a further increase in organ donation with the implementation of the 'opt-out' system.

An understanding of the impact of the on-call service for the transplant coordinators, on their everyday life is pinnacle in developing and sustaining a robust on-call service. Those best placed to describe the needs of a service are the practitioners that are directly involved.

METHODS



METHODOLOGY

This study is an ethnography, a cultural ethnography of a small occupational group or sub-culture; the recipient transplant coordinator.

There are elements that are auto-ethnographical, my role as a transplant coordinator within the team for seven years giving me an insight into the historical, organisational, hierarchal and cultural context of the world of a Recipient Transplant Coordinator, a knowledge of the process and structure that has allowed me to add my own words and experiences (Ellis, 2010).

An ethnography is writing about people it is the aim of the ethnographer and the methods they use is to tell a story, a story of people as they are naturally.

The number of organ transplants in the UK has been rising in the past 10 years and deceased donors have increased by 95% (NHSBT, 2018). Last year 1574 deceased donors benefited 5090 recipients who received an organ transplant (NHSBT, 2018).

Staff resilience across transplant in the UK has been the recent concern for NHS Blood and Transplant and the British Transplant Society prompting the Transplant and Sustainability Resilience Summit to discuss measures to recruit and to keep existing staff (Armstrong L. & Forsythe J., 2018).

CONCLUSION

In line with previous studies (Bamberg, 2012, Emmett, Dovey & Wheeler, 2013, Hall et al, 2017, Nicol, 2014) the most impact of a 24 hour on call on Renal Transplant Coordinators was **sleep deprivation** and the subsequent effect on mood and the ability to function.

Sleep deprivation not only affected the practitioners in the workplace but had an effect on surrounding family both in partners and children. The added pressures of a depleted staff rota as a consequence, in part, to work related stress added to the detrimental effects of on-call. An increased frequency of on-call shifts lowered the morale of the team due to the prolonged time scale.

The managerial concerns related to costs of providing a full and robust on call complement for a resilient rota is not unusual, line managers often focusing on cost effective production without considering the long term well being of the staff in their work and life balance (Reiter, 2007). These concerns are outweighed by the long term effect on maintaining an existing and stretched staff rota due to absences through staff stress and seeking employment elsewhere. A concern that was echoed in the Transplant and Sustainability Resilience Summit, 2018 across all areas of transplant in light of the increasing numbers of donors.

It was voiced throughout the study that, despite the challenges, there was an **overwhelming enjoyment** of working on call when **not pressured** to fulfil an **understaffed rota**. The motivations for work in the participants were directed by positive clinical contact with the patients, their clinical influence and respected autonomy of their involvement in the organisation of a life changing operation.

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Fights would happen because I've been on-call and it is my fault... He knows to stay out of my way...

...the next days are like chronic tiredness, it takes several days to catch up on sleep...

Accepting an offer and seeing it through is a controlled type of busy, but I have to say it's more frequent that you get bombarded with offers... I find it difficult to return to sleep and often over think things.

(My son) finds it hardest if I get a call around his bedtime, even though he doesn't get a story or anything but he has to bring himself up to bed and I just say 'night night' through the door, I hate that...



I think it (on call) is the part of the job I see most value in, it allows your clinical judgement and to be an independent practitioner, really making a difference, there have been times that without the information I had about the patient we would have made a different decision ...

... we have a room for my on call which is next to the bedroom, in the early stages you can hear what's going on and I tend to get quite loud... Going back to bed the phone going off again would disturb and rather than do that I would probably stay up to cut out on disturbance...

A busy on-call can mean a shift of 26 hours... Even with a rest day that takes a while to recover from, you are straight back into work the day after your sleep day and it can be three or four days until you start to feel that you're over the tiredness.

Three on-call in a week is hard, I counted six or seven on call in an eleven day stretch and they were all busy ones and I was just getting to the end of it and I was like... Give me a break... Off, on, off, on - you take about a week to get back into the swing of things.



