

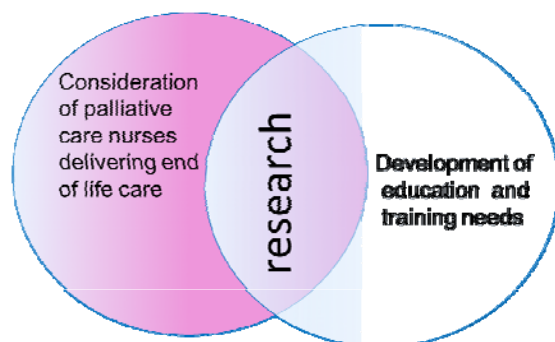
Caring for people in the last days and hours of life

The Scottish Government accepted the recommendations that the Liverpool Care Pathway (LCP) should be phased out by the end of 2014. Guidance was published and 4 principles set out :-

1. Informative, timely and sensitive communication is an essential component of each individual person's care.
2. Significant decisions about a person's care, including diagnosing dying, are made on the basis of multi-disciplinary discussion.
3. Each individual person's physical, psychological, social and spiritual needs are recognised and addressed as far as is possible.
4. Consideration is given to the wellbeing of relatives or carers attending the person.

"The collective aim of all health care providers across Scotland is the provision of consistently high quality end of life care and the drivers to achieve this are to build on and further develop education and training material for the public and health care professionals."

Identifying the gap in relation to principle 4 for palliative care nurses



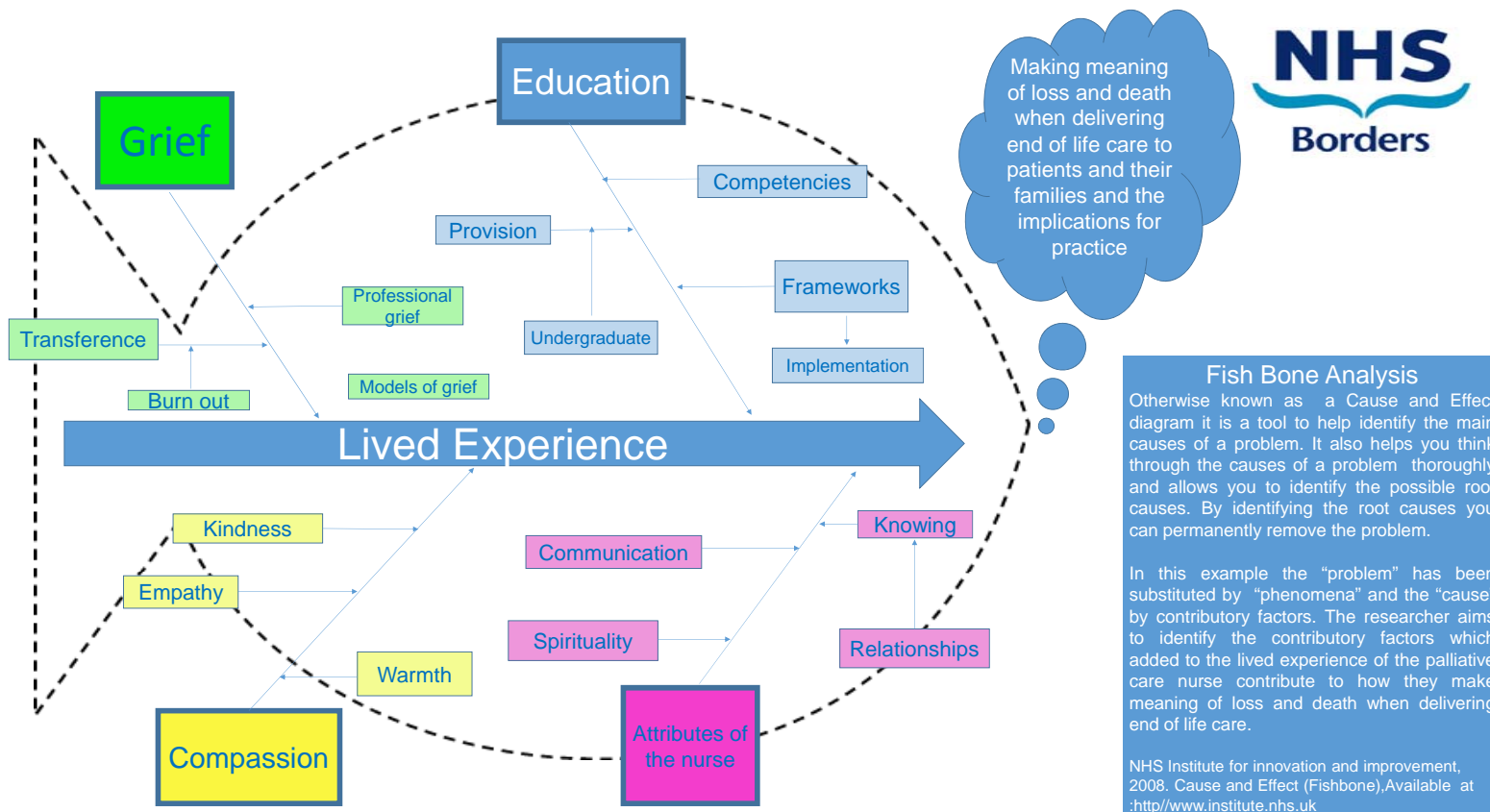
Introduction

The population in Scotland is ageing with a projected increase of 75% in the over 75 age bracket from 2004 to 2031 (Scottish Government 2008). Currently over 55,000 people die in Scotland each year. The health service must review how this patient population is managed including the provision of palliative and end of life care. The Scottish government have recently published guidelines on caring for patients in the last days and hours of life which state that wellbeing of carers must also be considered.

The personal experiences of the nurses delivering end of life care should be taken into account. This study will focus on the attitudes, customs and beliefs and the phenomenon of grief experienced by palliative care nurses and how they make meaning of loss and death when delivering end of life care.

How Palliative care nurses make meaning of loss and death when delivering end of life care to patients and their families

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Delivering effective Palliative Care

If palliative and end of life care is to be delivered in an effective manner then understanding of patient's needs, improved education and training for health care providers and more resources are required (NHSScotland 2014). The nurse as an individual with personal attitudes, beliefs and values must also be considered. According to Peters et al (2013) following their literature review of death anxiety faced by nurses, in the course of their care delivery many nurses face death and dying patients and their attitude to death is made up of a complex combination of past and present experiences, cultural, societal and philosophical views. A study conducted by Gerow et al (2010) found that nurses experience grief for their patients in a very different manner to that experienced by family members. The need to remain strong and offer support on one hand whilst managing their own emotions following the death of a patient with whom they may have formed a connection can be very difficult and Remen (2006) states that

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet".

Aims and Method

A study will be carried out within a palliative care ward in the Scottish Borders. This study aims to report on the lived experience of nurses delivering end of life care and the effect of delivering end of life care on their own understanding of grief and loss and what the implications for practice are. The purpose of this research is to ascertain through phenomenology the attitudes, customs, beliefs and lived experiences of grief and loss experienced by palliative care nurses when delivering end of life care to patients and their relatives.

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