

Palliative and End-of-Life Care

What are the experiences, perceptions and educational needs of registered nurses to allow them to provide nurse led end-of-life care in an in-patient hospice setting?
An Extended Literature Review

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Background

As the population ages there are increasing numbers of people dying, which has seen end-of-life care become a public health priority. There is consensus that dying patients receive the best care in hospices, However, acute hospitals continue to care for the largest number of patients at the end-of-life. The need to widen access to hospice care has seen a number of UK hospices introduce nurse led end-of-life in-patient care, yet the evidence to support this is unclear.

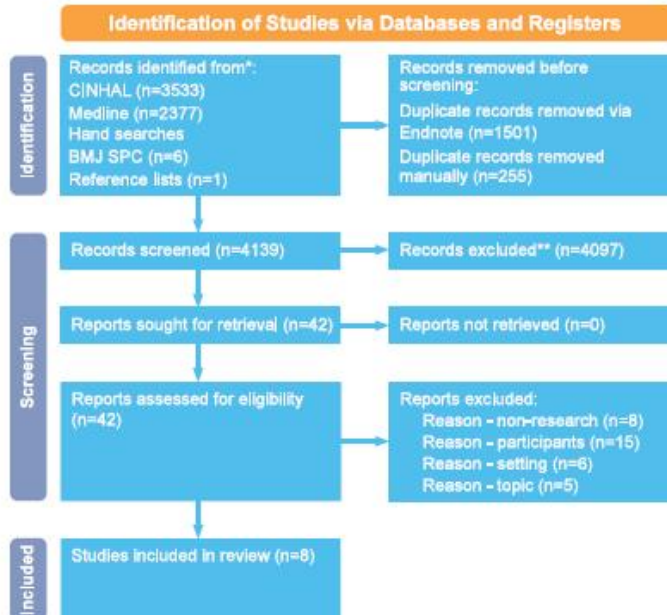
Design

Extended literature review,

Methods

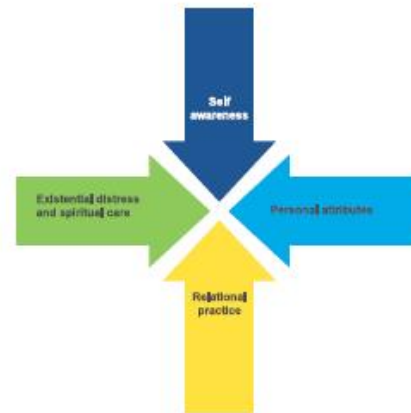
A search of CINHAL, Medline and Web of Science electronic databases and a hand search of the British Medical Journal of Support and Palliative Care (BMJSPP) was conducted using key words and Boolean operators. Primary research articles published in English in peer reviewed journals from 2000 – 2022 were included. Critical appraisal of the research studies was undertaken using the Critical Appraisal Skills Program (CASP) tool for quality studies, and a thematic analysis approach used to elicit common themes from the data.

PRISMA flow diagram



Results

Eight qualitative research studies were included in this review with four key themes identified.



There is limited work investigating nurse led in-patient hospice care; but evidence to demonstrate the complexities of end-of-life care through the lived experience of hospice registered nurses.

The themes are inextricably linked and confirm that hospice nurses must possess the personal attributes and be highly self-aware to practice the relational nursing required to attend to dying patients and their families.

Conclusions

- The UK tops international ratings for end-of-life care (Hughes, 2015), yet policies continue to call for quality improvement in response to concerns of poor in some settings.
- The drive to deliver end-of-life care away from acute hospitals into the community is challenging, and for many a home death is not sustainable (Milton et al, 2020).
- Overtime dying has become a medical rather than a social event (Mercer and Feeny, 2009), which has grossly overshadowed the importance of relational nursing.

Relevance to Clinical Practice

The results provide fresh insights into the education and training needs of hospice registered nurses, but are also highly relevant to nurses, carers and undergraduates practicing end-of-life care in other settings.

Recommendations to improve palliative and end-of-life care education in practice:

- Develop self-awareness through debriefing, clinical supervision, and reflective practice.
- Utilise expert role models to support learning in clinical practice,
- Case based discussions and journal clubs to support continued professional development.

What does this paper contribute to advanced clinical practice?

Advanced practice roles in nursing often focus on a biomedical model and independent prescribing. This paper is a reminder of the fundamental importance of relational nursing to all who practice palliative and end-of-life care.

Final Comment

We will all die, it is the one thing we have in common and perhaps our only certainty in life. End-of-life care will therefore always be integral to nursing regardless of speciality, and thus should never cease to be a topic of enquiry and quality improvement.

References

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