What factors are necessary to enable generalist nurses to provide person centred care at the end of life?
A scoping review.

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Introduction

- **Patients** with **advanced disease** often **die** in **acute hospital** settings with **limited access** to palliative care services (Gardiner et al 2013; Thomson et al 2006).

- **Palliative care** is a care philosophy focused on **person centredness** contrary to the **biomedical perspective** (Gaspard & Roberts 2009).

- **RNs’** are increasingly **expected** to **provide palliative care**. However, RNs are **not always** adequately **prepared** to provide EoL/Palliative care (Ranse et al 2016).
Introduction

• A lack of education in palliative care negatively influences the quality of care, patient and families’ safety and patient mortality (Aiken et al 2014).

• It seems important to identify what factors are necessary to enable RN to provide end of life/ palliative care to patients and families.
Aims

• To **identify factors** necessary to enable **generalist nurses** to provide **person centred end of life care**.

• To **explore barriers and enablers** to providing **person centred end of life care** by **generalist nurses**.
Methodology

- Scoping review: Arksey & O´Malley´s guidelines:

- Six databases and grey literature were searched from 2000 to 2018.

- Articles in English and Spanish.

- Keywords such as ‘nurse’, ‘person centred care’ and ‘end of life’ with their synonymous and MeSH terms.
Search Methodology

Figure 1. The PRISMA flow diagram outlines the results of the literature search.

- Records identified through database searching (MEDLINE, CINAHL, Cochrane, PsycINFO, Web of science and Embase) (n=2126).
- Additional records identified through other sources (grey literature). (n=0)

Records after duplicates removed (31)

Records screened (n=2095)

Records excluded based on their title/abstract (n=2061)
Reason: did not meet selection criteria

Full-text articles assessed for eligibility (n=34)

Full-text articles excluded due focused on:
- Palliative care nurses
- Not end of life patients
- Specific experiences of emotional and spiritual end of life care
- Educational programs
- Experiences of patients, families or students

Studies included (n=26)
Methodology

- Data was extracted into a summary
Results (n=26 studies)

- 15 different countries

**Research design**
- 16 qualitative designs (phenomenology, ground theory and content analysis).
- 6 quantitative studies (exploratory factor analysis, cross-sectional and descriptive analysis).
- 4 literature reviews.

**Nurses work places** (primary studies)
- Critical/ Acute care setting (n=10)
- University hospitals; medical, surgical wards and emergency (n=7)
- Community (n=5).
Structure of the results


2. Attributes needed to provide person centred end of life care.

3. Barriers and encounters to provide person centred care for generalist nurses.
1. Results related to McCormack and McCance Framework

Attributes/Prerequisites

- Knowledge and experiential learning to care for patients at the EoL and families
- Self-reflection of the care process, the emotional impact of caring for patients
- Personal and professional strategies to cope with patients at the EoL
- Work engagement to have a positive attitude towards caregiving
The Care environment

- Support from organization and managers
  - Time and manpower
  - Continuity of care
- Suitable physical environment
- Education and support from palliative care specialist and other professionals
- Collaboration and communication between health professionals
- Educational programmes in palliative care
1. Results related to McCormack and McCance Framework

Person centred processes

- Provide an holistic approach across all stages of advanced disease
- Support and education for the family
- Develop person-nurse relationship to provide person centred care and between professionals
- Share information and decisions to help provide good care
1. Results related to McCormack and McCance Framework

Outcomes

- Wellbeing of the patients
- Enhance personal and professional growth
- Gratitude
- Stimulation and affirmation of nursing work
2. Results: Attributes needed to provide person centred end of life care

- Knowledge of the Person (Patient/Family)
  - Holistic assessment (experiences, needs, preferences): physical, emotional, social and spiritual
  - Individual comfort and symptom management
  - Support and education of the family

- Self-Knowledge of the Nurse
  - Evaluate care procedure
  - Identify and manage the emotional impact of caring
  - Identify the commitment caring end of life patient and family
  - Values and beliefs such as own and relative’s mortality

- Developing Relationship: Person-Nurse/Between Professionals
  - Compassionate care, being present, trust, availability, physical contact...

- Outcomes on the Person (patient, family and nurse)
  - Wellbeing
  - Satisfaction
  - Personal and professional Growth

- Environment Care
  - Time, manpower, continuity of care, physical environment, education programs, collaboration among professionals
3. Results: Barriers and encounters

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Encounters</th>
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</thead>
<tbody>
<tr>
<td>Lack of palliative care education and experience</td>
<td>Educational programmes with holistic approach and Nurse-person relationship</td>
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<tr>
<td>(holistic care and communication)</td>
<td></td>
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<tr>
<td>Lack of coping strategies</td>
<td>Strategies to cope with EoL care</td>
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<tr>
<td>Lack of teamwork</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Unsuitable physical environment</td>
<td>Adequate physical environment</td>
</tr>
<tr>
<td>Lack of time</td>
<td>Staffing and time</td>
</tr>
<tr>
<td>Discontinuity of care</td>
<td>Care pathway</td>
</tr>
<tr>
<td>Lack of family contact</td>
<td>Reference family contact</td>
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## Discussion

<table>
<thead>
<tr>
<th>McCormack and McCance Framework (Attributes)</th>
<th>Finding of the scoping review</th>
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<tbody>
<tr>
<td><strong>Being professionally competent</strong></td>
<td>Knowledge and experience to provide holistic assessment.</td>
</tr>
<tr>
<td><strong>Developed interpersonal skills</strong></td>
<td>Development of relationship between nurse-person and professionals.</td>
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<tr>
<td><strong>Commitment to the job, clarity of beliefs and values, and knowing self</strong></td>
<td>Need for the nurse to ’know-self’ as a professional and as a person to provide EoL care.</td>
</tr>
<tr>
<td>McCormack and McCance Framework (Care environment)</td>
<td>Finding of the scoping review</td>
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<td>--------------------------------------------------</td>
<td>--------------------------------</td>
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<tr>
<td>Supportive organisational system</td>
<td>Support from the organization and managers;</td>
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<tr>
<td>Effective staff relationship</td>
<td>Collaboration and good communication with other professionals</td>
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<tr>
<td>Physical environment</td>
<td>Physical environment</td>
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<td>Appropriate skill mix</td>
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<td>Shared decisión making</td>
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<td>Power sharing</td>
<td></td>
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<td>Potencial for innovation and risk taking</td>
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## Discussion

<table>
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<tr>
<th>McCormack and McCance Framework (Outcomes)</th>
<th>Finding of the scoping review</th>
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<tr>
<td>Good care experience</td>
<td>Personal and professional growth of the nurse.</td>
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<tr>
<td>Involvement in care</td>
<td>Satisfaction of the nurse</td>
</tr>
<tr>
<td>Feeling of wellbeing</td>
<td>Wellbeing and satisfaction of the <em>person</em></td>
</tr>
<tr>
<td>Existence of a healthful culture</td>
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The **barriers** related to the **lack of attributes** of the nurses and the **unsuitable care environment** as is shown in the results.

These **barriers present difficulty in** the **knowledge of the person** (patient/family), **self-knowledge of the nurse** and **developing the relationship between person-nurse and between professionals**.
Conclusion

• **Nurse’s attributes** need to be focused on **knowledge of the person** and the **relationship** among them to provide high quality EoL care.

• **Educational programmes** focused on **person centred EoL** by **generalist nurses** are needed and should **include key aspects** identified in this study.

• To provide **person centred end of life care** by generalist nurses, **support from organization and managers** is essential for optimal outcomes for the patient and professional caregiver.
Next steps

- To develop, implement and evaluate an educational program focused on person centred EoL by generalist nurses including key aspects identified in this study.

- To develop a programme for managers to help them to facilitate the provision of person centred EoL
References


References


References

  

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