STAFF EXPERIENCES OF DELIVERING END-OF-LIFE CARE IN ACUTE HOSPITAL SETTINGS: A QUALITATIVE FRAMEWORK STUDY

Dr Lara Guneri, Prof Andrew Gumley, Dr Clare McGowan

University of Glasgow

NHS Greater Glasgow and Clyde

INTRODUCTION

Acute hospitals play a significant role in end-of-life (EoL) care delivery with around 50% of deaths in the UK occurring in hospital settings (Marie Curie, 2020). Despite the commitment and willingness of generalist staff, characteristics of an acute setting can be less favourable for EoL care delivery, potentially leading to suboptimal care. Understanding staff experiences of delivering EoL care in acute settings is crucial in identifying barriers and facilitators of EoL care excellence, and to propose strategies to improve care delivery in such environments.

AIMS

- To explore the experiences of multi-disciplinary health care staff delivering EoL care in acute settings;
- To identify individual and contextual barriers and enablers of EoL implementation in acute settings;
- To integrate our data using Normalisation Process Theory (May & Finch, 2009) to propose learning strategies.

METHODS

Semi-structured interviews with multidisciplinary staff delivering EoL care in various wards at the Glasgow Royal Infirmary were conducted.

Thematic analysis was used to generate initial themes and subthemes.

The framework approach was utilised to map initial themes to the four constructs of Normalisation Process Theory.

RESULTS

14 participants consisted of medical consultants (n=3), a senior registrar (n=1), junior doctors (n=2), senior charge nurses (n=2), charge nurses (n=2), staff nurses (n=2), a specialist occupational therapist (n=1), and a healthcare support worker (n=1).

THEME 1: PERCEPTIONS OF EOL CARE

Staff views of good vs. bad death

"I've lost a few family members. And they were all totally different. So, I remember how it was like, sitting there, and what I wanted for them." (Senior Charge Nurse)

EoL care seen as rewarding

"I just think palliative care is very important. We do everything else, so why can't we help someone have a peaceful death." (Senior Charge Nurse)

EoL care seen as at odds with acute care provision

"...it's almost a stigma I guess, where people come to hospital because they want to get better. So, people then don't want to say, actually what if we can't make you better?" (Junior Doctor)

THEME 2: BARRIERS TO "GOOD" EOL CARE DELIVERY

Delays in communication and decision making

"Sometimes you can wait for hours to get a doctor to come. Because it's not personal to them. Because they've not been looking after the patient. They've never met the patient half of the time. They've never met any of the relatives." (Senior Charge Nurse)

Limited training in EoL care

"...there could be better education around it but that does go back to time. Is there time to educate your nurses on the ward? It all comes back to the acuteness, the busyness, the staff shortages." (Charge Nurse)

Acute tasks take priority over EoL care

"... I think we get so caught up in the acuteness of what we're doing that we don't always recognise that actually what the person needs is not lots of aggressive treatment but end-of-life care." (Consultant)

Inconsistent availability of guidance

"When you had the Liverpool Care Pathway it was good because it went through everything to make sure you've been through all aspects (of care)... I don't know if we actually do the same thing now, only just don't go through the checklist." (Senior Charge Nurse)

Lack of integration between acute and community services

"We are limited in terms of what support we can offer patients to have the opportunity to die elsewhere if hospital isn't their preferred setting... if they can't manage at home with the odd district nurse visit, then they need to be in the hospital until death." (Consultant)

Systemic Issues

"It's busy, it's crowded, there is no space, and you're trying to give them time and space that you can't give them." (Consultant)

THEME 3: FACILITATORS OF "GOOD" EOL CARE DELIVERY

Proactive rather than reactive EoL care

"People could have had more productive discussions about it... so suddenly a long process gets condensed into a short period of time and of course that is very difficult for caregivers." (Consultant)

Cohesive team working

"It can be frustrating at times if I feel like I'm not getting the best results for my patients because, it's not just a nurse that's involved in the care." (Staff Nurse)

Availability of reflective space

"We don't reflect on cases of caring for dying people. And yet there is so much learning that we could do. How do we make things better at a ward or team level... it might identify what we could start sorting out." (Senior Registrar)

Close links with specialist staff

"Maybe if each nurse had a dedicated learning day to go around with the palliative care team and see what it is exactly they do and how they look after their patients." (Staff Nurse)

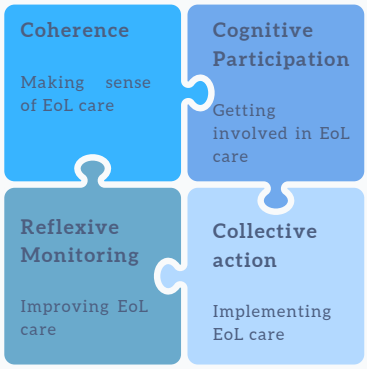
WHAT CAN WE LEARN FROM NORMALISATION PROCESS THEORY?

Strategies to help staff develop their EoL care knowledge and skills:

- Protected study time
- Refresher courses
- Shadowing specialist staff

Strategies to support staff improve their EoL care delivery:

- Regular team debrief opportunities
- Regular interprofessional reflective practice opportunities



Strategies to help staff participate in EoL care delivery:

- Defining EoL care specific staff duties
- Simulation based group learning experiences to reinforce staff duties

Strategies to help staff implement EoL care excellence:

- Regular MDTs with non-ward-based staff
- Regular case discussions with community or specialist teams
- Prioritising EoL patients on ward rounds

Scan code to learn more about NPT

References:
May, C., Finch, T. (2009). Implementation, embedding, and integration: an outline of Normalization Process Theory. Sociology, 43 (3):535-554.
Marie Curie. (2020). A Place for Everyone-What stops people from choosing where they die?. Accessed on: https://www.mariecurie.org.uk/globalassets/media/documents/policy/polic y-publications/2020/a-place-for-everyone-report.pdf

CONCLUSION

The barriers highlighted by staff all relate to the fundamental conflict between the perceived goals of the acute care setting (short-term treatment of injuries or episodes of illness) and that of individualised and holistic EoL care. Embedding EoL care in everyday acute hospital provision requires a major change in core assumptions about the organisation and delivery of acute care. However, enhancing acute staff's coherence, collective action, cognitive participation and reflective monitoring, is crucial for improving EoL care in acute settings.

Contact:
Dr Lara Guneri
Clinical Psychologist
Royal Hospital for Children
1345 Govan Road, Glasgow G51 4TF
lara.guneri@nhs.scot

Scan the code to access the full research paper