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Audit to evaluate the impact of end-of-life care on staff and to assess the value of the Leaflet entitled ”“Take care, caring for ourselves as we care for patients at the end of life, a reflective guide for health care staff at Cavan General Hospital

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Clinical Audit Report

Audit to evaluate the impact of End-of-Life Care on Staff and to assess the value of the Leaflet entitled ”“Take Care, Caring for Ourselves as We Care for Patients at the End of Life, A Reflective Guide for Health Care Staff at Cavan General Hospital.

By
Martina Marron

Cavan General Hospital

May 2011

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INTRODUCTION

This audit was carried out in April 2011.

It was undertaken in order to:

- Evaluated the impact of end of life care on health care staff in the Intensive Care Unit and the Emergency Department of Cavan General Hospital
- Assess the impact of the leaflet entitled "Take Care, Caring for Ourselves as We Care for Patients at the End of Life, A Reflective Guide for Health Care Staff at Cavan General Hospital.

The leaflet was developed and audit was undertaken by Martina Marron as part of a requirement for a post graduate diploma in palliative care nursing at NUI Galway.

These initiatives were chosen as the literature suggests that end of life care may impact on the well being of health care staff. These views are in keeping with the personal experience of the author.

Guidance was sought from the Research Ethics Department regarding the need for Ethical Approval for this audit; it was considered that ethical approval was not required. Approval to undertake the audit was sought and received from the Death, Dying and Bereavement Group, Nursing Management and Nurse Managers in the Intensive Care Unit and the Emergency Department..

METHOD AND SAMPLE

This audit was undertaken using a convenience sampling method. All nursing and health care assistants in Intensive Care Unit and the Emergency Department were invited to participate. In total 49 questionnaires were sent out, 26 replies were received. This represents a 53 % reply rate. A two week time frame was allowed for return of completed questionnaires.

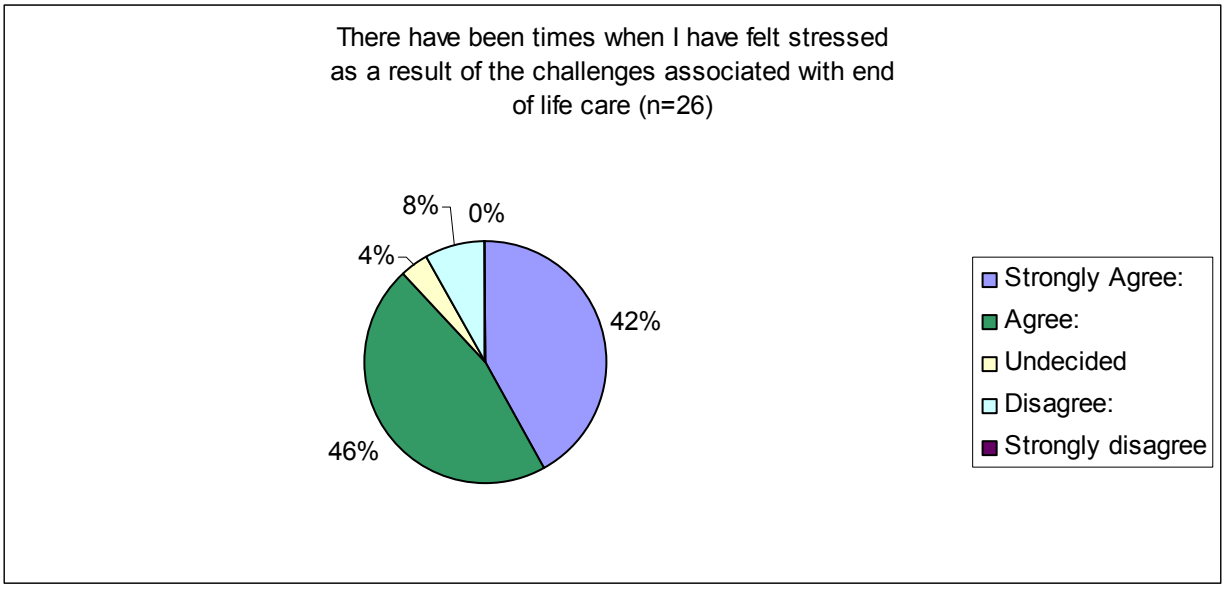
The questionnaire together with a covering letter outlining the rational for undertaking the audit was placed in an envelope with the staff members name on it and left in the staff room of each department. A box for collection of completed forms was left beside the questionnaires. A period of two weeks was allowed for return of completed questionnaires. Anonymity and confidentiality were guaranteed to participants.

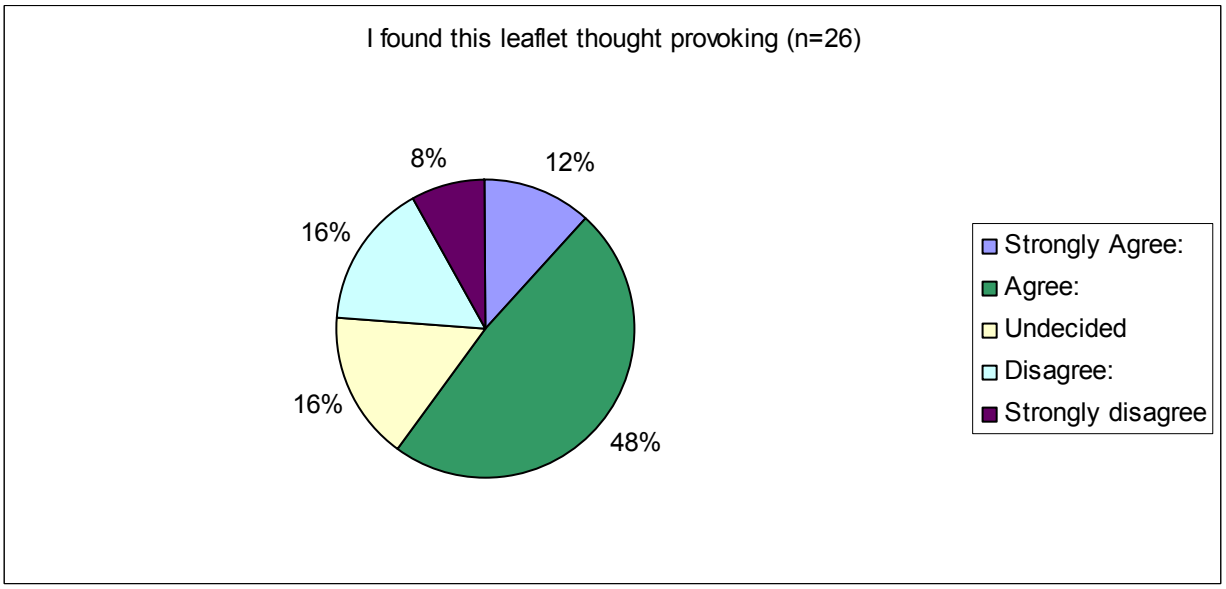
The audit consisted of an eleven question questionnaire. Eight of the questions involved the use of a tool called the 'Likert scale'. The Likert technique is evidence based research tool that measures the views of participants by presenting a set of attitude statements, (Polit et al, 2001). Participants are asked to express agreement or disagreement on a five-point scale. A further three questions provided the participants with the opportunity to comment.

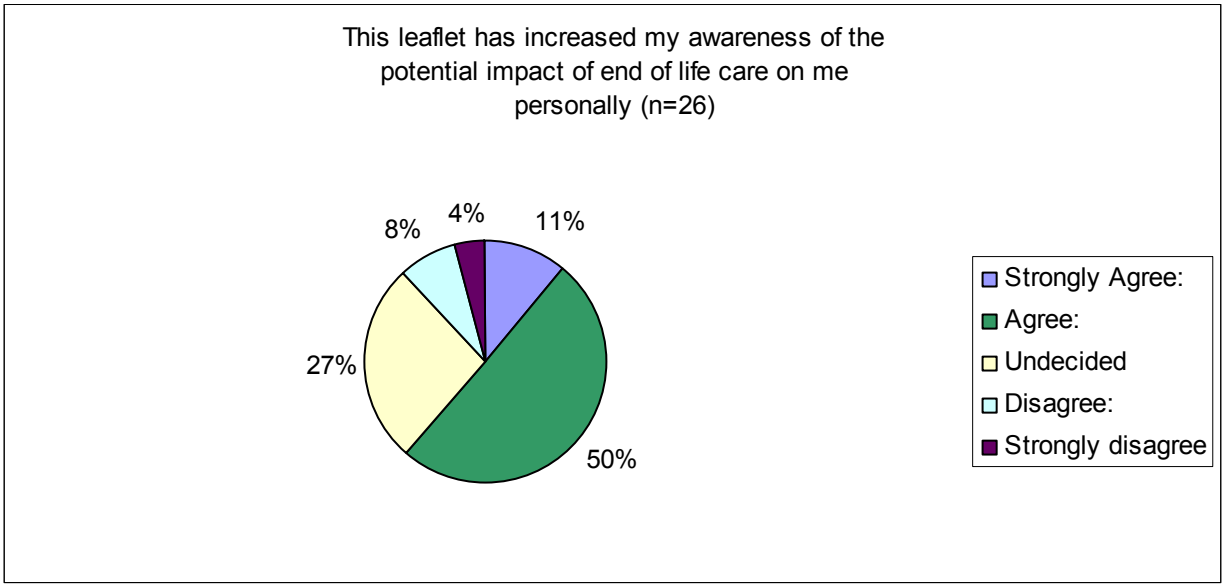
Two of questions aimed to evaluate the impact of end of life care on staff. This provided an opportunity to determine if the views of staff involved were in keeping with the findings of researcher on this subject. It also presented an opportunity to demonstrate a need for initiatives to support staff, such as this leaflet. The remaining questions aimed to assess the value of the leaflet.

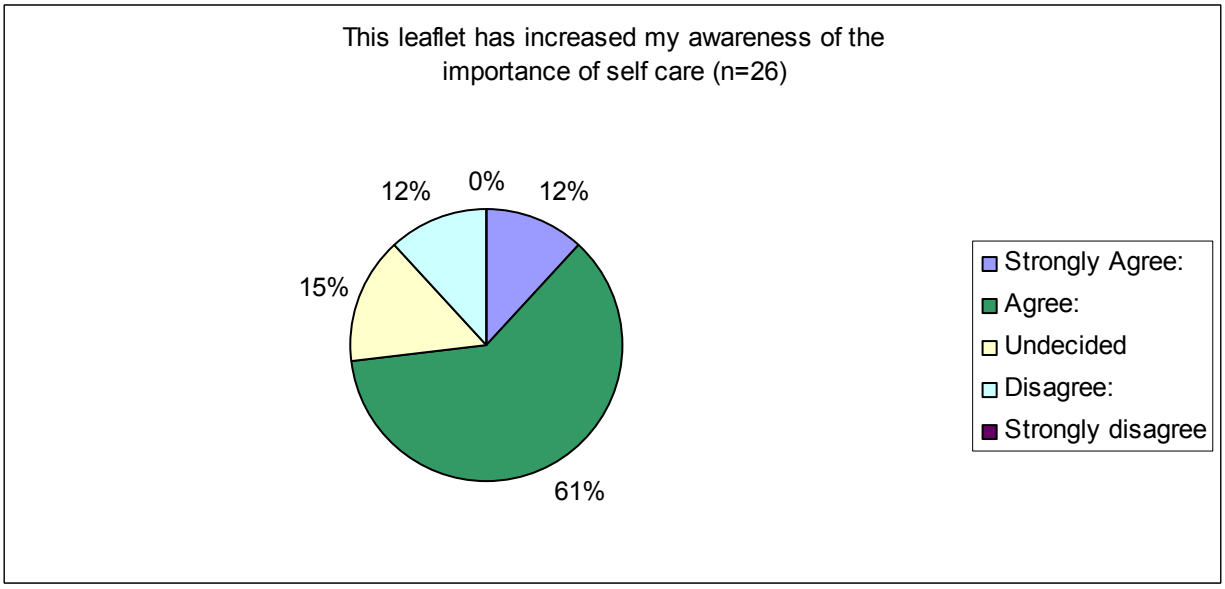
All aspects of this audit, including the development of the questionnaires were carried out under the guidance and direction of the clinical audit project facilitator and the authors' academic facilitator.

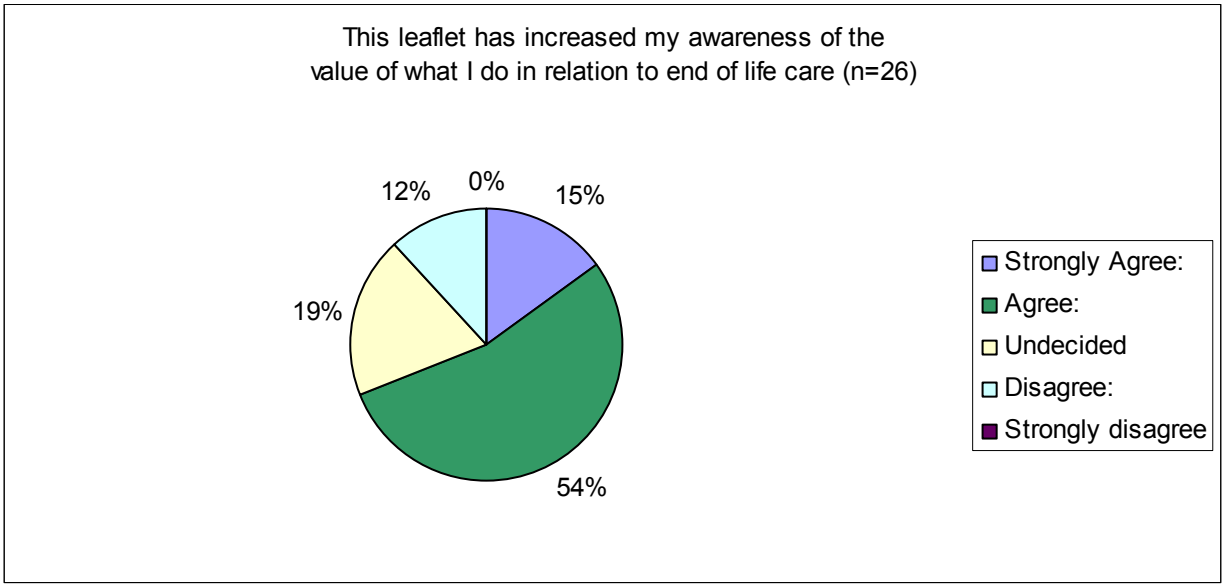
RESULTS

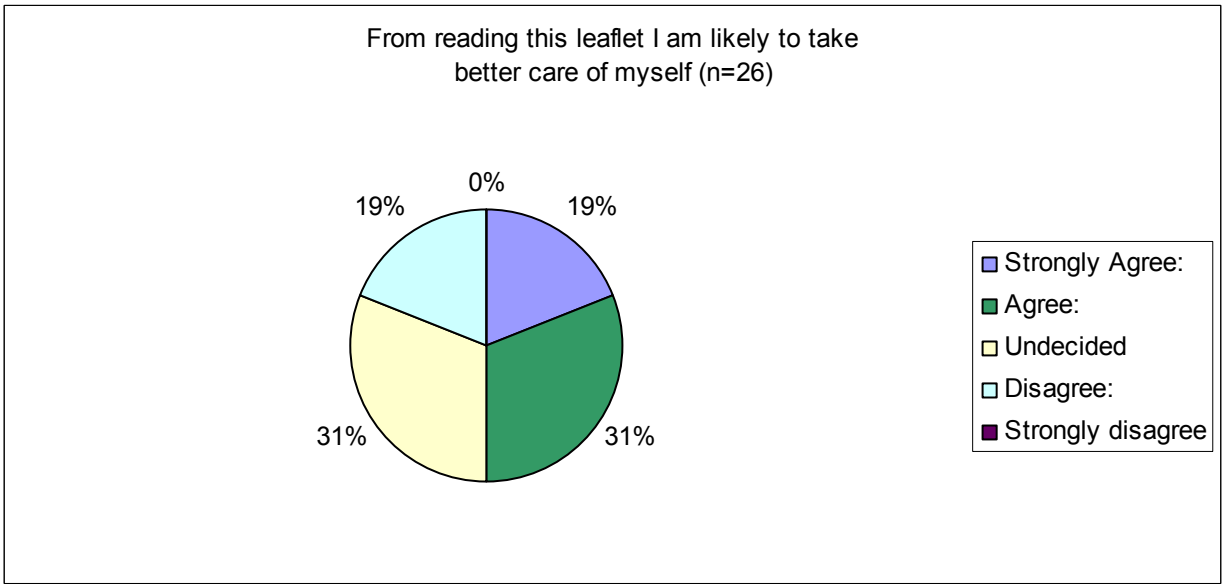

There have been times when I have felt stressed as a result of the challenges associated with end of life care (n=26)
8%
0%
4%
42%
46%
Strongly Agree:
Agree:
Undecided
Disagree:
Strongly disagree

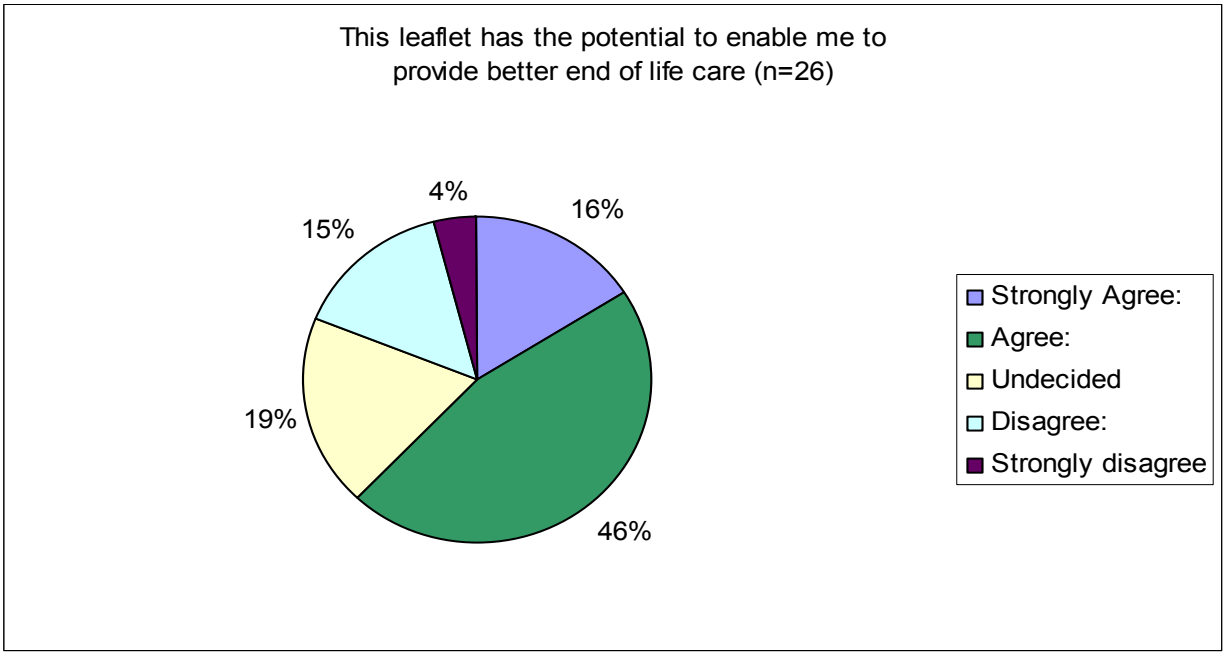

I found this leaflet thought provoking (n=26)
8%
12%
16%
16%
48%
Strongly Agree:
Agree:
Undecided
Disagree:
Strongly disagree


This leaflet has increased my awareness of the potential impact of end of life care on me personally (n=26)
8%
4%
11%
27%
50%
Strongly Agree:
Agree:
Undecided
Disagree:
Strongly disagree


This leaflet has increased my awareness of the importance of self care (n=26)
12%
0%
12%
15%
61%
Strongly Agree:
Agree:
Undecided
Disagree:
Strongly disagree


This leaflet has increased my awareness of the value of what I do in relation to end of life care (n=26)
0%
15%
54%
19%
12%
Strongly Agree:
Agree:
Undecided
Disagree:
Strongly disagree


From reading this leaflet I am likely to take better care of myself (n=26)
0%
19%
31%
31%
19%
Strongly Agree:
Agree:
Undecided
Disagree:
Strongly disagree


This leaflet has the potential to enable me to provide better end of life care (n=26)
4%
16%
15%
19%
46%
Strongly Agree:
Agree:
Undecided
Disagree:
Strongly disagree

In relation to the questions that provided participants with the opportunity to comment, the following summarises the feedback.

Regarding the question "What was the most important message you got from this leaflet?" Staff expressed a broad range of views, including that it increased their awareness of the importance of supporting each other, the importance of the role they play, the importance of self care, that it's ok to feel powerless at times. One participant expressed that he/she already hade a good understanding of the issues involved, one comment referred to the lack of time available at work, 'there isn't even time to say hello', a further comment expressed "how little support is given to staff"

The question "Any other comments you wish to make in regard to this leaflet?" again this evoked vary varied reactions. Many comments suggest that the leaflet was informative, well presented and a good idea, while one commented that the leaflet had little meaning for them and another found it 'depressing'.

The final question asked participants for suggestions on how they felt staff could be better supported in dealing with the challenges they face in regard to end of life care. Again this question aroused varied reactions. Many commented on the need for debriefing and support following traumatic incidents, in particular those involving colleagues. Further training to support staff in this regard was suggested. Some expressed the view that more staff to allow for time to care for dying patients and families was required. One comment suggests the development of an on line forum for the expression of worries.

DISCUSSION

The findings of this audit suggests that 92 % of respondents in the intensive care unit and the emergency department of Cavan General Hospital have at times felt upset as a results of the challenges associated with end of life care. A National Audit of End of Life Care in Hospitals in Ireland suggests that 21% of staff felt very upset at the death of a patient (Mc Keown, *et al.* 2009). The Department of Health and Children and The Irish Hospice Foundation, 2005; Liben, *et al.* 2008, Al- Qurainy *et al.*, 2009; Hospice Friendly Hospitals Programme, 2009; Mc Donnell *et al*., 2009; Mc Keown, *et al.* 2009 all highlight the impact of end of life care on health care staff.

Inadequate support in dealing with end of life care is a concern of health care staff (Mc Donnell *et al*. 2009, Mc Keown, *et al.* 2009, Baverstock and Finlay, 2006). It appears based comments in this audit that some staff share this view.

The findings also suggest that participants considered the leaflet entitled "Take Care..." of value to them. 73 % found that it increased their awareness of the importance of self care with 62 % suggesting that it has the potential to enable them to provide better end of life care.

In terms of the limitations of this study, the sample size was small; this may have implications in regard to the representativeness and generalisability of the findings (Polit et al, 2001). The use of a convenience sampling method is considered the weakest method of sampling, in terms of its risk of bias and repetitiveness (Polit et al, 2001). It could therefore be argued that the views expressed by staff in ICU and ED may not be representative of the views of staff in other hospital departments. A further possible weakness is the fact that many of the respondents know me; this may have influenced their responses.

Possible strengths of this study include the fact that researcher obtained guidance and direction on all aspects of the study, including the development of the questionnaires from the clinical audit department and the authors' academic facilitator. Ethical issues were considered and addressed

according to guidance received from the ethics department and the authors' academic facilitator. Further considerations that may add weight to the findings of this study are that issues of anonymity and confidentiality were addressed.

CONCLUSION & RECOMMENDATIONS

The findings of this audit suggest that staff who participated do at times feel upset as a result of the challenges associated with end of life care. The findings also suggest that staff considered the leaflet of value to them.

In-depth research is recommended in order to better understand the impact of end of life care on health care staff and to determine effective interventions to support staff in this regard.

Based on issues raised in this audit and on the findings of other studies referred to in this report, it appears that the development of further initiatives to support staff is required.

ACTION PLAN / QUALITY IMPROVEMENT PLAN

The results of this audit will be submitted to management of ICU and ED, to the death, dying and bereavement committee, to the pastoral care team and to hospital management for consideration.

ACKNOWLEDGEMENTS

I wish to gratefully acknowledge the assistance and guidance of the following:
Ms Gillian Whyte, Clinical Audit Project Facilitator, Cavan General Hospital and Ms Maura Dowling, Tutor, NUI Galway,

I also wish to thank all staff who participated in this audit and to Ms Sharon Fitzpatrick, CNM 2, E.D. and Ms Lily Kenny, CNM 2 ICU for their permission to undertake this study in their departments.

REFERENCES

1. Al- Qurainy, R., Collis, E., Feur, D. (2009) Dying in the acute hospital setting: the challenges and solutions, *International Journal of Clinical Practice*, 63, (3), 508-515.

2. Baverstock, A. C. and Finlay, F.O. (2006) A study of staff support mechanisms within children's hospices, *International Journal of Palliative Care Nursing*, 12 (11), 506-508.

3. Department of Health and Children and The Irish Hospice Foundation (2005) *A Palliative Care Needs Assessment for Children- A National Policy*, Department of Health and Children and The Irish Hospice Foundation, Dublin, Ireland.

4. Hospice Friendly Hospitals Programme, (2009) *Draft Quality Standards for End of Life Care in Hospitals, A consultation Document*, Irish Hospice Foundation and the Health Services Executive, Dublin.

5. Liben, S., Papadatou, D., and Wolfe, J. (2008): Paediatric Palliative Care: challenges and emerging Ideas, *The Lancet*, 372, 852-864.

6. Mc Donnell, M., Mc Guigan, E., McElinney, J., Mc Teggart, M. and Mc Clure, D. (2009) An analysis of the palliative care educational needs of RGN's and HCA's in Nursing Home in Ireland, *International Journal of Palliative Nursing*, 15 (9) 446-455.

7. Mc Keown, K., Twomey, S., and Hasse, T. (2009) Dying and Death in Hospital in Ireland: Nurse and Doctors Perspectives, Report 2, Irish Hospice Foundation, Dublin.

8. Polit, D. F., Beck, C. T. and Hungler, B. P. (2001) Essentials of Nursing Research, 5th Edn., Lippincott, Philadelphia.

Bibliography

DeJong- Berg, M.A. and Kane, L., (2006) Bereavement care for families part 2: Evaluation of a paediatric follow-up programme, *International Journal of Palliative Care Nursing*, 12 (10) 484-494.

Department of Health and Children (2001) *Quality and Fairness, A Health System for you,* Department of Health and Children, Dublin.

Health Service Executive, (2009) *Safety Statement for Cavan General Hospital*, Health Service Executive, Cavan General Hospital, Ireland.

Health Service Executive, (No date) *Employee Handbook*, Health Service Executive, North Eastern Area, Kells, Ireland.

APPENDICES

Copy of covering letter

13th April 2011

Re: Audit of the views of staff on the leaflet entitled "Take Care: Caring for Ourselves as We Care

for Patients at the End of Life…"

Dear Colleague,

I am currently undertaking a Post Graduate Diploma in Palliative Care Nursing at NUI, Galway. One of the modules of my course is entitled service improvement. It involves the planning and implementation of a service improvement initiative in my work environment.

I have chosen to develop a staff awareness leaflet on the potential impact of end of life care on health care staff. I have chosen this subject as evidence suggests that end of life care may impact on staff wellbeing. Evidence also suggests that staff are concerned at the inadequate level of support available to them in dealing with the challenges associated with this issue.

I am inviting you to participate in an audit to determine your views on the impact of end of life care and on the potential benefits of this leaflet. I would appreciate it if you would read and consider this leaflet and then complete the audit questionnaire. Your participation would be greatly valued.

Participants are guaranteed confidentiality and anonymity.

Completed surveys should be placed in box provided. The deadline for return of completed questionnaires is Thursday 28th April 2011.

If you require further information on this initiative, please do not hesitate to contact me.

Many Thanks,

_____

Martina Marron

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Copy of Audit Questionnaire

Please read each statement and tick the answer which most reflects your view.

There are no right or wrong answers. Confidentiality and anonymity are guaranteed

1. There have been times when I have felt **upset** as a result of the challenges associated with end of life care.	Strongly Agree ☐	Agree ☐	Undecided ☐	Disagree ☐	Strongly Disagree ☐
2. There have been times when I have felt **stressed** as a result of the challenges associated with end of life care.	Strongly Agree ☐	Agree ☐	Undecided ☐	Disagree ☐	Strongly Disagree ☐
3. I found this leaflet thought provoking	Strongly Agree ☐	Agree ☐	Undecided ☐	Disagree ☐	Strongly Disagree ☐
4. This leaflet has increased my awareness of the potential impact of end of life care on me personally.	Strongly Agree ☐	Agree ☐	Undecided ☐	Disagree ☐	Strongly Disagree ☐
5. This leaflet has increased my awareness of the importance of self-care	Strongly Agree ☐	Agree ☐	Undecided ☐	Disagree ☐	Strongly Disagree ☐
6. From reading this leaflet I am likely to take better care of myself	Strongly Agree ☐	Agree ☐	Undecided ☐	Disagree ☐	Strongly Disagree ☐
7. This leaflet has increased my awareness of the value of what I do in relation to end of life care	Strongly Agree ☐	Agree ☐	Undecided ☐	Disagree ☐	Strongly Disagree ☐
8. This leaflet has the potential to enable me to provide better end of life care?	Strongly Agree ☐	Agree ☐	Undecided ☐	Disagree ☐	Strongly Disagree ☐
9. What was the most important message you got from this leaflet?	Comment:				
10. Any other comments you wish to make in regard to this leaflet?	Comment:				
11. Do you have any suggestions for how staff could be better supported in dealing with the challenges they face in regard to end of life care?	Comment				