



## IDEAS AND INFLUENCES

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### Practice development and end of life care

Almost 30,000 people die in Ireland each year (Hospice Friendly Hospitals, 2007) and of this number 68% die in acute and community care settings. This would indicate that end of life care (EoLC) constitutes a core activity in hospitals with the necessary structures in place to enable requisite skills, knowledge and expertise in this area for staff. Until recently, nursing and midwifery education and development in EoLC has largely been based on experiential learning, where custom and practice generally dictated how care was planned and implemented, particularly in the final stages of death. The influence of specialist palliative care teams has had a considerable influence on the provision of palliative care, with particular emphasis on symptom management, education, leadership and research. Yet fundamental care practices can fall short of what is required to ensure that practices are effective and meet the needs of patients and their families. This was highlighted in a recent national audit of EoLC during the last week of life in acute and residential settings in the Republic of Ireland (Hospice Friendly Hospitals Programme, 2008). The audit identified areas of good practices in line with European norms and also uncovered areas that call for change. Families and staff indicated their discontent with the level of patient and family choice, communication systems, symptom management and the lack of staff education in care at end of life.

### Practice development

In response to an identified need for improvements in EoLC, a national programme of work has been underway since 2007 through the Irish Hospice Foundation's - Hospice Friendly Hospitals Programme supported by the Health Services Executive. The programme consists of various approaches that support hospitals to develop effective EoLC systems, structures and practices in keeping with international norms. One aspect of this work is a practice development strategy that targets cultures and contexts of EoLC in acute and residential settings. The focus of this strategy is on creating the necessary infrastructures to support person-centred care through a process of facilitation and emancipatory practice development so that change happens and becomes a continuous process in work-places.

Leading this culture change are nurses and health care assistants from major acute hospitals who are working together in practice development groups, sometimes for the first time in a structured way,

to critically review their current practice and plan and implement change in their practice areas with less emphasis on technical skills and greater emphasis on culture change. Using the key principles of emancipatory practice development (Manley et al., 2008) the practice development groups in each hospital are exploring their attitudes and beliefs about EoLC. Through a process of discovery they are beginning to unpick some of their care practices hitherto untouched. Areas such as care environments were generally considered to be beyond the control of ward-based staff, often based on the belief that it would necessitate structural changes or single occupancy rooms to be of a standard suitable for patients in the terminal stages of their illness. Discovering opportunities to adapt the clinical area to suit a more conducive environment for patients and their families, entailed critical creativity and team working at a level seldom used in these environs. Reducing the level of staff generated noise to create a more therapeutic atmosphere, more appropriate positioning of beds occupied by patients particularly in the terminal stages of their illness, better use of shared space for private conversations between staff and patients and staff and relatives, greater emphasis on privacy and dignity are all areas where this practice development work is starting to focus. Staff are beginning to recognise that with culture work it is the little changes that are having the greatest impact.

### **Conclusion**

The prominence given to active learning and creativity using a systematic approach to planning and evaluation is enabling individuals within teams to create opportunities to learn from each other and make decisions based on knowledge and experience rather than grade. As groups are beginning to work together as teams, the potential for transferability to all situations where patients and staff interface cannot be dismissed. Based on work such as this programme and other practice development programmes using similar methodologies and theoretical frameworks, foundation work is currently in progress in the Republic of Ireland to create a national strategy for practice development.

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