

CareSearch Project
Research Studies Register: Registration Proforma

0038

Study Title: Linking the parts:- Articulating the role of consultant Palliative Care Nurses in Acute Hospitals.

Brief description of the study:

Background

This three phase study originated within the Melbourne Palliative Care Nurse Consultant Group (PCNC) and was carried out in conjunction with the Vivian Bullwinkel Chair, Nursing, Palliative Care, Monash University. The study was conducted over three years (2004-2006) and examined the role of the Palliative Care Nurse Consultant in acute hospitals.

Aims

1. To describe aspects of the role of the PCNC in acute hospitals;
2. Evaluate aspects of the role from the nurses themselves; and
3. Utilise this information to inform the development of a common job description and to make recommendations for best practice in the future development of this role.

Design

Qualitative and quantitative data collection methods were employed in this three-phase study design:

- **Phase 1** – interviews were conducted with 10 Palliative Care Nurse Consultants (PCNCs) from 11 acute hospitals.
- **Phase 2** – as it became clear that the PCNC role was varied and differed between organisations, phase 2 involved surveys of 21 PCNCs (including those recruited in Phase 1) from 12 acute hospitals (including those hospitals surveyed in Phase 1) and the collection of quantitative data over a two week period detailing the work they undertook each day. Data were collected for 282 patients.
- **Phase 3** – 11 senior managers of the PCNCs were interviewed to gain their perspective on the role of the PCNC as it operated within their organisation.

Key findings

1. The role of the PCNC is both complex and diverse. It is a senior nursing role with commensurate responsibilities and requires skills including the skill to provide education within formal programs and informally.
2. The PCNCs are often the first point of introduction to palliative care and have a significant role in introducing the concept of palliative care to patients, their families and others, and in informing them about what is available and to ensure referrals are made to appropriate services.
3. Although the majority of patients seen by the PCNC during the 2-week study period in Phase 2, had a diagnosis of cancer, the number of people diagnosed with non-malignant illnesses who require palliative care is increasing.

4. The referral patterns for the PCNC differed according to patient diagnosis. For example, the time from acute hospital admission to consult service referral for a patient with cancer was on average 5.46 days while for a patient with a non-malignant diagnosis it was 11 days.
5. Some essential attributes of the role (according to the managers) included: interpersonal and negotiating skills, nursing experience, experience in palliative care or oncology, and the ability to recognise boundaries;
6. The PCNC managers highlighted the impact of the role on service delivery in terms of better patient outcomes as demonstrated by smooth transition to community or other facilities, decreased length of stay in the acute hospital. However, financial factors created a dilemma for managers for example, role classification within budget restraints.

Recommendations

1. Definition* – develop a definition taking into account the expertise required and the diversity and complexity of the role;
2. Job description – although this will change somewhat from hospital to hospital – a common job description will more clearly define the role and help reduce misunderstanding (others) and inconsistencies within the role;
3. Develop and use the criteria for selection of staff as identified by the managers interviewed for the study;
4. Education
 - The rapidly changing workforce requires the building of capacity in the nursing workforce and which requires the PCNC in that expert role to lead peer education.
 - For PCNCs – with the increase in non-malignant referrals there is a need for education for PCNCs in chronic illnesses.
5. Develop a formal program of support and of supervision for PCNC's;
6. Repeat the collection of data (as for Phase 2) over a longer period of time.

Study Methodology: (Please mark with an x which type of study methodology)

	Epidemiology
x	Health Services / Health Economics / Quality Improvement
	Qualitative, Observational or Descriptive
	Mixed Method
	Systematic Review
	Intervention: RCT
	Intervention: Comparative or cohort study
	Intervention: Case series

Project details:

Funding source (Optional): Affinity Health

Has the study received ethics approval?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
Project starting date: 02.05.2005						
Project completion date: 31.12.2005						
Multi site:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
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Associated publications / reports: "Linking the parts:- Articulating the role of consultant Palliative Care Nurses in Acute Hospitals." Report available from Margaret O'Connor						
Topics: Palliative Nurses, Settings of palliative care general						