NURSES IN THE SPOTLIGHT: CAROL HOPE

In every second issue of the nurses[HUB]news, we feature the views of a nurse working in palliative care or an associated area. Here Carol Hope talks about her interest in palliative care and further studies.

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My journey into palliative care

My interest in becoming a community palliative care nurse began when I was 15 years old. My grandfather was dying of lung cancer and was being cared for at home with his family around him. The local district nurses attended my grandfather each day during the last few weeks of his life. I watched as they used their expert nursing knowledge to manage his pain and breathlessness, and I experienced their care and compassion as they guided my family through his last few days. After my grandfather died, it struck me how a few very special people had made such a difference to his life and to those of his family. I aspired to do the same.

After finishing school, I selected a university course which included a community nursing component and I completed my Bachelor of Nursing (Hons) in 1995. After completing the required six months of acute nursing in Intensive Care, I moved in to community. I moved to Queensland in 2004 and worked as a Palliative Care Clinical Nurse at a domiciliary nursing service in Brisbane. Since then I have had a number of roles including Palliative Care Clinical Manager at St Vincent's Brisbane, Director of Learning and Development at the Centre for Palliative Care Research and Education (CPCRE) and Quality Improvement Facilitator for the Palliative Care Outcomes Collaboration (PCOC).

My experience of being a palliative care clinician across two countries has taught me that the principles of quality palliative care are the same the world over. Generally, the same research and clinical evidence is available and accessible through peer reviewed journals, international conferences etc. However, the way in which research and clinical evidence are translated and applied in practice varies enormously from one provider to another, resulting in variation in practice and sometimes poor outcomes. In the last few years I have become increasingly interested in understanding how we translate the exponentially increasing
amount of evidence in palliative care into routine clinical practice. This interest has led me to securing a Translating Research in to Practice (TRIP) Fellowship with the National Health and Medical Research Council (NHMRC). The TRIP Fellowship provides funding support for two years and is designed to support future leaders in knowledge translation and evidence implementation through undertaking a knowledge translation project, a leadership and change management curriculum and career mentorship.

My research

Knowledge translation is the term used to describe the process of putting knowledge into action. It refers to an iterative approach for improving the quality of healthcare delivery by synthesising relevant research, identifying barriers, employing tailored strategies to promote adoption of evidence-based recommendations and evaluating or monitoring their impact. (1) Knowledge translation is an emerging field and it is widely recognised that more research is required to determine the most effective strategies for translating research into practice in individual settings and disciplines. (2, 3)

My TRIP Fellowship project aims to determine the effectiveness of a multi component nursing intervention in addressing the evidence-practice gap in pain management for community-based individuals with advanced cancer. The intervention is implemented into routine practice using knowledge translation strategies such as education, discussion forums and feedback. Evaluation of the intervention draws on multiple sources of data. Outcomes assessed include adherence to analgesia and level of distress caused by pain. Process evaluation data is being collected to describe factors which influence effective implementation of the intervention.

This project will provide the foundation work for my PhD research, which will examine the role of patients and their families in translating research into practice. A patient held, evidence-based information pathway regarding cancer pain management will be implemented and used in consultations with clinicians. Similar outcome and process measures as used in the TRIP Project will be used to determine the effectiveness of this intervention.

My career in palliative care has been rich and varied. It began with a personal insight into what a difference palliative care can make to individuals and families. This personal experience still drives me in my career achievements and choices. Over the years my focus has changed from clinical service delivery to increasing knowledge and improving care through research endeavours. The decision to move away from hands-on nursing care was a difficult one. However, research and clinical service delivery in palliative care are very much intertwined and I believe that neither can be done well without the other.
References

