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## ABSTRACT

Nursing is integral to meeting the growing demand for palliative care with generalist nurses providing most of this care across all care settings. Targeted support for nurses requires an understanding of their activities and needs. Here we summarise the approach and findings of a CareSearch project to update support for nurses.

## CareSearch supporting nurses

CareSearch supports health professionals to provide care to people at the end of their life by providing access to evidence and practical information and resources in palliative care. Here we outline the approach and findings of a recent project investigating the palliative care activities of nurses across the health system and where additional support is needed. The aim was to ensure that the support provided by CareSearch for nurses is meaningful and fit for purpose. In line with the CareSearch model, we first reviewed the literature and then engaged with nurses to critique the findings and explore their professional opinions and experiences.

### Where care is provided

Lack of a comprehensive national source of palliative care data makes it difficult to quantify the substantial services provided by all nurses to Australians with life-limiting conditions or approaching the end of their life. [1] Nevertheless, there is evidence of a growing demand for palliative care driven by population ageing and the increasing burden of chronic, non-malignant disease such as heart failure, cerebrovascular disease, end-stage respiratory conditions, multimorbidity, frailty and dementia. [2-3] Nurses are the largest group of health care professionals providing palliative care and much of this is in the form of generalist care (non-specialist) across a broad range of care settings including community, aged care, hospitals, and specialist services. [1]

Older age groups represent the cohort of greatest demand in terms of absolute numbers and a

significant portion of people in the last year of their life are cared for by nurses in hospitals and residential aged care facilities. [4-5]

### Activities undertaken

As well as addressing physical, emotional, social, and spiritual needs of people in their care, nurses often teach family carers how to deliver care and manage equipment. [3,6] Nurses play a significant role through their communication with patients and their support network and substitute decision-maker(s), as well as clinicians. [3,7] Nurses frequently provide information about care options and the dying process. They may advocate on behalf of patients and families during interdisciplinary team discussions. As care coordinators, nurses can connect different health services along a person's care trajectory. [3,8]

### Are generalist nurses prepared for this work?

Training in palliative care is variable and many nurses report not feeling adequately prepared to deliver palliative care. [9-10] Nurses report lacking confidence and skills particularly in talking about death and dying and engaging in difficult conversations. [8] The need to develop specific palliative care clinical skills such as symptom control, care of the body after death, and psychosocial skills are recognised as particularly important. [10] Education, where evaluated, is well received with participants reporting increased confidence in most areas although impact on actual practice is uncertain. [11] A number of frameworks for end-of-life and palliative care training and education were

also identified with evidence of regional as well as State- and Territory-level activity towards this development.

### Advice from nurses across sectors

The above findings were shared with a group of representative nurses from across all settings for critique. The review group validated the findings in relation to activities undertaken by nurses and ordered them in terms of importance:

1. Clinical care
2. Communication
3. Care coordination
4. Family support
5. Advocacy
6. Quality improvement.

Similarly, the principal areas of need for support in palliative care were validated and ranked in order of importance as follows:

1. Communication and engaging in difficult conversations
2. Psychosocial skills (for psychological, social, spiritual, culturally sensitive care)
3. Person-centred care and compassion
4. Clinical skills (symptom control and the care given to a body after death)
5. Evidence-based practice
6. Self-care and burn out.

The review group also emphasised the importance of cultural aspects of care and support for those working in 'resource poor' settings.

Finally, it was strongly agreed that nursing years of experience are less important than years of palliative care experience when determining the level of support needed. A sentiment reflected in the lower ranking of need for support with clinical skills compared to communication and psychosocial skills. And likely reflective of the palliative care requirement to pivot away from treatment and cure to focus on quality of life.

We hope that nurses taking on this important role find relevant support in the updated and expanded CareSearch Nurses Hub created with nurses for nurses.

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