

# 006 OBSERVING DISTRICT NURSES ROLES IN PALLIATIVE CARE: AN UNDERSTANDING OF AIMS AND ACTIONS

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**Background** Research into professional roles in palliative care provision mostly investigates professionals stated care aims and their own descriptions of care given. There is little detailed knowledge about the actions of professionals. This can hamper efforts to influence care outcomes, if the processes that precede them are not well understood.

**Aim** To investigate the role of the district nurse in palliative care provision, with a particular focus on observational exploration of their role and practice in providing patient care.

**Methods** A longitudinal qualitative ethnographic design, comprising observation of district nurse/palliative care patient/carer encounters over time, and post observation interviews with patients, carers and district nurses (DNs). Patients were sampled from 12 DN team caseloads across three primary care organisations. Observations and interviews were audio-recorded and transcribed. Iterative data analysis comprised familiarisation, coding and categorisation using techniques of constant comparison to generate typologies of concepts. The study received all necessary ethics and governance approvals.

**Results** 17 DN/patient encounters were observed (n= 11 patients, 8 nurses) with 23 post observation interviews (11 DN, 12 patient/carer). Key themes include 'planning for the future' and 'caring in the moment'. DNs emphasised the importance of advance planning and the impact current relationship building had on future care. However, observations revealed scant overt advance care planning initiated by either DNs or patients. Most care focused on current problems, primarily physical symptoms. Patients and carers valued care received citing district nurses warmth and efficiency, but were often unaware of potential future DN roles.

**Conclusions** There is an apparent mis-match between district nursing aims and actions. It is critical to meet patients current care needs, but the lack of patient involvement in advance planning may have an impact on meeting preferences for place of care and death.