IDENTIFYING AND MANAGING THE EMOTIONAL SUPPORT NEEDS OF NURSES DELIVERING PAEDIATRIC PALLIATIVE CARE IN THE COMMUNITY

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Background The death of a child is a rare phenomenon in the western world, being a highly emotive and subjectively distressing event. There is a misconception surrounding the level of nursing expertise, and an underestimation of the degree of emotional work required to undertake the delivery of endof-life care to children and young people (CYP). Exposure to repetitive episodes of stress and psychological dysfunction influences nurses grief, relationships, personal health, professionalism, decision-making and ultimately, future care delivery.

Aim To identify the stressors, obstacles, emotional demands, and support needs of nurses delivering paediatric palliative care in the community setting.

Methodology A qualitative design was used, involving indirect purposive sampling of relevant nurses. Seventeen 1:1 semistructured interviews were conducted, and the data analysed using a thematic approach, with defined topics extrapolated.

Results Interrelated factors emerged that influenced the stressors for nurses, and coping mechanisms that they utilised: organisational structure, relationships and team working, community context, self-efficacy, coping strategies and support systems. shared and/or discrete issues could be distinguished between the various nurses dependent on qualification, care context, rurality, education and numbers of paediatric palliative care episodes delivered.

Conclusion The delivery of palliative care to CYP is complex and multifaceted. This qualitative exploration serves to provide insight into nurses previously undocumented feelings. It highlights the private, professional and work-related variables that impact on the stressors, challenges, rewards and support systems for those nurses working in this field. New findings and areas for further research are identified, and recommendations made regarding comprehension of rural healthcare, team-working, support platforms and education for this group of nurses.

REFERENCE

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