

A secondary aim was to explore the ability of the DCI to allow individual dignity related needs to be assessed and subsequently met, by community nurses.

Methods A qualitative, evaluation design underpinned by the philosophy of Merleau-Ponty was employed for the evaluation of the DCI. Data collection included focus groups with CNs (39) at the beginning and end of the study; individual interviews with patients (30); informal carers (4). Interview data were analysed using framework analysis.

Results The analysis of the interviews resulted in four theme categories and 16 subthemes. Experience of DCP; responding to my illness concerns, how illness affects me as a person and how illness concerns affect my relationships. Patients and family members identified that the use of the DCI by nurses beneficial, as they were given the opportunity to discuss concerns that might have not been raised otherwise.

Conclusions The DCI helps CNs deliver psychosocial care, previously identified as a difficult area for CNs in practice. CNs use of the DCI helps patients receive individualised care, which directly relates to the issues they have identified as most distressing and/or important and their preferred measures to address these issues, allowing increased information and support to carers. The use of the DCI facilitated patient's communication of their dignity-related needs to community nurses, which highlighted increased satisfaction with the support they received.

OP 002

HOW A DIGNITY CARE INTERVENTION CAN IMPROVE CARE BY COMMUNITY NURSES TO PEOPLE IN THE LAST MONTHS OF LIFE

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Background This study has developed, implemented and tested a complex intervention, the Dignity Care Intervention (DCI), providing an evidence based approach to providing person centred dignity conserving, palliative care to patients and their families receiving end-of-life care at home by community nurses (CNs).

Aims The primary aim was to explore the feasibility and acceptability of the DCI from the patients' and carers' perspectives.