

FAMILY'S VOICE HELPING RELATIVES OR FRIENDS IN THE LAST DAYS OF LIFE

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Difficulties exist with end of life care in acute hospitals (NHS, 2013). They are not designed for dying patients and families (Caswell *et al.*, 2015). Health professionals struggle to recognise and manage palliative care transitions. Shared understanding between relatives and staff relate to an improvement in care (Gott *et al.*, 2011). 'The Family's Voice' diary improves communication by involving families to document contemporaneously their observations of care (McEvoy *et al.*, 2012).

Can a communication tool developed for family members, in one trust, be transferable to other hospital and health settings? Using a mixed method approach the quantitative approach rated the symptom management of the dying patient, the qualitative data captured the quality of the perceived care being delivered. Combined they provide a comprehensive account of the family's experience of care. The analysis of the data used SPSS software and the (free text) by Content Analysis.

All sites participated. Scores concerning symptom control improved. Families felt staff treated the patient well and felt supported. Specific diagnosis and difficulty of symptom management were linked. The categories that emerged were: awareness of approaching death; communication and compassion; symptom management; the environment; concerns about clinical and fundamental care, family's expectations; building relationships; spirituality and the need to address concerns immediately.

The Diary is used by relatives who record aspects of clinical care. It has been tested across nine organisations. The diary is a process of empowering family members and a measurement of the relative's perception of care. It develops palliative care skills in clinical staff and promotes spirituality and pre-bereavement management.

REFERENCES

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