Results Of the 1428 stories published on ‘Care Opinion’ from March 2019 to 2021 regarding hospitals in the West of Scotland, 48 (3.36%) were related to end-of-life care. We found that people tended to post positive feedback about their experiences with end-of-life care. People reported positively about staff professionalism in providing compassionate and person-centered care to meet their loved ones needs at end of life. Nevertheless, other experiences of care related to challenges facing healthcare services, particularly during the COVID-19 pandemic. Quality appraisal of staff responses highlighted areas for improving feedback. Despite research suggesting conversational responses are more desirable by service users, they were the least popular type of responses in our sample and were mostly from negative stories. In contrast, appreciative responses were commonly from families reporting positively about their experiences of end-of-life care.

Conclusion This study has provided a novel perspective of patients’ experiences of end-of-life care in hospitals in the West of Scotland. Novel insights were importance of trust and meeting patient’s needs at end-of-life particularly by nursing staff.

72 THE IMPORTANCE OF DECISION-MAKING AT END-OF-LIFE: A SYSTEMATIC REVIEW

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Introduction Caring for the dying is a multidisciplinary team (MDT) model of care, with nurses providing the most direct patient care. Providing end-of-life care to meet the person-centred needs of individuals and families is complex and relies on effective decision-making (CDM) skills. Little is known about how healthcare professionals (HCPs) inform complex decisions for care intervention when the patient is unresponsive at end of life. The cognitive continuum theory (CCT) has been used to examine CDM in healthcare. This systematic review aimed to critically synthesise empirical links between theory, research, and practice to address the following questions: how has the CCT been used in research, and to what extent has it been integrated in research processes and clinical practice?

Methods A systematic review was undertaken searching five databases from inception. A range of key concepts were mapped to each electronic database. Pre-eligibility screening criteria were applied, and methodological quality appraisal was conducted. A meta-aggregate synthesis was conducted using Joanna Briggs methodology.

Findings Five synthesised findings related to the CDM processes were informed by the CCT. These included: CDM varied depending on the decision-making capacity of the individual HCP, their level of experience, availability of decision tools, access to senior staff and peers, and availability of resources such as time and staffing. The visibility of the CCT was variable, with only two studies rigorously applying the CCT to all stages of the research.

Discussion This review identified a gap in providing a person-centric approach to CDM. This finding was dependent on multifactorial considerations which impacted individual HCPs. Complex DM should be safely embedded in the MDT to sustain the team and improve patient care. Further education and support is needed, particularly in the context of the unresponsive dying. Impacts of time, resources and workplace culture on CDM need to be addressed.