

018 HOSPICE STAFF PERCEPTIONS OF CARING FOR PATIENTS WITH A NON-MALIGNANT ILLNESS

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Introduction Palliative care nurses who have been traditionally caring for cancer patients (CP) have started to care for non-cancer patients (NCP) as specialist hospice environments are broadening their patient criteria to accept a range of non-malignant conditions outside of cancer within the United Kingdom (UK).

Aim The overarching aim of this qualitative research study is to explore the perceptions of registered nurses working in a hospice in Staffordshire, caring for NCPs. Specifically this involved: exploring how confident nurses feel while caring for a NCPs; identifying and describing the similarities and differences when caring for this population and those with cancer; highlighting the educational needs related to understanding the natural history of symptoms and problems in non-cancer patients; and recognising nursing perceptions on what supports/ disables confidence in caring for patients with a non-malignant disease.

Method Focus groups were conducted in this qualitative research study (n=8; n=8). The discussions were digitally

recorded, transcribed verbatim and analysed using content/thematic analysis.

Results Five key themes evolved from the research, namely: the importance of preparation; the differences and similarities between treating NCPs and CPs; the importance of collaborative working was crucial; staff and patient perspectives; and the associated challenges in terms of time, skills needed and interestingly what the future holds for NCPs within the hospice context.

Conclusions Focus groups were used successfully to explore perceptions of registered nurses around caring for CNP within one hospice environment within the UK. While there were many challenges and tensions identified, these were well balanced with the tensions of positive and constructive comments around the integration of patients with non-malignant diseases within a traditionally cancer driven organisation. Such a change in direction will impact upon how staff manage this within existing palliative and end of life care provision.