...in nurses’ words

Aggressive symptom management is one of the key areas of a palliative approach in the care of the chronically ill. Nurses are well positioned to advocate for appropriate pain and symptom management. If persons cannot communicate in words such as those with advancing dementia, pain can go unrecognized. This story highlights the suffering that results when assessing for pain is missing from nurses’ perspectives.

“We had one long-standing resident with severe dementia who had been non-verbal and unable to recognize her family for quite some time. I remember her because her hands were always clenched and her eyes looked frightened and we just thought it was part of her disease. But then one day she was deemed ‘palliative’ and we got proper morphine orders and it was just amazing what happened. The family came in as they often did and while they were talking to each other, she just slowly and calmly came awake, her whole body relaxed and her hands unclenched! I think it was probably from the morphine and that she had never had decent pain control before that, because she couldn’t tell us she was in pain and we weren’t seeing the signs. But before she died, her beautiful brown eyes were open and her family could tell her that they loved her and they felt that she was more present than she had been for a very long time. Then the doctor stopped all the unnecessary medications and we just kept her really comfortable and supported the family by spending time talking to them and bringing them tea and coffee, just like we were in our own home providing refreshments to guests. So, when her death came a short while later, it was very peaceful and lovely and we all felt really good about it.”

RN from a long term care facility
thank you!

A huge THANK-YOU to all the nurses and health care workers in all health authorities and all settings who have taken the time to complete the survey and participate in focus groups and in-person interviews! Your voices will give us more power to advocate for quality nursing care for your patients living with chronic life-limiting illness – people with illnesses such as dementia, heart failure, COPD, renal failure and cancer who deserve a palliative approach in care.

iPANEL PROVINCIAL SURVEY ABOUT A PALLIATIVE APPROACH

Since June 2011 we have been rolling out a provincial nurse survey to obtain information from nurses about their practice-based experiences in a palliative approach.

Questions that must be answered for nurses to apply a palliative approach:

• What knowledge, skills and confidence do nurses have in a palliative approach to care?
• What further knowledge and skills do they need?
• How is a palliative approach currently integrated in different types of nursing care settings?
• What types of workplace supports are needed to provide a palliative approach?

Nurses in practice know the answers to these questions. We are asking nurses across BC to tell us their views through a provincial survey. RNS, LPNs and health care workers in 60 randomly sampled medical units, residential facilities and home care settings across BC are in the process of being surveyed. We included a wide variety of settings within each of BC’s health authorities to ensure that the voices of different nurses in many different contexts of nursing practice are represented.

Where are we at?

Many nurses have completed the survey, but we still need more responses to accurately answer the questions.

Why do we need more responses?

To accurately answer the specific questions about nurses and each of the practice settings, we have to have enough responses.

How will this be accomplished?

We invite all nurses who received a survey at their practice setting to still complete survey, even if they received it some time ago. We will also be sampling additional sites throughout BC. The goal is to complete all data collection by May 2012.

How can you find out more about the survey?

Contact us:  www.ipanel.ca/contact
Find us on the web:  http://www.ipanel.ca/research/projects/provincial-survey/

Presentations about the survey:

• FEBRUARY 4 | Ethel John’s Research Forum, St. Paul’s Hospital. Links to presentation slides:
  http://assets.ipanel.ca/EthelJohns-Feb2012-StajduharTayler.pdf
  http://assets.ipanel.ca/EthelJohns-Feb2012-SuzukiSawatzkyRoberts.pdf
• MARCH 14 | Ministry of Health Research Rounds, Victoria, BC
• APRIL 4 | University of the Fraser Valley
• JULY 26 | Nursing Education and Research Rounds (NEARR), at St. Paul’s Hospital and online via INSPIRENET.
A message from clinical intern
Ibolya Agoston

I became an intern with the iPANEL project through my professor from Trinity Western University, Dr Rick Sawatzky. The main reason for getting involved in this project was the opportunity to work with nurse researchers in surveying nurses. Throughout my current MSN studies I digest and critique many research articles however the hands-on experience was so much more rewarding.

Distributing surveys and participating in iPANEL discussions made me go beyond being a consumer of research to actually having a contribution to developing nursing knowledge. When I accepted the invitation to join the iPANEL team, my preconceived idea was to distribute several questionnaires to nurses and care aids in the north east health services delivery area in Northern Health Authority. This plan was short lived because out of the random draw there were no sites in my area. Enthusiastically, I volunteered to travel to the furthest site from my house- Queen Charlottes City Hospital, only to discover that I would actually travel through 9 of the 12 northern sites. After 9 nights, two-seven hour ferry rides, travelling 2900 kilometers and meeting dedicated managers, caring and inquisitive staff members I am privileged to be part of this research program. There were also stories of nurses’ yearnings to learn more and reflections on the needs that staff and patients have. I wish I could add all those memories to a quantitative analysis! I learned that good research happens when people are dedicated, detail-oriented, enthusiastic, hardworking and persevering.

Equally, the credit goes to all nursing care providers, who work hard at meeting the patients’ healthcare needs and also to nurses who are able to capture and speak up about their work. After my trip I have a new appreciation for all the work that nurses do in promoting our scholarship. And I will paraphrase my professor who always encourages us with these words: onwards!
Nurses gather to talk about a palliative approach at Trinity Western University’s Nursing Networking Café

On January 26th, 2012, thirty nurses gathered in an informal, welcoming Café setting at Trinity Western University in Langley, B.C. to discuss how a palliative approach might be incorporated into various non-specialty healthcare services. The evening opened with some remarks by Dr. Kelli Stajduhar (iPANEL Lead Investigator) who shared the importance of integrating a palliative approach into various care settings in which people die – like home and community care, residential care, and many acute care settings and how nurses can play a key role in enhancing the quality of care to people with advancing chronic life-limiting conditions. With these opening comments and some guiding questions to foster conversation, nurses talked in smaller groups about care for people with chronic life limiting illness, and how principles of palliative care might be applied in non-palliative settings. There was also animated discussion about nurses’ involvement in research and how a project such as iPANEL could foster evidence-informed care. The evening wrapped up with comments by respondents Della Roberts (End-of-Life Care Clinical Nurse Specialist, Fraser Health and co-Investigator, iPANEL), Victoria Alcuaz (Critical Care Nurse, Fraser Health and clinical intern, iPANEL), Glenda King (Clinical Resource Nurse, Hospice Palliative Care Team, Langley and TWU MSN student) and Carolyn Tayler (Director Hospice Palliative and End of Life Care, Fraser Health and iPANEL Lead Investigator). Nurses left the evening, pleased with having made new connections, and hopeful for what nurses contribute to the care of people with advancing chronic life-limiting conditions.

FOUR THINGS YOU SHOULD KNOW ABOUT iPANEL

1. Three quarters of the British Columbians who die, do so without being identified as people who could benefit from the services associated with palliative care.
2. Through research we create new knowledge about how nurses can further integrate palliative philosophies and services into non-specialized settings which provide end-of-life care.
3. Our research is informed by and informs clinical practice.
4. Our ultimate goal is to advance the further integration of the palliative approach into every care setting.

BECOME INVOLVED IN THE WORK OF iPANEL

Log in at www.iPANEL.ca to stay in touch! Webinars, meetings in your local community, clinical nursing research internships, and more will be coming your way. Become involved in helping us to create nursing practice environments that contribute to excellent care for patients with chronic life-limiting conditions and their family members.