

**An investigation of palliative care nurses’
perceptions and views of an extended
hours community nursing service at the
Northern Adelaide Palliative Service.**

Jane Grigson NPC

School of Nursing

The University of Adelaide

December 2014

Table of Contents

Index of Figures	iv
Index of Tables.....	iv
Signed Statement.....	vii
Acknowledgement.....	viii
Abstract.....	v
Chapter 1 Introduction.....	1
Introduction.....	1
Background.....	2
Outline of the Study.....	5
Summary.....	6
Chapter 2 Literature Review.....	7
Introduction.....	7
Data bases and time span.....	7
Search Terms.....	8
Palliative Care.....	8
Description of models of care.....	15
Extended hours palliative care community services.....	26
Common Themes.....	34
The Australian Experience.....	35
Summary.....	41

Chapter 3 Methodology.....	42
Introduction.....	42
Purpose of this study.....	42
Quantitative versus qualitative?	43
Qualitative Foundation.....	44
Theoretical Perspective.....	45
Research Approach.....	46
Phenomenology.....	47
Grounded Theory.....	48
Ethnography.....	49
Summary.....	51
Chapter 4 Methods.....	52
Introduction.....	52
Design.....	52
Qualitative Data.....	52
Analysis of calls received.....	54
Setting.....	55
Study sample.....	56
Inclusion/exclusion criteria.....	56
Ethical considerations.....	56
Data Collection.....	59
The interview.....	59
Analysis of after-hours calls.....	60
Pilot Interview.....	61
Data Analysis.....	62

Issues of reliability and validity.....	63
Role of the Researcher.....	64
Summary.....	65
Chapter 5 Results.....	67
Introduction.....	67
Participant information and demographics.....	68
The interviews.....	68
Extended Hours of care- models identified.....	69
Extended Hours of care at NAPS- views, benefits and barriers.....	74
Current client group.....	77
The after-hours telephone calls.....	78
Summary.....	84
Chapter 6 Discussion.....	86
Introduction.....	86
Purpose of the study.....	86
Summary of the findings.....	87
The literature review.....	87
The interviews.....	90
The after-hours calls.....	91
Relationship between the literature review and data collected.....	92
Implications for practice.....	94
Study limitations and suggestions for further investigation.....	95
Reflections on the Research Process.....	97

Conclusion.....	98
References.....	99
Appendix 1.....	105
Appendix 2.....	106
Appendix 3.....	107

Index of Tables

Table 1 An overview of some differences in three methodologies.....	50
Table 2 Number of calls received versus reason for call.....	79

Index of Figures

Figure 1 Total number of calls received by time of day over a 30 day day period.....	80
Figure 2 Total number of calls received versus day of the week over a 30 day period	81
Figure 3 Total calls by symptom versus calls by symptom that CPC could respond to over a 30 day period.....	82
Figure 4 Total calls received versus calls CPC could answer by day of the week over a 30 day period.....	83
Figure 5 Total calls received versus calls that could be answered by the CPC by time call received over a 30 day period.....	84

Abstract

Background

Palliative care as a health specialty has undergone dramatic growth across the globe since the 1960's. With this growth has come an array of service models, providing palliative care in a variety of ways. The situation in Australia is no different, and the inequity of access to palliative care has been noted at both a commonwealth and state government level.

Purpose

This study investigated the perceptions and views of the nurses into an extended hour's community nursing service at Northern Adelaide Palliative Service. The data obtained was intended to identify if there was any perceived need for a change in service delivery and any potential benefits to the current client group.

Methods

This is a mixed method study, combining the collection of qualitative data from the current nursing staff and an analysis of the after-hours telephone calls to the service. Nursing staff were interviewed individually using a semi-structured approach. Telephone data reviewed was information already collected by Northern Adelaide Palliative Service, and all data was de-identified prior to review.

Results

Data gathered from the interviews revealed that whilst there was support for the concept of an extended hour's community service in general, this support did not translate to the local setting. A lack of consensus existed between current nurses of Northern Adelaide Palliative Care Service in relation to both the need for an extended hour's service and the potential benefits to the current client group. The telephone data identified that nearly a third of all calls received could have been responded to by a nurse, with the majority of these calls being received after eight in the morning until ten at night.

Conclusion

Overall the data obtained is not convincing in indicating either a desire or need for an extended hours community nursing service at Northern Adelaide Palliative Service. Despite this the management and care of the palliative patient in the after-hours period continues to be an area of concern. It would be beneficial to collect additional data from all users of the service to obtain their view on the effectiveness and accessibility of the service.

Signed Statement

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution.

To the best of my knowledge, this work contains no material previously published or written by any other person, except where referenced within the text.

I consent to this copy of my thesis when deposited in the School of Nursing Library, being available for loan and photocopying.

Jane Grigson

Acknowledgement

This thesis would not have been possible without the support and encouragement of many people and I would like to sincerely thank everyone who has encouraged me throughout my Masters study programme.

To my supervisors Dr Kate Cameron and Visiting Associate Professor Gillian Harvey, I am immensely grateful for your time and assistance throughout this year. You have provided me with advice, guidance and encouragement, and all with unerring tolerance and good humour.

To my work colleagues, nursing, medical and administrative, I say “thank you”. To those nursing staff who agreed to participate, your time and your honesty in discussion was greatly appreciated. To the medical staff who allowed me access to certain statistical data, thank you. To Nikki, who guided me through the use of technology I was unfamiliar with, I am in awe of your patience. I would particularly like to thank my medical supervisors, Dr. Lawrie Palmer, Dr. Teena Silakong and Dr. Mil Chan for their ongoing support and education.

To my family and friends who have encouraged me in my study over these past three years I am sincerely grateful. For listening to my concerns, and then offering the support and encouragement that helped me to continue I particularly wish to thank Sue and Jean.