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A43

Nurses' perceptions of aids and obstacles to the provision of optimal end of life care in ICU

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Introduction: There is increasing recognition of the need for comprehensive expertise in the management of EOLC in the ICU. However there appear to be many controversies between professionals regarding optimal provision.

Objectives: As a component of a local, on-going quality improvement process in this area, we performed a survey of nurses' perceptions of aids and obstacles to the optimal provision of EoLC.

Methods: We modified a previously validated survey tool¹ and anglicised the language. Nurses were asked to rate both the size and frequency of 20 possible obstacles and 14 possible aids to providing EoLC using a 6 point Likert scale (0-5). The survey was distributed to 120 nursing staff on one adult general critical care unit in March 2015.

Confidentiality was assured. For each obstacle and aid, the median and interquartile ranges were determined for the size and frequency. To determine the effect size of each obstacle and aid, the median of the size was multiplied by the median of the frequency. These were then themed

Results: Sixty surveys were returned representing a 50 % return rate.

Conclusions: This study has highlighted the need to proactively identify a family liaison to cascade information to friends and relatives to allow nurses to concentrate on care delivery. Despite having a poor unit design and lack of privacy, nurses feel they can provide a dignified death and feel that multidisciplinary agreement is an important part of this process.

References

1. Kirchoff and Beckstrand, 2000 Critical care nurses' perceptions of obstacles and helpful behaviour's in providing end-of-life care to dying patients. *Am J Crit Care*. 2000 Mar;9(2):96-105.
2. Festic E, Wilson ME, Gajic O, Divertie GD, Rabatin JT, 2012 Perspectives of physicians and nurses regarding end-of-life care in the intensive care unit. *J Intensive Care Med*. 2012 Feb;27(1):45-54. doi: 10.1177/0885066610393465. Epub 2011 Jan 21

Table 23 (abstract A43). Effect size and themes obstacles

LARGE OBSTACLES occurring frequently	EFFECT SIZE	THEME
Family requesting constant updates	16	Workload
Poor unit design restricting privacy	16	Environment
Family unable to accept patient dying	12	Family Coping
Nurse caring for family and patient simultaneously	12	Workload
Not knowing patient's wishes for EOLC	12	Staff Coping
SMALL OBSTACLES occurring infrequently	EFFECT SIZE	THEME
Lack of chaplaincy services	2	Logistics
Lack of support from colleagues	3.75	Staff coping
Restrictive visiting hours	4	Logisrics

Table 24 (abstract A43). Effect size and themes of aids

LARGE AIDS occurring frequently	EFFECT SIZE	THEME
Multidisciplinary agreement	15	Communication
Provision of a peaceful and dignified scene	15	Environment
Allowing adequate time after death	15	Logistics
LARGE AIDS that occur infrequently	EFFECT SIZE	THEME
Having a designated family liaison	10	Workload
Having unit design that allows privacy	10	Environment
SMALL AIDS	EFFECT SIZE	THEME
Family helping with care	6	Case Specific
Having support outside work	3	Staff coping

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