A qualitative exploration of the lived experience of hospital inpatients receiving support from the Hospital Specialist Palliative Care Team (HSPCT), in one acute hospital setting

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BACKGROUND
The importance of person centred care has been dominant in End of Life Care (EoLC) national guidance since publication of the EoLC Strategy in 2008. However, variations in quality of care remain. National frameworks have been developed to enable care providers to drive changes to improve patient care and experience (NPELCP 2015). It is therefore important to explore what patients and those close to them think about services they encounter; it is widely recommended that engaging with service users should inform ongoing service improvement strategies.

AIMS
In one acute hospital trust:
• Explore the lived experience of being a hospital inpatient, and receiving support from the HSPCT;
• Make recommendations to the acute trust regarding improving patient experience.

METHODS
A phenomenological approach was adopted utilising the following methods:
• Narrative Interviews - in-depth interviews with 20 recently discharged palliative patients; analysis was undertaken using Thematic Analysis.
• Case note review - key elements regarding recent in-patient episode.

RESULTS
Case Note Review:
In general, case notes reflected a ‘Medicalised picture’ of the patient journey. Where HSPCT were involved, more ‘holistic’ accounts were evident.

Narrative Interviews: 5 overarching ‘themes’ emerged:

Institutional Cultures

“…sometimes they were run off their feet. They can’t always come so you don’t get bad tempered or anything, you just have to wait and know that they will come.”

“…because she cared... she saw my emotional pain...she took the time out, and I could see that she did that with difficulty... looking over her shoulder while she did it.....she would talk...put her arms round me and consoled me.”

Communication

“Honestly it was like er a train station..... they were coming and going.”

I’d had a sort of “hello, my name is [nurse name] and I’ll be looking after you”, but not in the same way. Not with the same purpose that it was given, it felt as though she really cared about me and that’s just magnificent.

CONCLUSION
Despite the acknowledged organisational pressures, these patient narratives highlight the importance of concepts such as kindness, compassion and dignity; taking the time to ‘care for patients’ rather than time to ‘do to patients’, taking the time to listen to what is most important, taking the time to respond to the patient as an individual, have the potential to create a lasting positive impression.

The palliative nature of illness reinforced the ‘preciousness’ of time, underlining there is ‘one chance to get it right’ (LACDP 2014). These findings have important implications for education, training and resource utilisations. Having listened to our patients it is time to learn and change; to ensure patients in the future have the time to listen to what is most important, taking the time to respond to the patient as an individual, have the potential to create a lasting positive impression.

REFERENCES
