



Nurse decision-making about the delivery of skin care to patients with advanced cancer at the end of life: an exploratory qualitative study



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Confidential Final Report

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Nurse decision-making about the delivery of skin care to patients with advanced cancer at the end of life: an exploratory qualitative study. Executive Summary

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Executive summary

Background

Recent studies have highlighted shortcomings in skin care delivered to patients at the end of life. Nurses find it challenging to make decisions about skin care for patients at the end of life because of concerns that the delivery of care to protect the integrity of the patient's skin may cause the patient distress or upset the patient's loved ones. Decision-making algorithms (DMA's) have been shown to improve healthcare professionals' decision making.

Aim:

To develop a prototype decision making algorithm (PDMA) to improve nurses' decision making about end of life skin care for patients with advanced cancer in hospitals.

Methods

A qualitative case study design was used to develop a theory and a prototype decision making algorithm (PDMA) for end of life skin care. Data gathered through focus group interviews, non-participant observation and semi-structured individual interviews were subject to thematic analysis, underpinned by shared decision making theory to identify key cues and factors that were integrated into the PDMA.

Main findings

Nurses take into account individual, organisational, patient and family factors, and cues* in their decisions about the end of life skin care of advanced cancer patients. Each nurse's decisions about end of life skin care are also influenced by the views of other nurses, healthcare professionals and clinical staff. In clinical practice, nurses continually evaluate and reflect on their decisions about end of life related skin care with the support of their colleagues. Nurses also make decisions about this aspect of care collectively with other nurses and healthcare professionals.

Conclusion

Most of the findings are congruent with wider literature on nurses' decision making with regards to skin care and the general care of people at the end of life but we identified two novel findings that have not been previously reported. Firstly, nurses constantly review their judgements and decisions about end of life skin care with their nursing colleagues and other healthcare professionals in the multidisciplinary team. We also found that nurses collectively make decisions about the prioritisation and delivery of end of life skin care. We have developed a theory about nurses' end of life skin care related decision making and PDMA that can be further developed and tested in subsequent research.

*Operational definitions

Cue: *An event or information that contributes to a nurse making a judgement or decision about some aspect of a patient's end of life skin care.*

Factor: *A circumstance, influence of fact that has an impact on the judgement and decisions that a nurse makes about end of life skin care.*

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Author contributions

Dr Ray Samuriwo (Lecturer) was the Chief Investigator and contributed to the design, conduct, analysis and reporting of this study.

Dr Josie Henley (Research Assistant) contributed to the design, conduct, analysis and reporting of this study.

Dr Sally Anstey (Senior Lecturer) contributed to the design, conduct, analysis and reporting of this study.

Claire Job (Lecturer) contributed to the design, conduct, analysis and reporting of this study.

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