

Marie Curie Research Grants Scheme

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Ensuring proactive efficient and effective out of hours palliative care provision: examining the role, contribution and impact of the HCA.

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Research abstract

Background

Most people spend their last year of their life at home, with many wishing to die there. Multi-disciplinary teams comprised of GP, District Nurse, Specialist Palliative Care Nurse and Health Care Assistants (HCAs) have a key role to play in enabling this. HCAs are not regulated nor subject to standardised training yet play a crucial role in the provision end of life care, often being the first to recognise and alert professionals to patient changes. A patient priorities exercise demonstrated that out of hours (OOH) palliative care services (i.e. between 18.30 -08.00 hours) are integral to the care of patients at end of life. Little is known however, about the role, contribution and impact HCAs have on OOH palliative care services.

Aim

To examine the HCA role, contribution and impact on service delivery and patient care in out of hour's community palliative care provided by hospice organisations.

Methods

The study will be conducted over four phases.

Phase one involves a scoping review of policy and literature, devised according to guidelines, to examine published evidence and policy that informs HCA practice, and to identify gaps in knowledge.

Phase two comprises an online census of all Hospice Directors of Nursing or Community of Nursing Services Managers across the UK (n=260), to examine HCA workforce characteristics, roles, employment contracts, organisational and regulatory guidelines for service provision within community-based OOH care. Each hospice will be initially contacted to identify and confirm the contact details of the Director of Nursing or Community of Nursing Services Manager. This will be followed by an email invitation with a hyperlink to the survey using Qualtrics, and two reminder emails. These findings will provide an understanding of the HCA role and OOH community-based practices in hospice organisations. The survey data will also be used to inform the sampling matrix for the selection of case studies in phase 3. Data will be analysed using SPSS (v 23) and free text replies subject to content analysis and response rates according to CHERRIES checklist.

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Phase three will comprise a series of in-depth organisational case studies across six hospices located in the UK. Hospices will be purposively selected as case studies to ensure a variety of organisational and service settings in which HCAs are involved in community-based OOH care are included. The aim will be to explore the HCA role, contribution and impact on hospice organisation OOH service models and the extent to which they help patients stay in the home. Each case study will include in-depth interviews and documentary analysis. In-depth interviews will be undertaken with a purposive sample of HCAs (n=5-7), patients and carers (n=2-4), key health professionals (n= 3-5) and managers (n=2-3). Participants' demographic information will be collected using a brief questionnaire. Documents relating to the HCA role and policies, and structures of community-based OOH working will be obtained from each organisation. A framework approach will be used to guide data analysis processes.

Phase four will comprise of deliberative workshops, consisting of two deliberative panels, with a total of 30 key stakeholders, held in two locations in the UK. The workshops will be held over a period of one day on two separate occasions. Deliberative panels with selected participants from each study site (i.e., HCAs, healthcare professionals and management n=10-12) and a purposive snowball sample of key stakeholders (patient and carer representatives (n=8), service managers (n=5) and policy makers (n=5) will be invited. The findings across the three previous phases will be integrated to provide a synthesis to inform phase 4 discussion. A four-phased deliberative panel approach will be adopted; enabling facilitated discussion of findings, reflection, identification and development of strategic recommendations relating to HCA role in community-based OOH service provision. Panels will be audio recorded and subjected to thematic analysis.

Proposed Outcomes

First, it will provide a detailed understanding on the HCA workforce and the role they play in community-based OOH palliative care provision. Second the results will raise the profile of HCAs and assist in future national workforce planning in hospice palliative care. Finally, the project will make policy and practice recommendations for enhancing the HCA role in community-based OOH hospice care provision.