



Review

District nurses' role in palliative care provision: A realist review

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ABSTRACT

Objectives: The aim of this review is to construct a detailed account of the role of the district nurse (generalist registered nurse providing nursing care in primarily home settings) in providing palliative care, to determine if and how district nursing care provides effective care to such patients at home, and to examine the utility of a realist review for the above purpose.

Design: Realist review of literature.

Data sources: Papers in English reporting aspects of the district nurse role in the provision of palliative care are included. Electronic databases (Ovid Medline, Cinnahl, British Nursing Index, Embase, PsycINFO and EBM reviews) were searched, supplemented by citation tracking and grey literature searches.

Review methods: Assumptions about district nursing practice with palliative care patients are derived from a range of sources. Reviewed papers are interrogated to support, refute or develop these statements.

Results: Forty six papers employing a range of research methods are incorporated into the review. Studies focus on district nurses, patients, family carers and other professionals and include work from a range of countries. Studies highlight the value district nurses place on palliative care provision, the importance of developing a relationship with patients, and the emotional difficulties of providing such care. District nurses have key skills in providing physical care and in coordinating the work of others, but struggle more with psychological aspects of care. District nurses report feeling undervalued, and express some reluctance to work with other health and social care professionals to provide care.

Conclusions: There is little in this synthesis to shed light on the outcomes of care or to explicitly guide practice. District nurses clearly articulate what they consider to be important, but research in this area is limited and needs to undergo a renaissance to examine what is important: namely what district nurses do in practice; what patients and family carers views are on what they do and do not do; and how district nurses can improve care outcomes. The inclusiveness of realist review works well for this field of study.

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What is already known about this topic

- District nurses are essential to the provision of community palliative care services, but there is little written on how they enact their professional or clinical role with these patients.

- Palliative care is considered by many district nurses to be their preferred and most rewarding area of practice.

What this paper adds

- There is little research that can guide improvements in district nurse palliative care practice.
- Highlights the need for future research to focus on a number of areas: outcomes focused work; work observing real life district nurse practice; and work examining

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the views of patients and family carers about processes and outcomes of care.

- A realist review approach has utility in guiding reviews of nursing practice.

1. Introduction

Providing nursing care to people in their own communities and domestic home settings is central to health policy in many countries (Department of Health, 2000; Royal District Nursing Service, 2009; Department of Health, 2001). Some registered nurses providing such care specialise in caring for those in particular situations or with certain diseases (i.e. palliative care, respiratory care), others, whilst specialists in providing community care, care for those with a range of health needs. The terms in use to describe such nurses vary (i.e. district nurse, community health nurse, home healthcare nurse), as do exact job descriptions, but most have a core role providing skilled nursing care in a domestic home setting to patients with a wide range of health and nursing needs (see Box 1 for details). The term 'district nurse' is used broadly here to describe this type of generalist care, whatever the title of the nurse providing care.

Definitions and descriptions of district nursing practice frequently highlight a number of common elements: the style of care; the recipients of care namely individuals and the wider community; the location of care at home or in the community; and a role in assessment, care coordination and referral to others (CPHVA, 2003; District Nursing Association, 1989; Royal College of Nursing, 1990; Community Health Nurses Association of Canada, 2008; National Organisation of District Nurses (Riksföreningen födistriktssköterskor), 2008).

However, such definitions do not describe exactly what nursing services a district nurse provides, how they enact

their role, and what the outcomes of such care may be. This poor understanding of what exactly district nurses do is compounded because they frequently work in home settings where their work is invisible and unobserved (Hallett and Pateman, 2000; McIntosh, 2000), such that they can even be unaware of the working patterns of district nurse colleagues (Walshe et al., 2008). It is argued that this 'invisibility' of home nursing care is compounded because district nurses work with a range of client groups, often those who have poorly defined forms of ill health, where outcomes are hard to identify, and with little external acknowledgement of their skills and knowledge base (Goodman et al., 2003).

It is important to understand exactly what district nurses do in providing nursing care in home type settings in order to ensure that the care they give is appropriate, of the highest quality and maximises care outcomes. One critical area which could be explored as an exemplar of district nursing practice is palliative care. District nurses frequently identify palliative care as part of their role (National Organisation of District Nurses (Riksföreningen födistriktssköterskor), 2008; Community Health Nurses Association of Canada, 2008), and as an exemplar of the best care they can offer (Griffiths, 1997). District nurses often provide a major element of the home care for those in the palliative phase of illness (Audit Commission, 1999; Beaver et al., 2000). This reflects a general shift in emphasis to primary care, including primary palliative care (Murray et al., 2004), and recognition that moving palliative care from acute to community sectors could provide cost savings (Hatziandreu et al., 2008).

Understanding what and how district nurses contribute to such primary palliative care is important in terms of patient care and workforce policy direction. We need to know how district nurses work with such patients, whether and how their work is affected by contextual

Box 1. Terms used to describe generalist registered nurses providing home care across different countries.

Country	Term	Role
UK	District nurse	Qualification: Registered nurse with additional community focused qualification. Role: Nursing care primarily in domestic home settings. Typically assess, plan and deliver nursing care for those with acute, chronic and life-limiting conditions across all age ranges
Australia	District nurse	Qualification: Registered nurse, no additional formal qualification required. Role: Mostly generalists, but some specialist services provided. Work primarily in domestic home setting providing wound care, diabetic care, medicine management, palliative care and monitoring (Annells, 2004)
Canada	Community Health Nurse (which describes two core functions, home health nurse and public health nurse)	Qualification: Registered nurses primarily educated to degree level. No additional formal qualification required. Additional Community Health certification is available. Role: Plan, deliver and evaluate care of acute, chronic and terminally ill clients in community settings (e.g. wound care, palliative care, care of IVs, respiratory care). Some home care programmes have specialist provision, i.e. in palliative care. (Victorian Order of Nurses, 2010; Community Health Nurses Association of Canada, 2008)
US	Home care nurse	Qualification: Registered nurse. Care provision can facilitate access to a home health aide (non-registered nursing assistant). Care must be ordered by a physician. Role: Provision of skilled, intermittent nursing care under a home health care plan, provided by a home health agency. (Centers for Medicare and Medicaid Services, 2007)
Sweden	distriktssköterska (District nurse)	Qualifications: Licensed nurse with additional qualifications in district nursing/community health. Role: Nursing care at home or in clinic or other community settings across all age ranges. Nursing care can include medicine management, monitoring, wound care, equipment provision, counselling etc. (National Organisation of District Nurses (Riksföreningen födistriktssköterskor), 2008)

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