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# Newly Graduated Nurses Working in Isolation with Palliative Patients

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# Introduction

- This paper highlights the experiences of new graduate nurses working in rural areas in relation to palliative care
- Although many healthcare professionals involved in palliative care, nurses spend the most time with patients



# Literature Review

Nurses value palliative care in their curriculum

Several studies indicate nurses feel unprepared for palliative care

The experience of death varies for different patient populations

Education strategies for undergraduate courses

# Method

- Ethics permission obtained
- Participants had graduated from a regional university within the last 1-2 years
- Thematic analysis with a qualitative interpretive methodology, using Braun & Clarke's 6 step model
- Total of 7 participants interviewed (all female)
- No participants worked in designated palliative care settings

# Results

All of the nurses participating indicated that they had cared for people with life limiting conditions

Some of their insightful quotes are provided in the following slides



# Importance of end of life care

we always seem to have palliative care ...  
we seem to have a lot of care for patients who come in quite frequently just being unwell and then they get a bit better and go back to the community for a little while until they just get to the extent when they can't be in the community anymore and they come in ... all the time. Yeah, so it is a big part of nursing out there (Sarah)

# Responsibility

the palliative CNC's come in ... do their assessment ... but we're the ones that have to actually ... implement it, and we're the ones that make the decision of we'd be giving that infusion right now ... and I clearly remember even speaking to senior nurses and them not knowing when will be appropriate because it was a lot on our clinical judgment, but it was not something that I had experience in, so I didn't have clinical judgment to know that (Jane)

*ultimately it comes back to you, and its never a perfect time where they're going to pass away it's going to be when you're under resourced, there's not enough people there, it's probably on a weekend, you don't have a doctor present, and you're the only one there, and you have to make that decision; oh do we give them – do we start this infusion, do we give them one last stat dose, you know, to let them go, because we know that they're about to, they're probably within five minutes of, you know, really – or when do we call the family (Jane)*



*I just thought if anything happens I've got no idea how to deal with this, I'm literally going to be running around thinking oh my gosh, how do I stop this situation from getting worse, how do I de-escalate this? (Sarah)*

*You're the stop gate, so you're the person who's got to fight for your, for what you believe in. So and that, that's fine too but no it is quite a big ... responsibility (Fiona)*

# Unprepared in some areas

As a new grad straight out I felt that's what I was probably most underprepared for was conversation and communication – what to say and when to say it (Alex)



*I feel I was prepared in order to step and take on that patient care responsibility. But it didn't over prepare you for the certain things that would be how to deal with it emotionally ... So dealing with the emotional side to help the patients I think is something that isn't touched on at university (Anne)*

# Support

Really good nurturing mentors as in more senior RN's, more senior staff so they helped you in regards to the emotional side of things and gave you tips about ... burn out because you take so much of it on in regards to caring for the families (Fiona)

*I like it when people talk about their own sort of experiences because it's a bit more relatable ... she [other more experienced RN] spoke realistically about how she originally coped with sort of things that she found quite confronting, and I found that really, really good (Jane)*

*I've done ... a couple of palliative care ...  
one day refresher courses ... I haven't  
specifically wanted to work in palliative  
care ... but it's not something that I shy  
away from all the same, because it's  
getting very much part of our daily work  
now (Jo)*

## Working in rural areas

I don't know what it's like for other hospitals, but I do know in [town] it is a big part of – we had one stage, we had three palliative patients there at a time and we're meant to be an acute care facility ... three palliative patients there at one time which I mean it's really difficult as a new grad RN or even a second year out one when you're the only RN there (Sarah)

*he probably could've stayed at home longer [in a city] because he would've had more services because he lived with his brother; they were two bachelor brothers and his brother had had both legs amputated so there was no way that he was going to be able to care once he couldn't take himself to the bathroom and all that sort of thing and needed help in the bathroom, there was no way that he was going to be able to cope with him at home because I think he would've like to have stayed at home longer (Donna)*



*I don't know what the bigger hospitals are like but I know with us I can ... the staff on the ward has to certify the death and stuff, we don't have a doctor there 24/7 so if someone passes away on the ward the nurses do the certification of the death and then the doctor comes in and signs the certificate for us ... so it's still something that I'm getting used to (Sarah)*

*we always have community nurses coming in and out of the building for our supplies and that for people out in the community and quite often they steal one of us off the ward to go and do house calls ... it was nice just to get updates on how they were going and I mean he did pass away, but it was nice to hear how he was going and that he was comfortable and then they do the same to us (Sarah)*

*they actually moved this lady out of the emergency down into a room so they could have a bit of privacy and a bit of space which you would never get at a bigger hospital it just wouldn't happen ... but the nurses didn't think anything of it; yeah, it made more work but they just did it because I think ultimately it's what we all want. So yeah, it's pretty good (Donna)*

# Discussion

End of life care a big component of their work

Isolation apparent in

- their sense of responsibility
- their sense of being unprepared in some areas
- their need of support
- how their work differs in rural areas (not all negative)

# Conclusion

New graduates working in palliative care  
even though not in designated positions

Need support and preparation

Need more services in rural areas



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