

Sigma's 30th International Nursing Research Congress

Audit of End-of-Life Nursing Care in Ghana

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Purpose:

The purpose of this study was to determine the EoL nursing care rendered to clients who died whilst on admission in the adult medical-surgical units in selected hospitals in the Cape Coast metropolis. It sought to determine the baseline that will serve as reference for the development of a model of EoL nursing care that reflects the holistic model in Ghana.

Methods:

Study design: Retrospective medical record review (MRR) which employed an audit of nursing records; the 24-hour report book and the nurses notes, was conducted to determine the incidence of death in the adult medical-surgical units during the period of the study and to evaluate the nursing care rendered to the clients through the lens of the Holistic Nursing model and the End-of-Life model.

Sampling procedure: Purposive sampling was used to select three public facilities within the Cape-Coast metropolis; Cape Coast Teaching Hospital, The University Hospital, and the Cape Coast Metro Hospital. The facilities are secondary or tertiary facilities that have adult medical and surgical wards that admitted patients within the study period. Consecutive sampling was used to select the records of all patients who died within the selected facilities between 1st January-31st December 2017. There was no contact with the patients in this study.

Eligibility criteria: Records were eligible for inclusion if the clients had been on admission for a minimum of 48 hours.

Exclusion criteria: Coroners' cases.

Instruments: A data abstraction form was used to abstract the data from the nursing records. Appendix A recorded the socio-demographic and medical characteristics (from the admission and discharge book), the characteristics of the health facilities sampled for the study as well as the nursing documentation indicating end of life care from the 24-hour report book, nurses' notes, and patients' bedside records.

Validity and Reliability: Experts in adult nursing and nursing education reviewed the content of the data abstraction form to determine the content and construct validity of the instrument.

Data management and analysis: Quantitative data (patient sociodemographic and medical characteristics) was captured into a password-protected database using SPSS version 20. Data abstraction forms was checked for completeness and quality and cleaned where necessary. Variables were analysed using frequencies and means to determine the incidence of death in the adult medical-surgical units.

Textual analysis of nursing record data were completed by 2 independent reviewers to describe the EoL nursing care rendered to clients who died on the adult medical-surgical units. Content and thematic analysis were conducted to determine the care rendered during the last days of the clients who died.

Ethical Considerations: Ethical approval was obtained from the University of Cape Coast Ethics Review Committee. The ethical considerations outlined in the Helsinki declaration of scientific research (World Medical Association, 2013) involving human subjects was adhered to during this study.

Results:

Most of the EoL nursing care could be categorised as physical and biomedical. Spiritual care and psychosocial care were mainly not documented. Family grieving activities and nursing support were not documented.

Conclusion:

Nursing care of the dying in the study settings does not fully reflect the holistic model of EoL care. There is the need to develop curriculum and nursing protocols for holistic nursing care in Ghana.

Title:

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Keywords:

End-of-Life, Holistic care and Nursing care

References:

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World Medical Association. (2013). World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA*, 310(20), 2191.

Abstract Summary:

Nursing responsibility in end-of-life care include performing activities that leads to a peaceful death. The study seeks to determine the End-of-Life nursing care rendered to clients who died whilst on admission in the adult medical-surgical units in selected hospitals in Ghana using the holistic care model.

Content Outline:

Keywords: End-of-Life, nursing care, holistic

Abstract text:

Death is inevitable to humans and the period of dying presents significant stress to patients and families. An important nursing responsibility in end-of-life care include performing activities that would lead to a peaceful death, and support for the grieving family (Henderson, 1966; Kubler-Ross & Kessler, 2014; Seymour, Witherspoon, & Gott, 2005). As humans are biopsychosocial and spiritual beings, the most appropriate nursing care for the dying patient must be holistic encompassing the physical, spiritual, emotional and social care of the client and family (Kaufman, 2002; Norlander, 2008; Sulmasy, 2002). The care rendered by nurses must be documented to reflect the holistic care model. Documenting nursing activities rendered for end-of-life care is essential for ensuring continuity of care, and legal evidence for care rendered. The record also provides a basis for evaluating the quality of the care rendered to dying patients (Cheevakasemsook, Chapman, Francis, & Davies, 2006). Although nurses provide EoL in Ghana, the extent to which the care rendered reflects the holistic model is unknown as no study has at yet been published. This study therefore seeks to address this knowledge gap by analysing the nurses' records. The analysis of a significant incident, such as the death of a patient and the care that was rendered to the client while on admission is an essential strategy in improving nursing practice, education and policy.

The purpose of this study is to evaluate the EoL nursing care rendered to clients who died whilst on admission in the adult medical-surgical units in selected hospitals in the Cape Coast metropolis. It seeks to determine the baseline that will serve as reference for the development of a model of EoL nursing care that reflects the holistic model in Ghana.

Study design: Retrospective medical record review (MRR) that will employ an audit of nursing records; the 24-hour report book and the nurses notes to determine the incidence of death in the adult medical-surgical units during the period of the study and to evaluate the nursing care rendered to the clients through the lens of the Holistic Nursing Model and the End-of-Life Model.

2.1.4 Sampling procedure: Purposive sampling will be used to select three public facilities within the Cape-Coast metropolis. The facilities should be secondary or tertiary facilities that have adult medical and surgical wards that admitted patients within the study period. Thereafter, consecutive sampling will be used to select the records of all patients who died within the selected facilities between 1st January-31st December 2017 will be reviewed and sampled. There will be no contact with the patients in this phase.

The study will be conducted in three public health facilities in the Central Region of Ghana; Cape Coast Teaching Hospital, Metropolitan Hospital, and the University of Cape Coast Hospital.

Eligibility criteria: Records will be eligible for inclusion if the clients had been on admission for a minimum of 48 hours.

Exclusion criteria: Coroners' cases.

Instruments: A data extraction form will be used to extract data from the nursing records. Appendix A will be used to record the sociodemographic and medical characteristics (from the admission and discharge book), the characteristics of the health facilities sampled for the study as well as the nursing documentation indicating end of life care from the 24-hour report book, nurses' notes, and patients' bedside records.

Validity and Reliability: Experts in adult nursing and nursing education will be sought to review the content of the data extraction form to determine the content and construct validity of the instrument. Pretesting/pilot testing will also be done in a facility that is not selected for the study but shares similar characteristics to determine the suitability of individual items in the instruments.

Data management and analysis: Quantitative data (patient sociodemographic and medical characteristics) will be captured into a password-protected database using SPSS version 20. Data extraction forms will be checked for completeness and quality and cleaned where necessary. Variables will be analysed using frequencies and means to determine the incidence of death in the adult medical-surgical units.

Textual data will be generated from this study. Textual analysis of nursing record data will be completed by two independent reviewers to describe the EoL nursing care rendered to clients who died on the adult medical-surgical units. Content and thematic analysis will be conducted to determine the care rendered during the last days of the clients who died.

Ethical Considerations: Ethical approval will be obtained from the University of Cape Coast Ethics Review Committee. The ethical considerations outlined in the Helsinki declaration of scientific research (World Medical Association, 2013) involving human subjects will be adhered to during this study

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Cheevakasemsook, A., Chapman, Y., Francis, K., & Davies, C. (2006). The study of nursing documentation complexities. *International Journal of Nursing Practice*, 12(6), 366–374. <https://doi.org/10.1111/j.1440-172X.2006.00596.x>

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Participants Agreements: We agree that we were involved in the conception and conduction of the research.

Disclosure: We confirm that the study does not involve any conflict of interest

Confirmation: we confirm that this is an original study and has not been published in anywhere

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