

The Experiences of Healthcare Providers and Bereaved Next of Kin of Patients Relating to the Provision of Palliative Care in Adult Intensive Care Units: An Explorative Study

Introduction

The purpose of intensive care units (ICUs) is to treat, monitor and provide life support for critically ill patients (Marshall et al., 2017).

Palliative care is defined by WHO (2020) as the provision of a service, physically, psychosocially, and spiritually, to support patients with incurable illness and their families.

While a palliative care approach is considered a vital part of ICUs, its provision in these settings has been reported to be inadequate in terms of availability or quality, and it is argued that this is a national and international issue.

Several studies have explored the lack of palliative care provision in ICUs internationally. Two literature reviews show that staff working in ICU settings have inadequate knowledge and training regarding palliative care (Aldridge et al. 2016; Al-Mahrezi & Zahid, 2016; Morrison et al. 2018).

In Saudi Arabia, although palliative care is still in its early stage and is not routinely available in its healthcare settings (Alshammaray et al., 2019).

Aim & Research Questions

Research Aim

The aim of this study is to explore the experiences of palliative care provision of HCPs and bereaved next of kin of patients cared for in ICU.

Research Questions

Q1. What are the experiences of HCPs in relation to palliative care provision in the ICU?

Q2. What are the experiences of the palliative care service delivery in the ICU for bereaved next of kin of patients?

Q3. What future recommendations can be proposed to support the provision of palliative care in the ICU?

Methodology

The study will be a qualitative exploratory study.

Data collection will be conducted into two phases as following:

Phase 1:

Semi-structured individual interviews with:

- HCP's in ICU.
 - bereaved next of kin who have died patient in ICU
- The findings of first phase will inform second phase.

Phase 2 :

Focus group which has resulted from the first phase, and early ideas would be used to guide more detailed focus group with leaders and policy makers.

Sampling:

The study will use convenience sampling in both phases.

Phase 1:

will recruit approximately 10 HCPs and 10 bereaved next of kin of patients. Final decision in relation to sample sizes will be determined by data saturation (i.e. no new themes being revealed) (Fusch & Ness, 2015; Gerrish & Lacey, 2010).

Phase 2 :

will involve setting up at least two focus groups, each involving up to 10 participants (Adams, 2015).

Analysis:

Thematic analysis will be used in this study.

Conclusion

the evidence showing the challenges and difficulties in the implementation of palliative care in ICUs (Ganz et al., 2020; Oakley et al., 2020). warrant further exploration on this topic supporting the need to conduct this study in the ICUs at KSMC in Riyadh, Saudi Arabia.

Implication of Practice

the importance of planning, training, education, and communication to improve and optimizing delivery of care.

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