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“We could do better”: the nature and meaning of information-giving in end-stage COPD

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Background

End of life in Chronic Obstructive Pulmonary Disease (COPD) is typically difficult to predict, and although palliative care initiatives are developing within COPD, active treatment often continues up to death (NICE, 2010; IMPRESS, 2012).

Staff delivering care express frustration at the lack of a palliative approach in end-stage disease and cite part of their role is to give information to assist decision-making for those in their care.

Aim

To understand the meaning and experiences of information-giving of staff caring for acute severe COPD within the social context of the acute hospital setting.

Methods

Design: Exploratory, qualitative study consisting of 1:1 and group interviews in three NHS Trusts in the North of England

Participants: A convenience sample of respiratory nurses and physiotherapists caring for patients with severe COPD in the acute hospital setting, recruited via email.

Analysis: Thematic analysis with constant comparison aided by the software NVivo.

References

IMPRESS (2012) IMPRESS guide for commissioners on supportive and end of life care for people with COPD: [British Thoracic Society Reports: 4:2](#)
NICE (2010) [Chronic obstructive pulmonary disease in over-16's: diagnosis and management](#): London: NICE

These findings represent the initial findings from a doctoral research study for the award of PhD Palliative Care



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Findings

A sample of 7 nurses and 12 physiotherapists were recruited with a variety of experience and backgrounds. Key themes were identified:

- **Information-giving** is an element of staff's perceived role in supporting those with COPD
- **Time constraints** lead to hesitancy and participants often **wait for the patient** express concern for the future before

intervening

“usually we're led by a patient, if a patient starts to express...”
(LP2, Band 7 physio)

- Participants **feel responsible** to do the job well, which may be difficult, especially when less experienced

“I don't want to put a patient in a situation where they're not going to get the answers they need...” (LP6, Band 5 physio)

“if the doctor's not listening to the staff nurse and ...the sister has to go and speak to that same doctor, it's just ridiculous.”
(LN3, Band 6 nurse)

- Success of information-giving and sharing is rooted in the nature of **interdisciplinary relationships**

Conclusion

When considering treatment decision-making in acute severe COPD, effective information-giving in clinical practice is challenged by **inter-disciplinary relationships, time constraints** and **professional experience**.

