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# Challenges in recognizing and discussing changes in a resident's condition in the palliative phase: focus group discussions with nursing staff working in nursing homes about their experiences

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## Abstract

**Background** Most nursing home residents have complex care needs, require palliative care and eventually die in these facilities. Timely recognition of changes in a resident's condition is crucial for providing appropriate care. Observations by nursing staff play a significant role in identifying and interpreting these changes.

**Methods** Focus group discussions were conducted with nursing staff from ten nursing homes in the Netherlands to explore their experiences and challenges in recognizing and discussing changes in a resident's condition. These discussions were analysed following the principles of thematic analysis.

**Results** The analysis of the challenges nursing staff face in identifying and interpreting changes in a resident's condition, resulted in three themes. First, that recognizing changes is considered complex, because it requires specialized knowledge and skills that is generally not part of their education and must partly be learned in practice. This also depends on how familiar the nursing staff is with the resident. Furthermore, different people observe residents through different lenses, depending on their relation and experiences with residents. This could lead to disagreements about the resident's condition. Lastly, organizational structures such as the resources available to document and discuss a resident's condition and the hierarchy between nursing home professionals often hindered discussions and sharing observations.

**Conclusion** Nursing staff's experiences highlight the complexity of recognizing and discussing changes in nursing home residents' conditions. While supporting the observational skills of nursing staff is important, it is not enough to improve the quality of care for nursing home residents with palliative care needs. As nursing staff experiences challenges at different, interrelated levels, improving the process of recognizing and discussing changes in nursing

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## Background

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## Methods

## Design

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### Dutch setting

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## Participants

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## Data collection

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## Data analysis

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## Ethics

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## Results

*"I do think that we often act too late. What I just*

j. "I do think that we often act too late. What I just said, at this location we have a resident that is actually in the terminal phase. But we don't act on it! Actually, that's very strange..." (

"When we identify a problem and report this to the elderly care physician, the psychologist or the physiotherapist, only then they come in action. And that can take some time... In the meantime we see the situation of resident getting worse." (participant FG 4).

Theme 1: Recognising changes is complex

There are people we care for in the same way every day, for years. At is just the way it goes. And of course their physical health is changing, but the changes are subtle, hard to observe, And at some point they end up in lying in bed and then you realize you missed the signs." Signals can be ambiguously. Sometimes a resident recovers unexpectedly. How to deal with that? Indeed, that is an important point. – Yes! At is why this is so complex." (participants FG 4).

Some cases keep me awake at night. When a resident can no longer eat. And still I have to give her all that bullshit [medication]"

"It always surprises me that I can feel my residents, especially when you are close them. Even in advanced dementia. I know what makes them feel good, what they like."

"We have a lot of miscommunication. One observes something, the other doesn't"

Theme 2: Different people observe residents through different lenses

"I'm thinking about that resident, he's sleeping in his chair all afternoon. When we would leave him in bed, he would rest better, he would be much more comfortable, he would not get restless... – I agree, there are people who can indeed better stay in bed... But there are also people who insist on getting these residents out of bed, at any price."

"We have a lot of miscommunication. One observes something, the other doesn't"

"We have a lot of miscommunication. One observes something, the other doesn't"

"We have a lot of miscommunication. One observes something, the other doesn't"

... family is also important, that's challenging sometimes. – e family doesn't want to see that the resident is in the last phase of life. – eir understanding dementia; knowledge is lacking. – Yes! And acceptance as well.”

“Our residents are from the generation that when the doctor or the pastor comes to visit, they sit up straight for a moment and pretend to be alright. And they are exhausted afterwards. e others don't see that.”

It is frustrating, that others do not rely on what we observe, what we recommend. – Yes. Yes, just what she says. We simply observe things, have experience working with a resident. It [discussing what is best for a resident] sometimes becomes such a tug-of-war...”

### Theme 3: Organisational structures can hinder discussions on observations

“Yes, but how much freedom do you have in that [electronic health record]? I feel limited, I'm stuck in a certain routine. While sometimes I feel like writing: Well, I don't know, I might be crazy, but that lady did this and I don't think it's normal, I just can't put my finger on it”

“I think there is an underlying problem, the structure of our shifts. I think a little more overlap between our shifts would help. Now, we actually work alone most of the time. – Yes, we work so soloistic, it's

challenging to simple provide care are a team, to get all on the same page."

"We all know that we all have a different level of education. When we say something, you can take that seriously. We are not stupid. We are trained to do this work."

"The physicians still seems to feel reluctance. Where does that come from? Do they have no confidence? Don't they trust in our knowledge and skills?"

## Discussion

*[The page contains musical notation for a vocal score, featuring various notes, rests, and lyrics. The lyrics are written below the musical staff.]*

[illegible]

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