Helping to empower regional multidisciplinary health teams to provide holistic palliative care

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Abstract

Aims: A two-year project funded by an Australian Government Department of Health and Ageing grant to our university aimed to: investigate the experience and perceptions of health professionals involved in providing palliative care in regional areas; identify continuing educational needs; and develop resources to enhance the skills of multidisciplinary palliative care teams, focusing on areas of pastoral care, counselling and support, which health professionals were often less confident to provide. This paper reports on the development of one of the resources and its evaluation.

Methods: A nine-person project reference group was formed with regional health partners and it provided feedback on all stages of the project, including suggesting participants for interview. Data were collected through interviews as well as from a literature review. A ten-item questionnaire was used to evaluate the product.

Relevance: While palliative care clients may be of any age, the ageing of the Australian population increases the likelihood that people may develop a life-limiting condition or disease where end-of-life palliative care will be needed. Meeting the emotional and spiritual needs of clients and carers is important in providing holistic care.

Results: Eleven interviews were conducted with individuals experienced in working with palliative care clients and carers in or from regional areas. Themes emerging included the importance of: establishing trusting relationships, maintaining hope, providing emotional care, meeting the client’s needs, and awareness of cultural diversity and different meanings of spirituality.

A resource manual was produced. It included guidelines for individual and group use, definitions, an overview of relevant literature, psychosocial needs assessment tools, and reflective activities based on anonymised scenarios drawn from the interviews. Ten users/potential users provided formal feedback using the detachable evaluation form, while informal feedback was also received. Feedback on the resource manual has been positive.

Conclusion: Busy health professionals can refer to this user-friendly guide to deepen their reflection on their practice. It can be a basis for multidisciplinary team professional development discussions, creating greater awareness of the emotional and spiritual needs of palliative care clients and caregivers, and presenting a range of responses to those needs. It also provides a useful educational framework for future health professionals. Hence it may contribute to brightening the future, however long or short that may be, for people with a life-limiting condition.

Introduction

Earlier research by a university palliative care research team for a project funded under the Australian Government’s Caring Communities Program, part of the National Palliative Care Program, found a need for increased awareness of palliative care by community members; a need for more educational resources for health professionals in rural and regional areas, particularly relating to the non-physical needs of clients and their caregivers, was also identified. This prompted an application for a grant to develop such resources, with the aim of enhancing the knowledge and skills of health professionals, and thereby addressing the emotional and spiritual needs of their clients and their families.

We follow the World Health Organization’s definition of palliative care. It includes “the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”, and goes on to include a number of aspects of...
Palliative care, including affirming life and enhancing its quality, integrating “psychological and spiritual aspects of patient care”, supporting the family, and using a team approach. Holistic needs and responsive care are specified by others.

The 2006 Declaration of Venice aimed to develop a global initiative for palliative care research; it called for a focus on “research that considers the needs and preferences of individual patients and their families, which takes into account physical, psychological, social and spiritual dimensions of suffering and which makes use of multi-disciplinary approaches.”

The Senate Community Affairs Reference Committee’s Inquiry into palliative care released its final report in October 2012, showing that there is still a need for greater awareness of what palliative care is and how to access it.

Palliative Care Australia’s submission to the above inquiry mentioned the “inequitable access to health care in rural and remote areas”, with poorer resourcing, additional costs for people needing to travel to receive health care, and consequent poorer health outcomes compared with people living in urban areas. Delay by rural people in consulting health professionals, whether because of distance factors, stoicism or fatalistic beliefs, has an impact on survival rates in the case of diseases such as cancer. Other submissions also referred to the “challenges to providing high quality care until death and through bereavement in rural and remote locations”, because of “workforce constraints” leading to the unavailability of some specialists and allied health professionals, with the result that “the majority of end of life care beyond the city outskirts is delivered by nurses and GPs.”

Even though life-limiting illnesses are not confined to older people, the fact that the population is ageing means that increasing numbers of people are living to an age where they are more likely to develop cancers and other illnesses where palliative care may be required. Hence the need for holistic palliative care and resources to facilitate it can be expected to increase.

While the literature shows an increasing interest in holistic palliative care, emotional and spiritual care are often overlooked, or health professionals feel daunted about their ability to provide such care, and need practical guides on incorporating these aspects of care into their practice. This applies particularly to those with no specific expertise in palliative care, and people working in isolation from others. Pastoral care, which “is concerned with, and upholds, the importance of the holistic care of individuals by addressing the connections between physical, psychological and spiritual wellbeing”, is an essential component of holistic palliative care. It deals with spiritual concerns and also just being with the other, showing concern and interest, giving comfort, sharing and empathy. Pastoral care involves sensitivity and assessing spiritual, emotional and psychological needs, perhaps unspoken. With regard to spirituality, there are wide-ranging definitions of this, certainly not confined to religious meanings, and influenced by cultural background and/or life experience. Guidance for providing spiritual care in palliative care contexts is found in Rumbold’s edited volume.

The objectives of the paper are to describe the project and outcomes, explain the evaluation methods and analysis, and identify implications for education and practice, leading to recommendations in these areas.

The project
As part of the Australian Government Department of Health and Ageing National Palliative Care Program, funding in the second round of the Local Palliative Care Grants Program was made available to improve pastoral care, counselling and support services. A university research team gained two-year funding to produce educational resources to assist work with palliative care clients and their families in rural and regional areas. The aim was to address the emotional and spiritual needs of clients and their carers by enhancing the knowledge and skills of health professionals in these areas. Research was conducted to inform the production of these professional development resources.
The setting
The area covered by the project was the Lower and Mid North regions of South Australia, the rural town of Murray Bridge, and the regional city of Whyalla. The research took place in that area, as well as a metropolitan area and another regional city, involving some health professionals who had knowledge of rural/regional needs. Those who evaluated the manual came from rural and regional areas.

Methods
An extensive review of literature was conducted relating to pastoral care, counselling and support as needed by palliative care clients, families and caregivers. Ethics approval was obtained from the University's Human Research Ethics Committee. A Memorandum of Understanding was signed by the University and project partners, formalising their commitment. To advise on all aspects of the project, a nine-person expert reference group was set up. It included representatives of participating agencies and the wider community: rural general practitioner, specialist oncologist, palliative care specialist, palliative care coordinators, palliative care nurse, social worker, hospital chaplain, and director of nursing. Quarterly teleconference meetings kept the reference group apprised of progress, and allowed for their feedback and advice on content for the resource materials. A survey of other health promotion resources assisted in deciding the final resource manual format.

To gain access to up-to-date pertinent content for the proposed resources, the first being the resource manual described in this paper, interviews were conducted with key informants suggested by the reference group: two palliative care specialists, a hospital chaplain, a health promotion officer, three palliative care nurses, an aged care palliative care coordinator, a bereavement support coordinator, a counsellor, and a social worker. All were working or had worked with palliative care clients and carers residing in or coming from regional areas. All eleven agreed to take part.

Interviewees, having had the opportunity to read the project information sheet assuring them of confidentiality and anonymity, and their right to withdraw at any time, participated in a semi-structured in-depth informal interview (one to two hours), usually with two interviewers. The interview guide covered the following areas (but allowed flexibility to follow up other areas deemed appropriate during the interview): their experiences of caring for people with life-limiting conditions, their understanding of holistic care, and pastoral care, counselling and support in the palliative care context, the emotional needs of palliative care clients and carers and the care required, their understanding of spirituality and spiritual care, and how health professionals could be helped to provide these. As far as possible, participants were encouraged to talk freely about relevant experiences, with prompting questions, such as “Could you give an example?” eliciting further information as appropriate. Appendix 1 is the interview schedule, as amended and approved by the reference group. Interviews were audio taped and transcribed. Interviewees had the opportunity to verify the transcript.

Content for the resource manual was drawn from themes identified in the interview transcripts, from the literature, and reference group discussions. In an iterative process, draft materials were distributed as they became available to reference group members for feedback, individually and in teleconferences, after which the final version was produced.

A removable evaluation questionnaire (Appendix 2) and postage-paid return envelope were included with the manual; users were invited to supply feedback on presentation, range of topics covered, comprehensiveness, readability, usefulness, strengths, limitations and areas for improvement. In addition, informal feedback was invited and received, along with unsolicited feedback. Analysis of data comprised totalling of ratings frequencies and content analysis of the qualitative questionnaire data and other evaluative material received.

The resource manual
A 110-page resource manual for health professionals was published and distributed to partners and other stakeholders and made available for purchase. The manual included sections on purpose,
learning objectives, guidelines for use, background information, rural and regional context, definitions and context of palliative care, aspects of a palliative approach (multidisciplinary teams, holistic approach, pastoral care, counselling, support, spirituality, emotional care, cultural issues, hope, trust and self-awareness), assessment tools, steps to follow, possible questions, and useful websites, publications, addresses and networking possibilities. Each of the palliative approach topics included reflective activities, most using a scenario (based on information gained from interview data, but anonymised) to stimulate reflection and discussion; some included additional activities and suggestions for further reading. The final format was a glossy, spiral-bound A4 manual, with dividers and tabs.

Resource manual evaluation and other feedback
After the initial distribution, there was a minimal response via the evaluation questionnaire supplied with the manual. More recently, a number of health professionals and nurse academics (2 general practitioners, 3 nurse academics that teach palliative care and conduct palliative care workshops, 4 palliative care nurses, 1 social worker) expressed willingness to evaluate the manual, rating various aspects from 1 (least favourable) to 10 (most favourable). The quantitative results of completed questionnaires are summarised in Table 1.

Table 1 Evaluation of Resource Manual: Quantitative data (N=10)

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<tr>
<th>Criteria</th>
<th>Nil response</th>
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<td>Range of topics covered</td>
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<td>Comprehensiveness</td>
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<td>Readability</td>
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*No respondents chose the less favourable options 1-4 for any criterion.

The questionnaire’s qualitative data (collated in Appendix 3) shed further light on the quantitative results, and are drawn upon in the discussion. Participants who did not give a rating response (Table 1) still made comments. Other informal feedback received from health professionals about the usefulness of the manual is also referred to in the discussion. Comments received from users and potential users of the manual were generally favourable.

A limitation of the evaluation is that only ten completed questionnaires were received to date. Further evaluations are desirable to inform a second edition of the manual.

Discussion
The discussion examines the strengths of the manual, areas where it can be improved, its significance, and implications for education and practice. The project outcomes inform the concluding recommendations relating to education, practice and research.

Strengths
An identified strength of the manual is that the themes illustrated in topics such as trusting relationships, hope, self-awareness, diverse meanings of spirituality, and inter-cultural understanding, were identified in the interviews, as well as in the literature. This contributed to the comprehensiveness of the manual. The range of topics was judged favourably, demonstrated by comments such as: “fantastic unpacking” of some, “vast and good; well thought out”, “quite thorough”, “touched on almost every aspect of palliative care”, and “very much related to the core of palliative care”.

Other aspects of the content were found useful: the scenarios in particular were found “interesting”, and of possible use, along with the reflective activities, with students. The reflective activities took them
“a step further to deepen their understanding”, and gave “a guide to workplace practice”. One found the definitions and likely questions useful: “It’s something else to give them to take away and reflect on and isn’t too wordy or ‘eye glazing’”; hence, she would refer others to the manual “as they approach me for information/support for their daily work”. Others also mentioned the “Questions you may face” section, indicating the practical application of the manual. Topics that stood out for the evaluators were the “introduction and background to palliative care”, the “multi-disciplinary care approach”, “pastoral care” and “cultural issues”. The links to a wealth of resources were appreciated.

For those who evaluated the manual, the design and presentation were considered positively: “very well presented and attractive”, “user friendly”, “topics are easy to find”, “easy to follow”, and “easy to identify sections” (assisted by the tabs). Readability and clarity rated highly: it was found to be “easy to read”, “clear, concise, to the point”, with “very clear ‘messaging’ of concepts of care”.

Areas for improvement
While content, readability and design were rated by most as not needing change, some relevant observations were made. One would have preferred a footnoting system of referencing. Others suggested some content additions, particularly an expansion in the area of “legal and ethical aspects of palliative care”, more on cultural care, especially Indigenous, the role of a palliative care nurse and competencies of health professionals, examples of spiritual care in a non-religious context, and spiritual distress objective assessment (and yet others doubted that they would use the SHALOM tool included?). One considered that the title was limiting, feeling that it could be rephrased to reflect the broader scope of the manual. It was identified that some of the links needed updating, and more recent additions to the resources should include National Standards Assessment Program (NSAP) and Palliative Care Outcomes Collaboration (PCOC). Space for adding “local contacts and relevant organisations” would be useful.

Training and workshops in pastoral care were suggested to complement the manual, indicating their interest and a desire for explicit instructions; perhaps group sessions would be more motivational for busy professionals than working through the manual individually. Professionals should also consider further formal education.

Acting out scenarios, and clinically assessing assessment skills, were suggested. Simulation exercises have been proposed by others as a valuable addition to health professionals’ development in these areas of pastoral care, counselling and support. “Simulated experiences have been shown to be particularly beneficial when dealing with emotionally charged issues like end-of-life care”, and just as they have been used in helping people to learn about assessment and decision making in response to physiological changes as someone dies, they can also transform learning about the delivery of emotional and spiritual care.

These suggestions will be considered in a second print edition, particularly updating resources and links. Online possibilities are also being considered; this would allow more frequent, cost-effective updating, and greater access for health professionals and community members.

Weaknesses identified by one respondent included a lack of acknowledgement of “a lot of the unique characteristics of working in the country”, and the omission in the spirituality section of a reflective activity related to a “non-religion based scenario”.

Significance of the manual
The manual has achieved the following: it is an addition to health professionals’ resources, a platform to serve as a springboard in the understanding of pastoral care, enabling the clarification of terms, building capacity to provide emotional and spiritual care (including in non-palliative care contexts), and their own self-awareness.
The very identification of the need for the manual was considered “definitely a strength”. The manual provides an understanding of meanings of pastoral care, counselling and support, previously taken for granted in palliative care for various reasons. It clarifies the close inter-connection between palliative care and pastoral care including psychosocial, emotional, and spiritual care, and how health professionals may provide pastoral care. The inclusion of culture, religion, traditions, and society in the system of care for the dying is illuminated by the manual.

Through offering insights, the manual builds professionals’ capacity to deal with pastoral care issues, by increasing awareness of opportunities for engagement with clients and caregivers, and putting into practice the knowledge gained. With enhanced capacity, using this “framework for reflection”, health professionals will be more encouraged and confident to provide pastoral care, as shown by users’ comments: “This is a good tool to establish a comprehensive plan of care”, “to assist ... in the management of palliative care clients”, and can potentially enhance the emotional and spiritual experiences of clients and caregivers facing the reality of a life-limiting condition.

The acknowledgement of the contributions of all health professionals in pastoral care is significant. However, in rural situations, the manual can help compensate for gaps in the multidisciplinary team:

For the rural medical practitioner, the reality is that such a team rarely exists in their community. This necessitates that those practitioners delivering care often need to “multi-skill” and take on a number of roles; this is especially relevant to meeting the psychological needs of those we care for. [Rural general practitioner]

Palliative care health professionals may also use the manual for self-awareness, and be inspired to undertake personal reflection. As a rural health professional expressed, the manual “promotes an awareness and encourages a degree of self-reflection that can only enhance our individual capacities to deliver these aspects of care”. Professionals may draw on it to find their own ways of assisting clients and caregivers, and foster their own emotional and spiritual growth.

**Implications for clinical practice and health professionals’ education**

Health professionals with increased knowledge and skills will provide an environment where pastoral care is valued and supported. They may need to develop advocacy skills in order to achieve such an environment. Increased sensitivity will allow them to discern clients’ needs for pastoral care. Providing pastoral care, counselling and support adds value and enhances the quality of professional practice in palliative care. In fact, some may already be providing this care, without having identified that it constitutes pastoral care, in which case they simply need to maintain and enhance their practice.

Physical aspects of care should not be emphasised at the cost of other dimensions. There needs to be more emphasis on pastoral care, counselling and support in the academic preparation of health professionals; it should be integrated into the curricula in foundational courses and continuing professional education. Pastoral care is not limited to chaplains or pastoral care workers, but health professionals are expected to deliver this and can do so if they have been educated appropriately so that they no longer feel unprepared. Explicit instruction has a part to play, giving specific strategies for pastoral care provision. In distributing the responsibility for pastoral care, there is greater responsiveness to palliative care clients’ and caregivers’ needs. Moreover, education should recognise diversity with regard to perceptions and beliefs amongst clients, caregivers, and health professionals. The learning process should be continuing—the manual provides merely a start for further development in understanding pastoral care, counselling and support.

**Conclusion and recommendations**

The manual has achieved its purpose for its desired readership, is reliable because the content has been drawn from experts in the field, and is a catalyst for professionals to ponder on their practice and be open to providing pastoral care. However, improvement possibilities are acknowledged.
A rural general practitioner, who had been working in palliative care for several years, when asked to give his thoughts on an earlier draft of the manual, wrote:

The document provides a framework for addressing an aspect of care that people generally find challenging, and which to date has not received a great deal of attention outside research and journal articles—it is helpful to have a resource that is concise and practical, and can be potentially utilised by a range of health professionals on a day to day basis.

The manual is filling a gap in scant resources for up-skilling health professionals in pastoral care. It is good to see that other resources are now being produced in this area\(^1\), but still much can be done in order to give more priority to the emotional and spiritual aspects in palliative care, including in funding availability. It is important that all health professionals have a working knowledge of all facets of caring, especially those working most closely with clients and caregivers. Hence, there needs to be a continuing conversation on true holistic care. This resource can be a foundation for both individual reflective practice and also palliative care team discussions and professional development activities. A greater awareness of emotional and spiritual needs will help address these needs and improve the quality of life of clients and caregivers. While the manual was produced in and for a regional and rural context, we believe that it has relevance for the reflective practice of multidisciplinary palliative care professionals wherever they may be located.

We recommend:

- that education for nurses and allied health professionals include components on palliative care, which emphasise the importance of emotional and spiritual care along with other aspects of holistic care
- that there be minimum competencies in holistic palliative care practice (including pastoral care, counselling and support)
- that increased professional training and resources on pastoral care, such as this manual, be made available to clinical staff
- that there be provision for education of clients and caregivers regarding their rights to receive pastoral care
- that adequate funding be made available for the above, ensuring that rural, regional and remote health professionals as well as their metropolitan colleagues enjoy these opportunities
- that research into emotional and spiritual care be encouraged, supported and funded.

**Acknowledgments**

- Australian Government Department of Health and Ageing: National Palliative Care Program funding—Local Palliative Care Grants Program (Round 2)
- Partners: Whyalla Aged Care Services Inc., Lower North Health and Wakefield Health
- All who contributed to this project: reference group members, health professionals interviewed, and those who evaluated the manual
- Project team leader (then) Associate Professor Mary Oliver and project officer Ms Cynthia Ofner.
References


27. Fisher, J. Development and application of a spiritual well-being questionnaire called SHALOM. Religions 2010; 1, 105-121; Available from URL: www.mdpi.com/2077-1444/1/1/105/pdf
doi:10.3390/rel1010105


Appendix 1  Interview schedule

- Please share your experiences in caring for people with life-limiting conditions or clients receiving palliative care.

- What is your understanding of holistic care? How much emphasis do you place on holistic care in your practice?

- Pastoral care is part of palliative care. What is your understanding of pastoral care? Could you think of instances when clients and caregivers were provided with pastoral care? Please elaborate on your experience of pastoral care.

- What are your thoughts on counselling as related to palliative care? How could you be assisted to provide counselling when requested by your clients?

- Let’s think about what ‘support’ means in a palliative care context. Support may mean a variety of things including personal care / pain management services, finances, and/or one-on-one support. What is your concept of support? How do you provide support to your clients? How could you be assisted in providing support?

- What emotional needs and care do you think may be required by people receiving palliative care? Please elaborate by giving examples. Are there gaps in addressing emotional issues? If so, could you explain further?

- Please explore the concept of spirituality and how this might impact on people with life-limiting conditions. How could you assist a client who has spiritual needs? What resources are available and what are needed? How might health professionals be helped to provide spiritual care?
EVALUATION QUESTIONNAIRE

A Reply Paid envelope is provided with this manual. We ask you to respond with your feedback so that future editions of this manual may better meet the needs it seeks to address.

Please evaluate the resource manual under the following headings, feeling free to provide additional comments.

Rate from 1 to 10, with 10 being the most favourable and 1 the least favourable:

**Presentation**

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**Range of topics covered**

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Comments: __________________________________________

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**Comprehensiveness**

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Comments: __________________________________________

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**Readability**

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Comments: __________________________________________

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Usefulness

1  2  3  4  5  6  7  8  9  10
What was most useful?

What was least useful?

Please complete the sections on strengths and limitations and areas for improvement.

Strengths—ways in which you and your colleagues have been assisted by this resource in your caring for the psychosocial needs of palliative care clients and their families.

Limitations

Ways in which the resource can be improved

Thank you for your feedback and for making use of this manual.
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<th>Criteria</th>
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<tr>
<td><strong>Presentation</strong></td>
<td>The individual topics are easy to find.</td>
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<tr>
<td><em>(3 did not comment)</em></td>
<td>Very well presented and attractive.</td>
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<td>Touched on almost every aspect of palliative care.</td>
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<td>Well-presented manual easy to follow and beautifully presented.</td>
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<td>Layout is user friendly.</td>
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<td>Looks good, easy to identify sections.</td>
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<td>I thought that the manual is well presented and easy to read. It goes some way to assisting nurses to work with clients, and it links concepts.</td>
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<tr>
<td><strong>Range of topics covered</strong></td>
<td>As a guide the manual was helpful for health professionals, however actual formal education should not be overlooked.</td>
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<td><em>(3 did not comment)</em></td>
<td>Vast and good, well thought out.</td>
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<td>Topics are very much related to the core of palliative care.</td>
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<td>Fantastic ‘unpacking’ of topics such as Multi D approach. Holistic approach, Pastoral care, Counselling Support etc.</td>
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<td>Would benefit from more information about non-religious spirituality.</td>
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<td>Would like to see more of the role of a palliative care nurse in relation to coordination of care. I understand that is about psychosocial, but I think this still could have been more comprehensive.</td>
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<td>The range of topics was quite thorough, but I wonder why most of the topics give what it is, rather than why this concept is important and how to recognise that these concepts are lacking. Perhaps strengthening the scenario reflection may assist health professionals to incorporate the concept within their practice and to assist client and family. Additional comment: I do not think the title is reflected strongly in the manual. For instance reflective practice is not talked about and questions posed do not require much reflection. Perhaps a model of reflection with definitions of types of reflection may strengthen this section.</td>
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<td><strong>Comprehensiveness</strong></td>
<td>As a reference tool it has good points, I found the SHALOM assessment tool “different”, meeting and generally asking open-ended questions will usually lead to the answer to these questions without needing the client filling out a questionnaire.</td>
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<td><em>(4 did not comment)</em></td>
<td>Indigenous (p. 58)—needed a bit more explanation and input. Cultural section quite brief.</td>
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<td>Easy to comprehend. Case presentations involved multidisciplinary care teams through coordinated care.</td>
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<td>A great introduction and background to palliative care providing a summary of the Australian journey to date. This information is not readily available from other sources.</td>
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<td>Needs more examples of validated assessment tools to assess for spiritual distress.</td>
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<td>I am aware that the manual is a resource for health professionals, and as such I felt that it could have been more comprehensive in some of the questions and outcomes for the specific audience.</td>
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<td><strong>Readability</strong></td>
<td>Clear concise, to the point.</td>
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<td><em>(4 did not comment)</em></td>
<td>Easily readable.</td>
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<td>So easy to read and follow, the interspersing of the scenarios assists in explaining the topic further.</td>
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<td>Easy to read.</td>
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<td>As a tool for team members with little knowledge is easy to read.</td>
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<td></td>
<td>It was easy to read but a little repetitive in how it read. Perhaps varying how some sections are presented would provide variety for the reader.</td>
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12th National Rural Health Conference 13
| Most useful  
(3 did not comment) | As a resource manual for people with limited palliative assessment skills tool they may find it gives a guide to workplace practice. I did not find anywhere how it indicated how to be at one with the client in the moment with them, body language can tell so much.  
Pastoral care and counselling sections.  
Multidisciplinary care approach.  
The title tabs are a great help to quickly and easily locate each section. The further reading and reflective activity helps to take the reader a step further to deepen their understanding.  
Pastoral care.  
The “Questions you may face” section was most useful.  
I liked the sections that answered the ‘why’ rather than the ‘what’ were more interesting, therefore more useful. |
|---|---|
| Least useful  
(3 did not comment) | I didn’t find the SHALOM a useful tool.  
Cultural but only because there was not really much information to draw on.  
A number of the references are a little dated now and there are many really good recently published articles relating the addressing spiritual pain, find meaning in suffering, being present with the unsolvable and existential suffering that could further enhance this excellent resource manual with additional funding for another edition.  
The SHALOM assessment tool.  
Not sure, but I was looking for some responses to the reflective activities which related back to the scenarios just to see if I was right in what I thought or something similar and they were not there.  
None (X2). |
| Strengths | The scenarios were interesting, but if a health professional gathers any information the goal must be not only how it was harvested, but the question is, “What do we do with it”?  
From past experience this is a good tool to establish a comprehensive plan of care.  
Quite comprehensive resource manual to assist health professionals in the management of palliative care patients.  
As above [presentation, topics, comprehensiveness, readability, usefulness] Offers lots of sources from professionals to assess further resources.  
The identification of needing this resource is definitely a strength.  
Readability—very clear, navigating of concepts of care.  
Pastoral care.  
“Questions you may face” section. Cultural dimensions of palliative care.  
I think the manual is useful but I was looking for more that may assist me if I was caring for the client in the scenario. I think putting the health professional into the scenario (figuratively speaking), would be a much better approach. Perhaps providing a more comprehensive list of resources that they could contact and a space for them to write local contacts and relevant organisations will assist learners. |
| Limitations | We need to encourage health professionals to act out client/nurse scenario, to clinically assess our assessment skills, our aim should be to do no harm either physical or mental. Needed a bit more exploration for ‘cultural’, especially Indigenous. The scenario left me wondering. ?So what did occur for the patient that was appropriate for cultural care! No mention of enduring power of attorney for patients. I am just to actual use this resource in practice, but I am currently using it as a reference source for future education programs with undergraduate and postgraduate students. Not enough focus on spiritual care not-related to religion. As previously mentioned, the entire role of a palliative care nurse could have been better explored. Preserving human dignity. Spiritual/emotional pain. Legal aspects of palliative care have not been covered. Ethical aspects of palliative care needs to be expanded. I think the title is a limitation. Perhaps the term resource manual for health professionals should be first as it highlights who should be reading this and then what it involves. The manual provides a whole range of knowledge on different concepts in practice not just 3, but these are not reflected in the title. Perhaps even putting ‘Aspects of Palliative Care’ in the title may assist. |
| Ways to improve | We now are part of NSAP (National Standard Assessment Program). We use PCOC all the time (Palliative Care Outcomes Collaboration). Care Search is a great resource tool. Don’t change a thing about design. Content is good in nearly all sections. Organise palliative care workshops for health professionals especially in Whyalla and its environs since here is going to be a cancer centre. As above [update references]. More focus on objective assessment of spiritual distress. I understand the manual was published in 2007. The adding of the new palliative care structure per the palliative care services plan 2009-2016, would be beneficial, for example alerting the staff to whom their level 2 or level 4 service is to gain further valuable advice or assistance. Simulate provision of pastoral care. Training in pastoral care. Adequate coverage of legal and ethical aspects of palliative care should be addressed in next edition, especially legal aspects as it is of much concern to health practitioners. Additional question: How does pastoral care impact/improve palliative care? See previous comments. I thought the use of questionnaires could be used by the health professional to assess their competence in some of the areas mentioned. For example, ‘Am I a good listener questionnaire’ or ‘am I a reflective practitioner?’ etc. this not only teaches them about the concept, but also assesses their understanding and knowledge. |