

Development of a Theoretical Framework „Palliative Nursing“ in Germany

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Background

Palliative Care is facing the challenge of turning the diverse implicit knowledge explicit and getting evidence-based palliative care.

The requirement is a conceptual capture of what the core of professional palliative care is made of.

The first basics have been set through the consensual development of a model of care and the S1-guidelines put out by the department of care of the DPG regarding the central phenomenon of palliative care.

Those are not a sufficient theoretic and empiric base of palliative care.

To approach these challenges based on knowledge and in a research-oriented manner, an independent professional profile and a unified terminology is required.

Method

- Previous analysis of literature of theories of care and developments of concepts in palliative care
- execution of two workshops with experts of a circle of members in the department (n=24)
- Metaplan/ card query, thematic clustering, World Café, discussions in plenary, final consensus

Present results

5 concepts have been identified so far in literature and discussed in a workshop of experts.

Besides from meta paradigms of care, four concepts generally stood out in the expert discussion: ethics of care, corporeality, understanding diagnostics of care and evidence-based nursing, which to an extent are reflected in the underlying term of care in the law of hospice and palliative care, the law of the nursing profession and the social code book XI, and show a congruence to the interdisciplinary core competencies of EAPC.

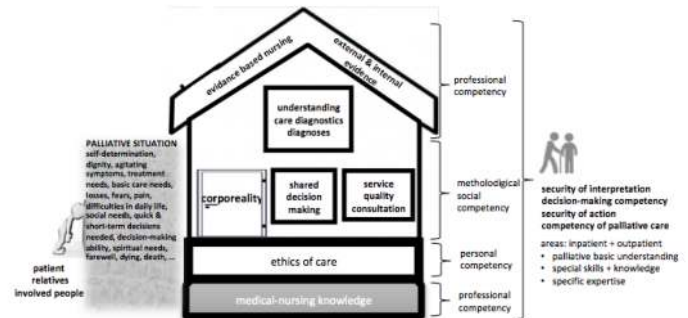
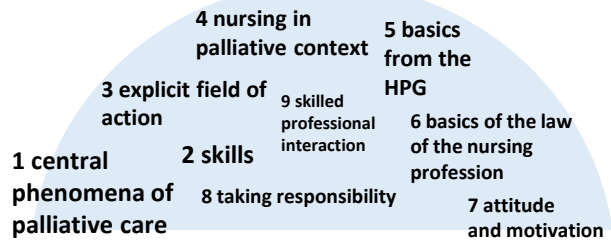
Conclusions

In consensus, central dimensions for the base of theoretical conceptualisation of palliative care have been elaborated by the group of experts whose empiric funding is to be sought on the basis of studies of palliative practice. A further discourse of practice, education, research and science is required.

Literature

- Uzarewicz C. and Uzarewicz M. (2005): Das Weite suchen. Einführung in die phänomenologische Anthropologie der Pflege. Stuttgart.
- Schmitz H. (1989): Leib und Gefühl. Materialien zu einer phänomenologischen Therapie. Paderborn - Junfermann.
- Uzarewicz C. (2007): Die Bedeutung biblischer Kommunikation im Kontext transkultureller Pflege. In: D. Döring (Hrsg.), Transkulturelle Kompetenz. Lehrbuch für Pflege-, Gesundheits- und Sozialberufe (S.259-272). Bern: Hans Huber.
- Honer A. (2011): Kleine Leiblichkeits Erkundungen in Lebenswelten. Wiesbaden: VS Verlag für Sozialwissenschaften/Springer Fachmedien Wiesbaden GmbH.
- Spengler M., Kamp S., Maats H. (2009): Leibliche Kommunikation. Universitätsklinikum Eppendorf, Bildungsakademie Anästhesie und Intensivweiterbildung. http://www.uke.de/zentrale-dienste/bildungszentrum/downloads/Leibliche_Kommunikation.pdf. Zuletzt gesehen: 14.10.2015
- Wieder S. (2007): Leiblichkeit in der Pflege von Menschen mit Demenz. Zum Umgang mit anspruchsvollen Pflegeleistungen im Klinikalltag. Frankfurt am Main: Marbus.
- Faiths Th. (2009a): Leib, Raum, Person. Entwurf einer phänomenologischen Anthropologie. Stuttgart.
- Schrem B. (2008): Verstehende Pflegediagnostik. Grundlagen zum angemessenen Pflegehandelns. Facultas. Auflage: 1
- Melieu-Proty M. (1985): Phänomenologie der Wahrnehmung. Berlin.
- Behrens J., Lange S. (2006): Evidence-based Nursing and Caregiving. Hermeneutisch-interpretative und statistische Methoden für tägliche Pflegeentscheidungen. Bern: Hans Huber Verlag
- Campbell MC, Elizabeth Murray E, Dalrymple J, Emery J, Farmer A, Gillfills F, Guthrie B, Wilson P, Kimmoth A (2007): Designing and evaluating complex interventions to improve health care. BMJ 334:454-459
- Grydonck M (2004): Eine kritische Bewertung von Forschungsmethoden zur Herstellung von Evidenz in der Pflege. Pflege & Gesellschaft 9:35-41
- International Council of Nurses (2012): Closing the gap: From evidence to action. Geneva, Switzerland: ICN
- Margardt L (2013): Evidenzbasierte Medizin und Pflege. In: Fiedler C, Köhmann M, Kollmar R (Hg): Pflegewissen Stroke Unit. Berlin: Springer: 13-22
- Mohr D, Libera A, Tostaff J, Altman DG. (2009): Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement. BMJ 2009;339:b2535
- Röhrig B, du Pre Jß, Wachter D, Bleher M (2009) Studientypen in der medizinischen Forschung. Dtsch Arztebl Int 106(15):262-268
- Sackett DL et al. (1996): Evidence-based medicine: What is it and what is not. J. BMJ 312:71-72
- Schömer G. (2000) Evidence-based nursing. Eine Methode für die Pflege? Pflege 13:47-52
- EAPC Kompetenzrahmen: Standards und Richtlinien für die Palliativversorgung in Europa White Paper. Eur J Pall Care 16 (2009) 278-89 & Eur J Pall Care 17 (2010) 22-33
- Deutsche Gesellschaft für Palliativmedizin (DGP) 2014: Pflegeleitbild Der Sektion Pflege in der Deutschen Gesellschaft für Palliativmedizin. DGP Berlin.
- Ewert Michael 2014: Pflege und Versorgung am Ende des Lebens. In: Schaefer D. und Wingerfeld K.: Handbuch Pflegewissenschaft. Beltz, Juventa, Weinheim und Basel.

Making implicit knowledge explicit



Core aspects of professional palliative care

1 Central phenomena of palliative care

concept of man and attitude; interprofessional team approach, symptom control

2 Competencies of the Palliative Nurse

Professional skills, personal skills, methodological and social skills

3 Explicit field of action

- Very momentary and crisis-ridden
- close and prompt as well as need-based decisions
- coordinated treatment plan with all parties (e.g. physicians order responsibilities and nurses execution responsibilities),
- shared decision making,

4 The term of care in a palliative context

„diagnosing and treating human reactions on present and potential harmful situations in connection with untreatable diseases“

5 Legal grounds: hospice and palliative care law

6 Legal grounds of the law of the profession of nurses

The process of care is reserved to professional nurses

7 Position and motivation

- in process
- individual
- informative

8 Taking responsibility

meaning: seeing -> making it your own -> resolving -> acting

9 Skillful professional interaction

- maintenance, promotion and improvement of life quality and autonomy
- maintenance and promotion of resources
- professional connection of physical and emotional patient work
- the art of careful approach
- emotional work
- prevention in the eye of finiteness
- reflection of purpose of interventions and situations
- handling ambivalence
- anticipative and preventive intervention in crisis
- appliance of complementary nursing tasks
- approaching and supporting resilience of patients
- facilitating safety while preserving individual dignity
- self care

