

Table 37: Boot & Wilson, (2014)⁵⁸

Study	Booth & Wilson, (2014) ⁵⁸
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Aim	To identify the challenges experienced by clinical nurse specialists (CNSs) when facilitating advance care planning (ACP) conversations with terminally ill people.
Population	HEALTHCARE PROFESSIONALS: Twelve community-based CNSs with at least 1 years' experience working as a CNS. The participating nurses worked in two geographically separate teams caring for people with advanced progressive diseases.
Setting	One team was based in an urban location and one in a more rural area (Hertfordshire and London, UK).
Study design	Individual semi-structured interviews.
Methods and analysis	Interviews: It is stated that 'semi-structured interviews allowed the researcher to follow a theme raised by the participants and to incorporate questions in later interviews as particular ideas arose. Interviews were audio-recorded and transcribed verbatim. Data analysis: transcripts were analysed inductively meaning that they were read and individual words, phrases, and segments of text were assigned a code that described the issue being outlined (for example, timing). Codes were then discussed with another researcher and verified. Similar codes were then amalgamated into themes.
Themes with findings	<p>Opening the discussion (timing): CNSs felt the issue of who to open a discussion about advance care planning a challenge. They experienced a balancing act of providing sufficient opportunity to engage with the person whilst also recognising that some people may not to discuss such topics. Quote: <i>'[I] feel there is a moral obligation to do the best you can to be in touch with what people would like so we can plan sensitively for their future. It is that kind of moral dissonance about getting the timing right. Not robbing of the opportunity but not stepping in insensitively.'</i></p> <p>Personal issues (sociodemographic, family dynamic and emotional): Nurses believed that advance care planning was better if it took place in the context of a relationship. They felt that this was an important prerequisite and facilitator in this process. Getting to know the person allows the nurse to gauge when they are ready to discuss issues related to ACP. However, even when a person is known to the nurse it is possible to misread the cues. <i>'I really try and do it so that I keep a good relationship with peopleI think it is important that I hang on in a relationship and I am allowed to continue to visit and supporting people than to maybe get into a conversation that might destroy that because they don't want me to have it.'</i> Family dynamics were also seen as important and could be challenging. <i>The nurses reported that there is a need to balance support to the family with prioritising patient needs'.</i></p> <p>Ethical issues (organisational – policy, documentation, teamwork): This could be also related to family dynamics for instance when relatives insist on further treatment for the person who is dying because they are in denial.</p>
Limitations	Very serious limitations. The interview procedure is poorly described. It is just described that it is semi-structured but the overall structure of the questions that were posed were not described. It is also unclear how often or how long interviews took place apart from a general time of 'over a 3 month period'.
Applicability of evidence	Directly applicable evidence from UK setting.