

Table 40: Fields, et al. (2013)¹⁵⁹

Study	Fields, et al. (2013) ¹⁵⁹
Aim	To explore clinicians' experiences of discussing preferred place of death (PPD) with palliative care patients.
Population	Healthcare professionals: Six hospice clinicians (1 staff nurse, 2 community nurse specialists, 1 specialist palliative care consultant, 1 day services nurse, 1 foundation year 2 doctor).
Setting	A Marie Curie Hospice which provides specialist palliative care services to a population of 500,000 people. Edinburgh, Scotland, UK.
Study design	Semi-structured interviews.
Methods and analysis	<p>Interviews: Individual face-to-face interviews lasting between 30-50 minutes took place at the hospice. The interview approach was flexible and non-directive and aimed to elucidate meaningful, participant-derived accounts. Three broad question areas were covered: (1) What are your feelings on discussing PPD with patients? (2) Tell me about how you discuss PPD? (3) Tell me a bit about your experiences of talking to patients about PPD. Probes were used to encourage participants to expand on certain areas.</p> <p>Data analysis: Interviews were transcribed verbatim and analysed using interpretative phenomenological analysis (IPA). This is grounded in participant data and aims to capture and explore the lived experiences of a relatively small, homogeneous sample without testing any predetermined hypotheses. From the transcripts significant information was underlined and the transcript margin used to note initial interpretations, followed by descriptive, linguistic, and conceptual comments. The next stage involved identifying emergent themes which conceptualise important areas identified during the initial analysis. Through clustering related emergent themes superordinate and sub-themes were identified.</p>

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Themes with findings	<p>Staff view that PPD discussions are important: Staff recognised the need for this topic to be discussed and felt that the opportunity to discuss the choices could have a psychological benefit. Giving a topic a high level of importance could act as a facilitator: <i>'It allows us to provide more holistic care to patients because it's not just encompassing their symptom management or their psychological support, it's also where they want to be at the end....so I think it allows us to fit that final bit of the jigsaw.'</i></p> <p>Identifying when and how to discuss PPD: Participants felt that the initiation of end-of-life care discussions was seen as depending on the context and how prepared people are to confront such topics. As such the context of the hospice setting in itself may be a facilitator since it may already provide greater awareness of the proximity of death and people therefore anticipate end-of-life conversations. Finding the optimal time was seen important with one of the participant describing that if the discussion is initiated too early it could be perceived as uncaring. <i>'I've gone through a phase of it's not right ... to pitch up on the first visit to say – Where do you want to die? - ...Maybe that's the only thing that they've heard in the whole conversation ... And then other times I thought well actually if their condition deteriorated would I know what they wanted and be able to advocate for them?'</i></p> <p>Reflections on emotional aspects of discussing PPD: Addressing end-of-life issues was experienced as emotionally challenging for both health professionals and patients. Dealing with distress can be difficult. <i>'Doctors tend to try and make people happy ... you don't want to make people cry.'</i></p> <p>Staff experience/length of service: With experience participants have realised that although people may be upset, they often value staff for being brave enough to explore these matters. <i>'I was always a bit frightened...about upsetting the patient, but since I've been working here I now realise that you're not really upsetting the patient, it's just it's a really sad topic.'</i></p>
Limitations	Serious limitations. Only 1 researcher coded the data. The interview procedure is only vaguely described.
Applicability of evidence	Indirect topic. The focus of the paper is restricted to the topic of preferred place of death, but the themes are generalizable to the overall review topic of shared-decision making.