

2.15 Idiopathic pulmonary fibrosis & palliative care: a qualitative exploration of nurses' experiences.

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Symptom burden in Idiopathic Pulmonary Fibrosis (IPF) is evident and often multidimensional. Thus, national and international IPF guidelines recommend early palliative care implementation^{1,2}. Despite this, delayed palliative care implementation and inappropriate referral timing in IPF has been identified as a common trend³.

The research aim was to explore nurses' experiences in relation to the delivery of palliative care in IPF which may have the potential to improve both the future care of patients and the experience of providing care to patients with IPF by nursing staff.

A qualitative description approach was used. Purposive sampling yielded nine nurses working within an acute respiratory department. Data was collected through semi-structured interviews over 10 weeks and analysed using thematic analysis.

Based on the nurses' experiences, palliative care implementation timing should be assessed on an individual basis due to the unpredictability of one's disease trajectory. The respiratory nurses suggested that palliative care discussions should not take place at the time of the diagnosis and information should be provided gradually. Advanced care planning (ACP) was identified as a strategy by the nurses to ensure patient centred care in the event of an acute deterioration. While barriers to appropriate palliative care implementation existed within the nurses' experiences, they deemed education as an essential to improve or resolve the current barriers between palliative care and IPF.

While ambiguity still surrounds the most appropriate implementation time, palliative care should be implemented at an earlier stage to reduce symptom burden. ACP is an initiative that may positively contribute to IPF care going forward.

References

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