DELIVER CARE SERVICES USING A PALLIATIVE APPROACH CHCPA301B
SESSION OUTCOMES

By the end of this session the learner will be able to:

• Encourage clients/careers/friends/family & significant others to share information in a support environment

• Respect clients lifestyle, social and spiritual needs as well as culture
SESSION OUTCOMES

• Refer needs and issues to appropriate member of care team
• Provide emotional support using effective communication skills
• Demonstrate respect for the relationship between the client and carer
WHO CAN PROVIDE THE CARE NEEDED?

- General Nurse
- Volunteers
- OT’s
- Social workers
- Carers
- Chaplains
- Specialist Physicians and GP’s
- Specialist Nurse
- Pharmacists
- Physiotherapists
- Dieticians
- Diversional Therapist
- Pain Specialist
WHO DECIDES?

• The decision to implement a palliative approach should not be based on the individual’s clinical stage or diagnosis; rather, it should be offered according to the needs of the individual.

• The decision to consider a palliative approach should be made in collaboration with the resident, the family and the team.
WHO DECIDES?

• Lack of openness with client’s and their families may lead to conflict and confusion about care goals
CULTURAL ISSUES

• Culture is a way of life that is shaped by values, beliefs and practises that are learnt from experience of being in the world and from experiences transmitted through generations

• All clients require careful assessment to ensure assumptions are not made for cultural needs based on a client’s language ability alone
CULTURAL ISSUES

• To provide culturally appropriate palliative care requires first that a person's culture is understood and, secondly, that health care staff respect that culture.

• Australia is a multicultural country. It is also possible that the family unit comes from more than one culture. This may require unique handling.
CULTURAL ISSUES

• Approximately 120 residential services provide care operated by ethnic community organisations, with additional community resources specifically allocated for Aboriginal and Torres Strait Islander people and those from a diverse range of cultural and linguistic backgrounds
SPIRITUAL CARE

• Spiritual care involves assisting people to articulate those things that are important to them personally.

• Spiritual care involves sensitive listening, rather than providing answers. It is not necessary for the nurse to share the same spiritual beliefs as the person in order to understand the persons spiritual needs, nor is it the aim of spiritual care to impose your own views onto that person.
SPIRITUAL CARE

• It is important that every effort is made by staff to enable the person to have access to spiritual supports and spiritually related items
COMMUNICATION

• It has been suggested that communication skills of the health professional are central to successful client decision making, and negotiation of optimum palliative care outcomes (Redpath, 1998)

• It is also said that nurses are the most frequent observers of clients’ psychological and emotional responses to illness and treatment (Fincannon, 1995).
Therefore it is important to acknowledge the valuable role communication and negotiating skills can play in palliative care
CULTURAL CONTEXT OF COMMUNICATION

When learning English as a new language, people go through five (5) stages

• Hearing what is said in English
• Translating it into their own language
• Constructing the response in English
• Responding in English
CULTURAL CONTEXT OF COMMUNICATION

When broken down in this way, the room for error is obvious.

Clear communication is an essential component of palliative care so language barriers need strategies put in place to overcome them.
DEALING WITH CONFLICT & RESOLUTION

CONFLICT results from individuals or groups wanting different things.

Differences can include:

• Differences in values, Different interpretation of the facts, Different ideas
DEALING WITH CONFLICT & RESOLUTION

NEGOTIATION is a process of collaboration.

It employs the skill of:

• Listening, questioning, speaking and body language.
BODY LANGUAGE IN COMMUNICATION

Nonverbal communication, known as “body language” sends strong positive and negative signals. This is how much it influences any message:

- Words 8%
- Tone of voice 34%
- Non verbal cues 58%

Body language speaks for itself and can be of enormous comfort to the patient and carers ...... it can also create the opposite.
THE POWER OF LISTENING

Sometimes in palliative care it is more important to listen than to speak.

Sometimes clients and carers alike want to discuss their fears but don’t want to burden their loved ones and they will turn to you.

The philosopher Epictetus stressed the power of listening in this quote:

“Nature gave us one tongue and two ears so we could hear twice as much as we speak”
INTERNET

http://www.irishhealth.com/article.html?id=21060
ACTIVITY

Please read the scenario and answer the questions in your groups and then we will have a class discussion of the answers that you have developed