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"We could do better": the nature and meaning of information-giving in end-stage COPD

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Background
End of life in Chronic Obstructive Pulmonary Disease (COPD) is typically difficult to predict, and although palliative care initiatives are developing within COPD, active treatment often continues up to death (NICE, 2010; IMPRESS, 2012).

Staff delivering care express frustration at the lack of a palliative approach in end-stage disease and cite part of their role is to give information to assist decision-making for those in their care.

Aim
To understand the meaning and experiences of information-giving of staff caring for acute severe COPD within the social context of the acute hospital setting.

Methods
Design: Exploratory, qualitative study consisting of 1:1 and group interviews in three NHS Trusts in the North of England
Participants: A convenience sample of respiratory nurses and physiotherapists caring for patients with severe COPD in the acute hospital setting, recruited via email.
Analysis: Thematic analysis with constant comparison aided by the software NVivo.

Findings
A sample of 7 nurses and 12 physiotherapists were recruited with a variety of experience and backgrounds. Key themes were identified:

- **Information-giving** is an element of staff’s perceived role in supporting those with COPD
- **Time constraints** lead to hesitancy and participants often *wait for the patient* express concern for the future before intervening

- Participants feel responsible to do the job well, which may be difficult, especially when less experienced

- Success of information-giving and sharing is rooted in the nature of interdisciplinary relationships

**Conclusion**
When considering treatment decision-making in acute severe COPD, effective information-giving in clinical practice is challenged by **inter-disciplinary relationships**, **time constraints** and **professional experience**.

References
IMPRESS (2012) IMPRESS guide for commissioners on supportive and end of life care for people with COPD: British Thoracic Society Reports; 4:2

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