

# *Reflecting on supportive ‘Palli-chat’*

*The value of an adapted video-reflexive ethnographic method for studying home-based palliative care*



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# **The Project (1)-** *What constitutes psychological support within District Nurse provision of palliative care to patients and families?*

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- *‘Psychological support’ as an essential part of holistic palliative care?*  
(DoH, 2008; NHS, 2018)
- *District nurses are ‘well placed’ to provide psychological support?*  
(UKCC, 2001; DoH, 2008; QNI/QNIS, 2015)
- *But what is psychological support?*  
(NICE, 2004; Offen, 2015)  
  
*...and what happens in the home? – ‘chatting?’*  
(McKenzie et al 2007; Law, 2009; Griffiths, Ewing & Rogers, 2010; Walshe, Nagington & Luker, 2013)
- *How can patients and families be supported?*  
(Gerrish, 2008; Newton & McVicar, 2014; Griffiths et al, 2017)



*‘[District nurses visit..]  
..house-bound patients to  
provide advice and care  
such as palliative care,  
wound management,  
catheter and continence  
care and medication  
support’ (QNI, 2022).*

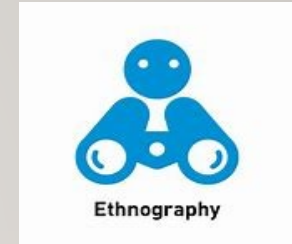




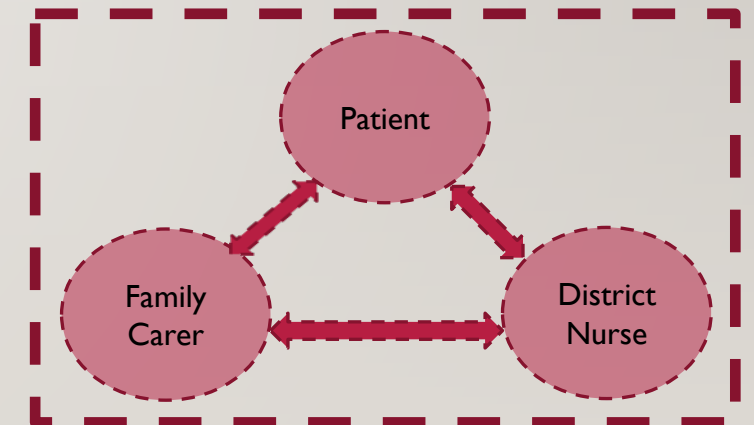
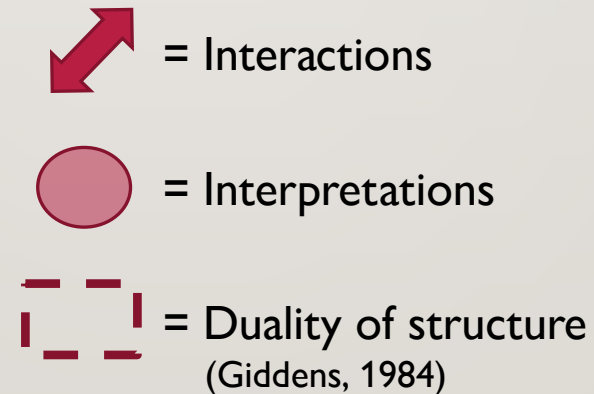
# ***The Project (2)-*** *What constitutes psychological support within District Nurse provision of palliative care to patients and families?*

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1. What meanings are ascribed to psychological support?
2. How is psychological support done?
  - i. What actions and interactions does psychological support involve?
  - ii. In what particular circumstances does psychological support occur?



*(Hammersley & Atkinson, 2019)*



# ***Project History***

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## **Pre-upgrade** (Oct 18 > Sep 20)

- **Scoping/refining** - reviewing literature; refining research questions & gaps; patient, family carer and health pros involvement activities
- **(Initial) research design** - methodology; theory; methods
- **Upgrade report & Viva** - no covid adaptation

## **Post-upgrade** (Oct 20 > Present)

- **Rebirthing the design in light of covid** - mindset shift; investigating possibilities, exploring ideas, formulating new methods
- **Ethical applications** - HREC and HRA
- **Fieldwork (Feb22 - ongoing)** - access & recruitment; data collection/analysis

# How to conduct ethnography without being present?

Recorded observations and use of 360 degree cameras (Petra Vackova - poster 2019)



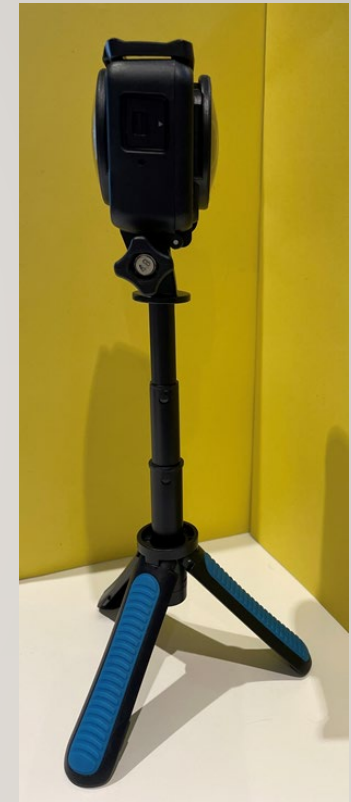
Recording home-based palliative care and video-reflexive ethnography (Collier et al, 2019)



# 360 cameras..

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- Easy to use (on/off; easy positioning due to 360 capture)
- Relatively cheap
- Unobtrusive, small
- Advantages over wearable cameras – noise/movement/ restricted visual
- Ethical advantages – no 3<sup>rd</sup> party present, less chance of 'disrupting' usual care



# ***Video-reflexive ethnography (VRE)***

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- *‘VRE invites professionals and patients to approach care as that which results from our actions and intentions, as well as from habits that we no longer see reason to question’* (Iedema et al, 2019, p2)
- *‘Strengthening people’s agency and relationships’* (Collier, 2019, p146)

## **Exnovation**

(aims to uncover complex ‘everyday’ practice insitu – insider/outsider)

## **Collaboration**

(work with local actors to create footage of everyday practice)

## **Reflexivity**

(co-creation/ shared reflection; data collection/ analysis is merged)

## **Care**

(promotes psychological safety for participants)

# *A way forward..*

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## **Research Project: District Nurse Palliative Support**

*Would you like to gain new skills to boost your own professional development, whilst helping to enhance clinical practice?*

If you are a healthcare assistant, community staff nurse or caseload holder, and agree to take part, you will receive some initial online research training (30mins in length). You will undertake co-researcher activities with full support, developing your own research skills and expertise.

You will receive CPD recognition for your research role.

We are currently recruiting community nurse team members as co-researchers to take part in a project to improve understanding of district nurse palliative support provision.

This involves helping to recruit patient and family carer participants that you are seeing for palliative care support, and then video or audio recording up to three of your visits to them (using an easy-use 360° camera, placed on a surface). The recordings take place alongside your usual home visits, so you will not need to commit additional time for this. You will then have the option to review some 'clips' of your recording, and reflect on them, either in an interview or through diary/reflective prompts. This can help enhance your own practice.



## ***Lightbulb moments so far***

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- Sharing of knowledge and expertise – co-learning, as much as co-creation
- Providing restorative, reflective space within busy healthcare environments
- Accentuating the value and status of everyday practice
- Providing new opportunities and skills development, with minimal time commitment
- Could this offer potential for ‘quicker’ or more impactful improvements to care practices?



***‘I’d never thought of it that way before’***

(DNCoR during their first reflexive session)

# ***New hopes arising from disappointments..***

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- 'Wasted' time, back to the drawing board..
- Being present - an ethnographic ideal not being realised?
- Losing first sight.. losing 'control'..



- Thinking differently, embracing new ideas, finding solutions
- Resolving long standing concerns (such as worries about ethical approval)
- Exciting innovations – VRE; 360 cameras
- More inclusive, ethical approach, richer data?
- Added value? – e.g. skilling co-researchers, fostering relationships, inherent data 'validation'

# *Questions/Reflections?*

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