DEVELOPING NURSE LEADERSHIP TO EMPOWER INTEGRATED PALLIATIVE CARE THROUGH A LINK NURSE PROGRAMME

BACKGROUND
The World Health Assembly has urged the integration of palliative care (PC) into health systems as a means of increasing access to care for people with life limiting illnesses. Nurses have a crucial role in delivering health care. Empowering them in core clinical areas to deliver PC through a link programme is an effective model utilized in many countries including Uganda, India and several others. Building effective leadership skills amongst specialist nurses is crucial to continued integration. We report a novel nurse leadership initiative which is supporting extension of the nurse link model.

AIM
Strengthening and integrating palliative care into health systems through empowering nurses in core clinical areas to deliver generalist PC through a link programme.

METHODOLOGY
19 nurses and 1 clinical officer with a minimum of Diploma level in palliative care begun a 2 year Fellowship training in leadership. As part of this project 6 of the nurse leaders developed a project to use a link nurse model to integrate PC into 2 urban and 3 rural district hospitals. Advocacy ensured management support, identification of 90 nurses to be trained in basic PC using an agreed training package (Ugandan protocols and the PC Toolkit). A log book was used by each trainee for self-evaluation and reflective practice. A 5 days training was followed by ongoing clinical modeling, mentorship and monthly support supervision visits for each hospital. 3 nurse leaders from MPCU are directing this project.

CONCLUSION AND RECOMMENDATIONS
Nurse leadership development is an essential component of empowering generalist nurses and acts as catalysts for change in and beyond their own workplace. Effective nurse leadership within a multi-disciplinary approach is key to sustainable, integrated PC within health systems. This model of nurse empowerment that supports values based change within the health system is an effective way to increase access to PC so they will have the opportunity to support the link nurse training and develop their mentorship and supervision skills.

RESULTS
All trained link nurses showed immediate knowledge gain (pre and post training assessments) and have been able to integrate PC in their setting and demonstrated documented PC interventions.

“Patients are happy and appreciate our efforts they feel they are loved and cared for by the palliative care team and really feel the worthiness of living through our management” Link nurse

Oral morphine has been accessed for the first time in 2 hospitals. Nurse leaders have been able to advocate and initiate training in novel settings and grow their own leadership skills when implementing a new strategy or service.

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