Meanings and experiential outcomes of bodily care at the end of life in inpatient specialist palliative care

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Conclusion
This study accentuates dying persons’ intricate blend of basic and symptom-oriented bodily care needs and how the intertwinement of these care dimensions influence whether comfort and wellbeing are facilitated or not.

Palliative care services may consider how to best integrate and acknowledge the value of skilled basic nursing care as part of, and complementary to expertise in symptom treatment during the trajectories of illness and dying.


Introduction
For dying people, everyday activities, including bodily care, shape and are shaped by the experience of being and living a declined body.

Assistance with bodily care necessitates exposure and loss of control of the body. This adds to the vulnerability of living with impending death, which may challenge sense of agency, integrity and self-value.

Experiential outcomes of receiving (or not receiving) bodily care are thus important aspects in relation to wellbeing, and as such, of relevance in the discourse regarding quality of specialist palliative care.

Aim of the study
To enhance the depth of existing knowledge about meanings and experiential outcomes of bodily care in the context of in-patient specialist palliative care.

Procedure
- Repeated narrative interviews and supplementary participating observations with 9 persons, during their last phase of life
- Interpretative phenomenological analysis

Results
These meanings overlap and shape the nature of each other and involve comforting and distressing experiences relating to three conditional dimensions: the particular situation, own experiences of the body, and health care professionals’ approaches.

Bodily care (study definition)
Includes all the activities that are aimed at reducing the burden of dying, i.e. alleviating suffering, caring for basic physical needs and providing comfort.