Nurses have the power to be “absolute change agents” in end-of-life care, according to hospice nursing leaders who are on a mission to help nurses in all sectors recognise and articulate the value they can bring to people during death and bereavement.

To mark the International Year of the Nurse and Midwife in 2020, senior nurses Professor Heather Richardson and Marie Cooper from St Christopher’s Hospice in London embarked on a project to celebrate nursing in palliative and end-of-life care.

Through their work they said they were “shocked” to discover there had not been a contemporary model of nursing for people at the end of life published for almost 30 years, so they decided to develop one themselves. The result is the Lantern Model.

It is based on a person-centred nursing framework and features seven components that, when working in sync, “get the greatest impact from the nurse,” said Professor Richardson, one of two joint chief executives at St Christopher’s. It has been informed by published evidence, feedback from a wide variety of nurses about their own experiences, as well as comments from patients and families.

At the heart of the model, which is displayed in the shape of a flower, are the patient outcomes that nurses working in line with it can expect to achieve. These include comfort, dignity and respect, and participation in care. It describes the processes that nurses deliver to contribute to these outcomes, such as connecting, future planning and accompanying. Also set out are the “personal prerequisites” for a nurse who is working with people at the end of life: compassion, self-knowledge, confidence, generosity and courage.

The previous lack of an up-to-date model meant nurses sometimes struggled to articulate what they do, said Professor Richardson. For example, she noted how one hospice nurse she worked with had recently chosen to stop off on her way home from a night shift to put up a syringe driver for a patient at their home, because she knew the community nursing team had been delayed. “She would never have described that as a key part of her nursing practice, but she wasn’t doing it outside her registration,” said Professor Richardson.

“She had connected with that person’s family on the telephone earlier, knew they were suffering, and she was going to see through that bit of care and was going to enable that man to die well.”

Professor Richardson said if the nurse in her example were to see the model, she should know “her compassion and her sense of duty, in that respect, is something that is about the value of nursing”. “It’s not just about her being a good egg, it is part of being a good nurse,” she said.

The hope is the model will not only offer a shared language and clarity around the unique offer of nurses at the end of life, but will also make a case for increased investment in recruitment and retention. One of the components is focused on the support nurses need from their organisations to deliver the best end-of-life nursing care. This includes providing nurses with the right space to work in and access to a multidisciplinary team, having...
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—a supportive culture, and offering personal and professional development opportunities.

Ms Cooper said she knew of “very few” organisations that invested financially in their nursing workforce in terms of mentoring and coaching. “Things have been paired right back to mandatory training [and] it’s gone online, which nurses must do in their own time often,” she said. The Lantern Model recognises that employers “have a responsibility to invest in their staff”, she noted.

Professor Richardson said they had met nurses who had left “really important roles” in hospitals, because they had not been given the facilities to provide the kind of care they had wanted to. She highlighted that organisations could make “small shifts” to the working environment, or the support they provided, that could “make a massive difference to your retention as well as to your outcomes for patients”.

The model is intended for nurses across all settings and levels who deal with patients at the end of life and would be particularly pertinent for non-hospice settings, according to Professor Richardson. She said: “We do have an eye on our hospice colleagues, but our bigger concern is for the majority of people who die outside of hospice care. We are absolutely motivated by the inequities and the inequalities that we see across the board. Nurses could be absolute change agents in making care more equitable, more acceptable, and there being some parity of quality regardless of where you die.”

She highlighted that, at present, how a person died within your world, whether in an intensive care unit or in a [homeless] hostel. Nurses can notice in our model, there is nothing technical in it. It’s the principles that you apply within your world, whether in an intensive care unit or in a [homeless] hostel. Nurses can realise how well they are doing – ‘I am connected with my patient, I am understanding their world, I have got the courage to go the extra mile’. It’s a way of affirming nursing, not just saying what they’re not doing, it’s saying that actually this is research-based, look how well we’re doing guys.”

Work is now underway to get word out about the model and collect feedback. Professor Richardson stressed that the model should not be taken “lock, stock and barrel”, but could be used however individuals or organisations saw fit. She noted how a couple of nurses had started using the model to recruit against the prerequisites, rather than just competencies. “I wonder whether we would get a different kind of cohort if we recruited for courage, for example, or for generosity, or for compassion, rather than a skill base around ‘can you do this, can you do that and so on’,” said Professor Richardson. “I think that’s part of the shift that we would really like to see in recruitment.”

Another opportunity was to use the model in education institutions to shape curricula and Professor Richardson hoped it would get picked up by national organisations. She believed, in the light of Covid-19, that there was a recognition that “end-of-life care needs to be better”.

St Christopher’s is planning to use the Lantern Model to form the “underpinning philosophy” for a programme it is launching called Palliative Works, which is around supporting and developing clinical nurse specialists in palliative care across the NHS and voluntary sector.

Professor Richardson said one of the most positive things that had emerged from the Year of the Nurse project was that it had started conversations on palliative and end-of-life care nursing and brought together nurses from around the world, which she wanted to continue. “The output I’m most excited about is not the Lantern Model, it’s the new energy, the new conversations, the new connections, and the new awareness of people about the value of nurses as leaders,” she added.