the tool. Fourth, a RAND Delphi study is performed to develop consensus-based management strategies for combinations of symptoms. In phase 2, the effectiveness of the MuSt-PC is tested in a prospective stepped-wedge trial. The tool is further refined and disseminated in phase 3.

Results: This project results in the MuSt-PC, including treatment strategies for common combinations of multiple symptoms. Moreover, it provides insight into the feasibility and effectiveness of the MuSt-PC, with quality of life as the primary endpoint. When the tool is effective we will disseminate the MuSt-PC nationwide and internationally, in a form that can be integrated in electronic medical records.

Conclusions: This national project runs from 2017 to 2020 and delivers valuable information on the occurrence of multidimensional symptoms and a strategy to manage these symptoms. If successful, it will improve the quality of life of patients with an advanced illness.

F08-A
The CHOICE Project: A Randomised Exploratory Pilot Trial Testing the Acceptability and Preliminary Efficacy of a Public Health Communication Intervention

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Background: Referral to palliative care frequently occurs late in the illness course, despite evidence to support the benefits of early integration. A systematic approach to community engagement is required. Narrative communication is increasingly understood as a promising way of promoting health behaviour change. However few empirical approaches have been developed and tested seeking to change attitudes or behaviours related to palliative care.

Aims: To evaluate the acceptability (primary outcome), feasibility, and preliminary efficacy (secondary outcome) of narrative communication as a public health intervention to educate community about palliative care.

Methods: Based on the MRC Framework for the development of complex interventions, a series of 2-minute visual educational stories were developed to address common misperceptions raised by earlier qualitative data. These were piloted with a community-based sample using a phase 2, online, computer-randomised controlled trial design involving six experimental (narrative) conditions. Descriptive statistics described the sample characteristics and intervention acceptability. A repeated measures analysis of covariance (ANCOVA) assessed preliminary change in attitude to palliative care (measured on a 10-point Likert scale) post intervention, controlling for baseline variables.

Results: Of 164 participants (median age 51, range 23-82; 75% female), 150 completed post-intervention data (92% completion rate), with a mean completion time of 14.5 minutes. Visual educational stories were shown to be an acceptable approach to public health communication about palliative care, with respondents reporting a median of 7 positive ratings (IQR 6, 9) out of the 10 acceptability items. A majority of participants reported the intervention was easy to understand (100%), believable (93%), and made them feel more likely to likely to consider palliative care if they became seriously ill (68%) or talk to someone else about palliative care (65%). Most agreed it taught them something new (68%) and make them stop and think (59%). ANCOVA analyses showed a significant main effect, whereby regardless of narrative assignment, mean attitudes toward palliative care were improved after viewing the educational information (m 9.4, sd 1.0) compared to baseline (m 8.9, sd 1.6), $F(1,132)=21.0$, $p< .001$, np2 =.15 (large effect).

Conclusions: This study provides novel pilot data addressing an important gap in the literature around the question of how to engage community about palliative care. Narrative communication is an acceptable public health intervention to communicate information about palliative care and may improve community attitudes to engagement with palliative care services.

F09-A
Secondary Emotional Labor: The Implications of Supervisor Responses to Emotional Labor of Hospice Nurses

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Objectives: Emotional labor (EL), the suppression of one's true feelings to bring about a desired state of mind in patient, has been studied for decades, yet we still know little about how supervisor/supervisee interactions with nurses shape whether the EL experience is positive or negative. Effective processing of EL with clients who are cared for by hospice nurses is linked to the development of skills that are essential for end-of-life care. To explore how supervisors encourage or suppress hospice nurses' attempts to process their EL with patients, we conducted a qualitative ethnographic study of a hospice setting.

Methods: Data was collected from 2013 to 2016 and included field-notes from 40 Interdisciplinary Group (IDG) meetings and transcripts from 20 interviews with nurses and their supervisors. Field notes and transcripts were analyzed using inductive theory building through content analysis.

Results: Two opposing interactional dynamics emerged that were occurring in IDG meetings: one in which nurses discussed their EL in the context of IDG meetings and another in which they were discouraged or impeded by supervisors from doing so in a way that we describe as secondary emotional labor. Our data analysis shows the positive dynamics of IDG meetings when supervisors encourage discussion of EL by 1) providing opportunities for individuals to share their EL experience, to receive empathy and to be acknowledged for their effort, and 2) advising workers as they seek to hone their EL skills. We then show how secondary emotional labor is imposed with the implication for negative outcomes.

Conclusions: When supervisors restrict workers from processing and mastering EL they impose what we term secondary emotional labor. We argue that processing EL with supervisors unlocks the strengths and skills of nurses and should be encouraged for the sake of employees, clients and organizations.

F09-B
Experience-based Design: Using Quality Improvement Strategies to Identify Family and Staff Experiences in Conversations at End of Life

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In this facility, "palliative" and "long-term" care increasingly overlap due to aging of current and potential residents. Increased turnover has increased the need for quality end-of-life care. Effective communication impacts the quality of care at end of life (Ferris et al., 2002), but "communication" can hold different meaning for different stakeholders. The need to fully understand stakeholder perspectives is essential when designing quality improvement projects in end-of-life care. The aim of this project was to identify stakeholder experiences to guide education priorities related to end-of-life communication practices.

Methods:
- Key informant interviews: Interviews were conducted with "most involved persons" (MIPs) who experienced the death of a loved one in the target care areas.
- Staff surveys: Qualitative information was gathered regarding education needs with respect to conversations at end of life.
- Emotional-mapping: Modified emotional mapping techniques from experience-based design (EBD) were used to translate MIP and staff experiences into opportunities for improvement (Bate and Robert, 2006; The Kings Fund, 2018; The Point of Care Foundation, 2018).

Results: The use of MIP and staff informants allowed for the identification of perceived and mis-/un-perceived education needs related to end-of-life communication practices. Learning objectives for an education program were designed based on alignment between MIP and staff themes. Converging themes from these groups were: 1) care planning and disease management, 2) anticipatory grief, and 3) the impact of power and roles on discussions at end of life.

Conclusions: EBD allows for identification of key areas for quality improvement, and leverages direct experiences of patients/families and staff to maximize frontline engagement. This project demonstrates how the application of qualitative strategies in quality improvement can be a motivator for change in the context of interprofessional end-of-life care.

This presentation will be useful for those who have formal or informal roles in quality improvement, education or leadership, who want to hear examples of EBD to guide the development of education/improvement priorities.

F12-A
The End-of-Life Implications of Patient Categorization on a Medical Ward

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Objectives: Acute medical wards are a common location of death in many developed countries. Few studies have looked at how dying patients are perceived by staff in the acute context and how these perceptions can affect their care. The purpose of this paper is to better understand how medical ward staff categorized patients and explore the implications for the care of dying patients.

Methods: This paper draws from a focused ethnographic study of how the cultures of care on an acute medical ward shaped care practices for dying patients.