

Perception of Palliative Care in Nursing Homes Among Nursing Home Staff

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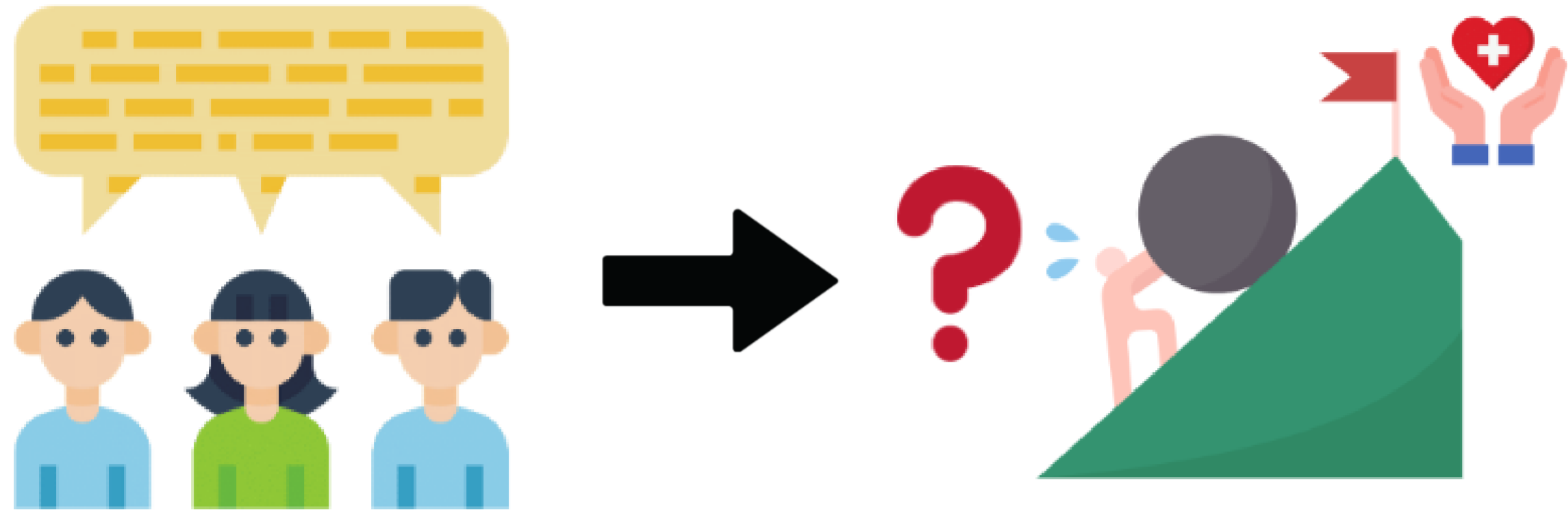
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Background

- Palliative care is needful in the long-term care (LTC) setting, however residents in these facilities often have limited access as a result of inadequate support and training to nursing home (NH) staff¹
- Gericare is a community palliative care program in Singapore that aims to empower NH nurses to care for patients at the end-of-life (EOL)
- Little is known about the perceptions of NH staff in delivering EOL care in the LTC setting
- A multisite qualitative study noted that NH staff found it emotionally challenging to provide EOL care to residents as a result of eventual bonds forged while caring for them²
- It is important to establish an understanding of NH staff and their perceptions towards Palliative Care, as it affects the receptivity of education programs and training approaches that are meant to improve care in this area.

Objective



Aim: To evaluate perspectives of palliative care among NH staff and identify barriers to delivering effective care in the LTC setting

Methodology

Mixed-methods Cross-sectional Study

January 2023 (2 -week period)



86 Nursing Home Staff



10 Quantitative & 6 Mixed-methods Questions



A cohort of 86 NH staff were enrolled anonymously and data collected from a survey done cross-sectionally in January 2023 was analysed.

Basic demographics such as gender, age, years of nursing experience (including experience in NH) and any prior geriatric training were obtained. Statistics were then drawn from 10 multiple-choice questions and 6 written answer questions. Open-ended responses were thematically classified to produce quantitative data.

Results

1. Demographics

- The age range of the cohort was between 21 and 66 years of age, with an average of 35.5 years.
- The average length (years) of experience in nursing and in NH were 11.6 and 6.4 respectively.
- 31.4% of the cohort had prior geriatric training (Fig 1B.) [Majority Gericare related courses]
- 5 NH participated in this study in almost equal proportions (Fig 1C.)

Gender Demographics

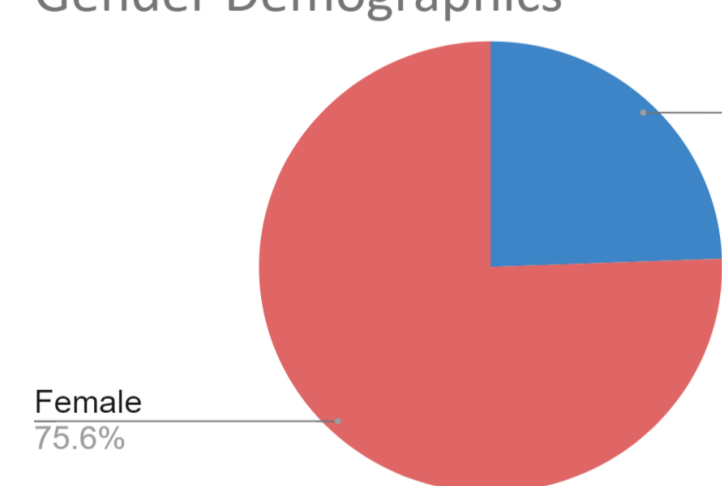


Fig 1A. Gender Demographics

Previous Geriatric Training

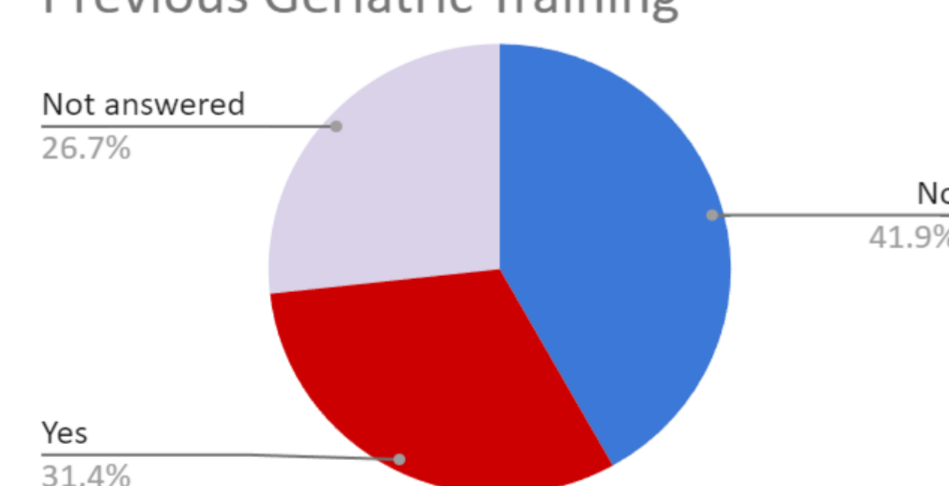


Fig 1B. Proportions who Received Prior Training

Participation from each NH

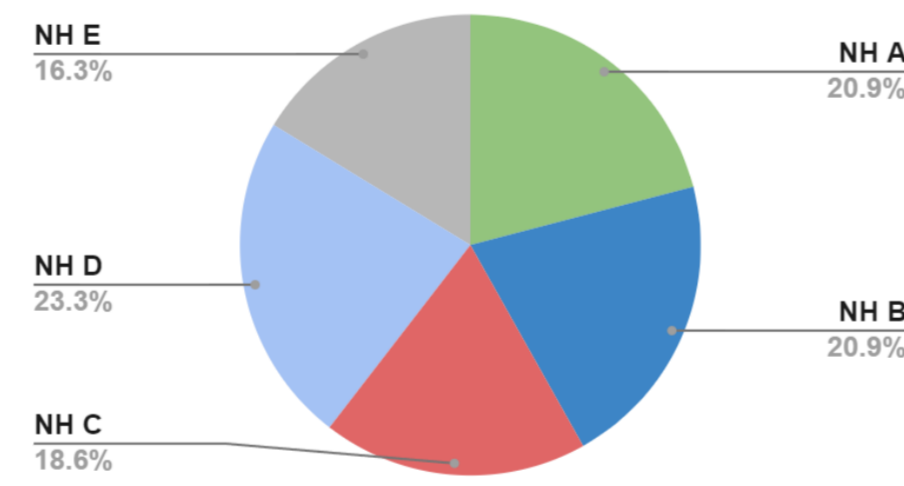


Fig 1C. Proportions of participation

2. Multiple Choice Questions (Quantitative) – Fig 2A.

- Participants mostly agreed that Palliative care should be delivered in NH (84.9%), however a small proportion (9.3%) strongly disagreed.
- Participants generally agreed that they were supported to deliver palliative care in NH (66.3%), with EOL symptoms being well controlled (87.2%)
- Participants also largely agreed that they had the confidence in achieving good symptom control (93.0%) and in communication with families (75.5%), however there was notable ambiguity regarding the perceived preparedness of families (53.4% felt families were 'somewhat prepared')
- Perception regarding emotional difficulty in Palliative care was variable (39.5% neither agreed nor disagreed)
- 48.8% felt that they had adequate training to deliver Palliative care in NH

Multiple Choice Questions

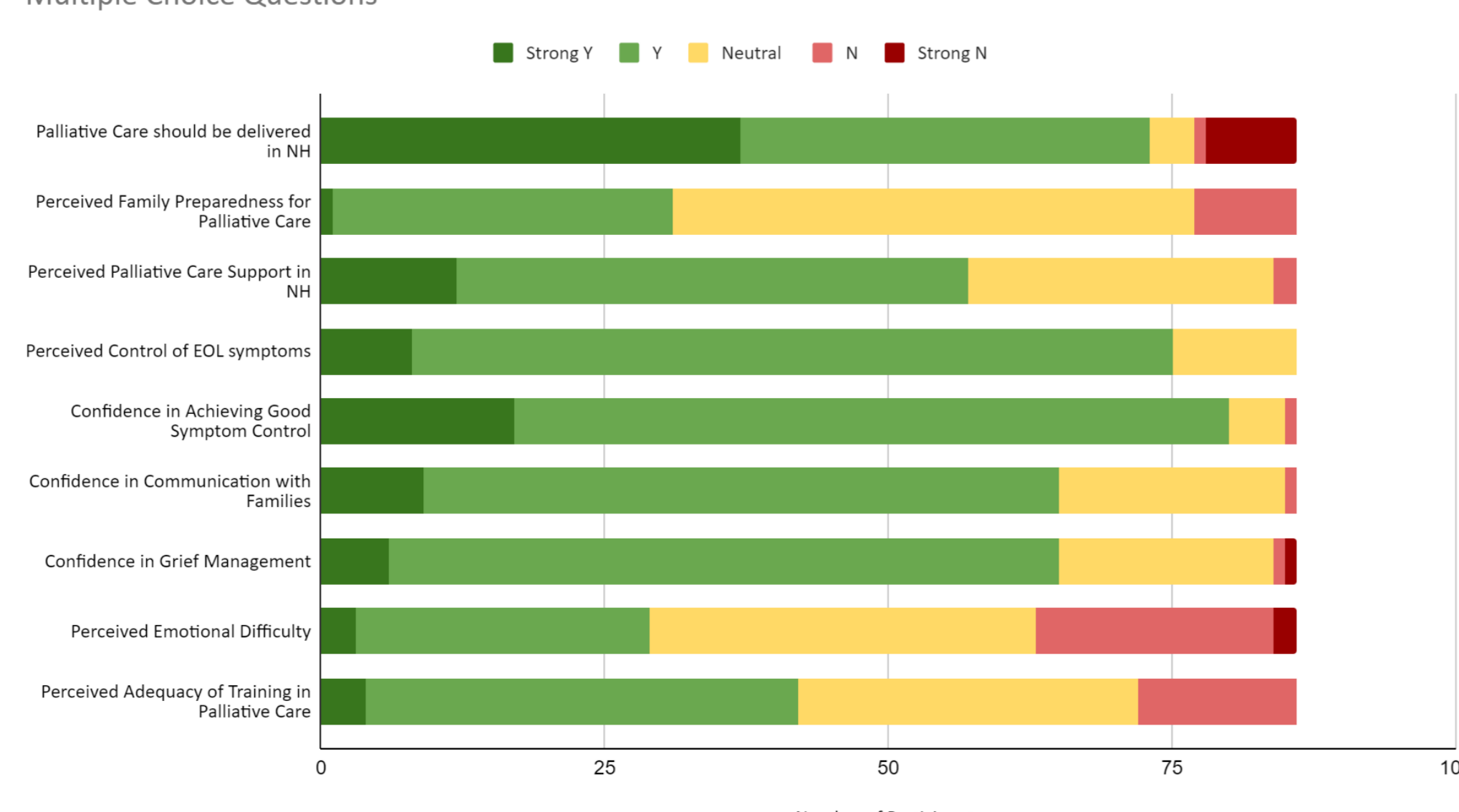


Fig 2A. Multiple Choice Questions

Results (Continued)

3. Open-ended Questions (Mixed quantitative/qualitative)

- Answers to 3 out of the 6 questions posed were included in the results of this study.
- EOL symptoms most commonly encountered are illustrated in Fig 3A. Interestingly, unstable vital signs were considered a symptom of EOL.
- In both Fig 3B and 3C, ineffective communication and knowledge gap/training were identified as barriers to effective EOL care, and as areas that require training.
- Of those who identified communication as a barrier, 40 out of 42 participants (95.2%) were limited by language/dialect differences.
- A number of responses indicated manpower and resources to be a limiting factor in delivering Palliative Care in NH

What do you think are the most common symptoms for NH residents at the end of life?

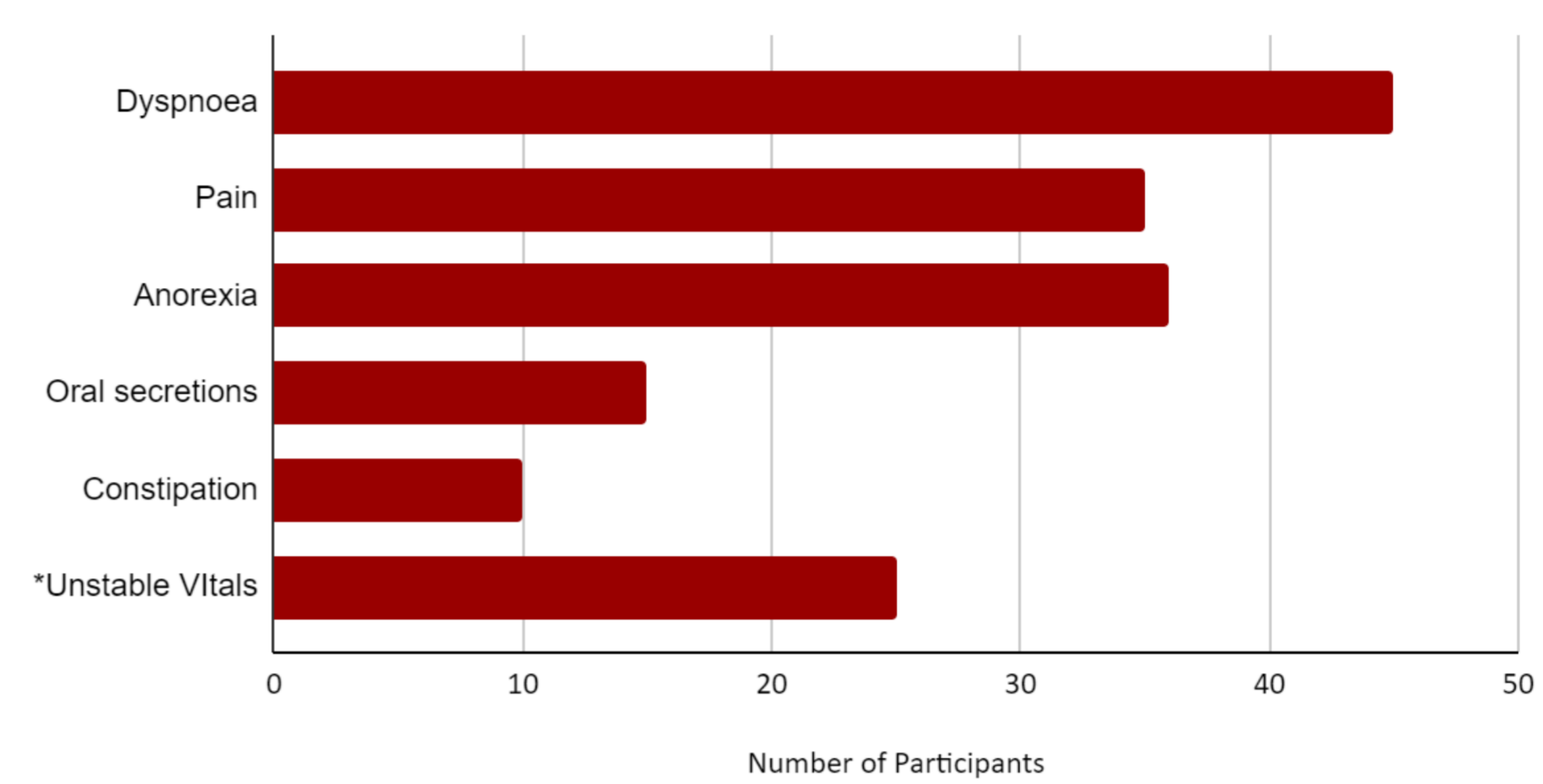


Fig 3A. Common EOL symptoms identified

What skills or training would you be keen to learn in palliative care?

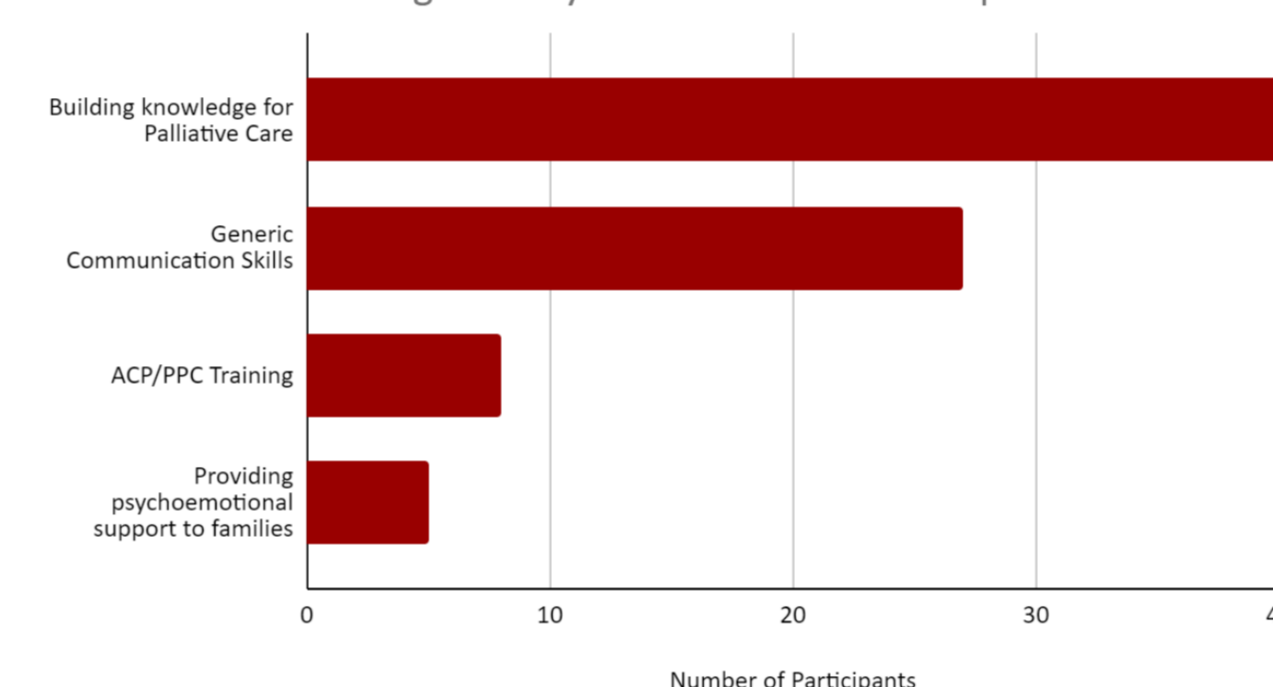


Fig 3B. Areas Identified for training

What are some barriers or difficulties in providing palliative care in the NH?

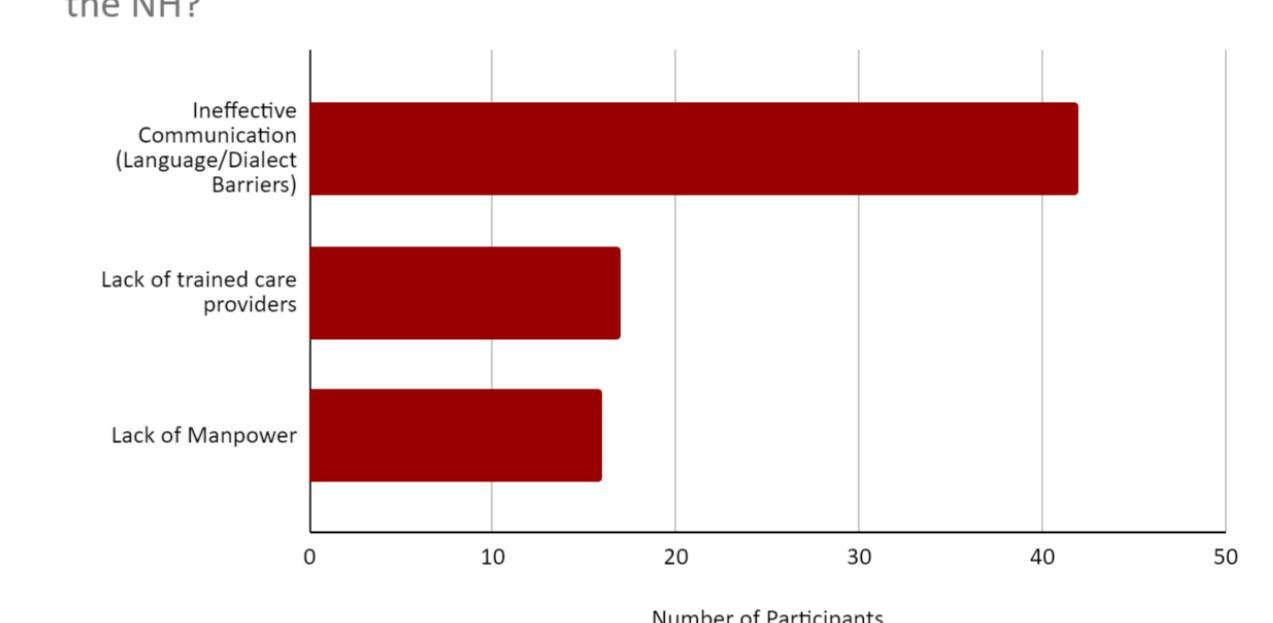


Fig 3C. Barriers faced in the delivery of Palliative Care in NH

Discussion

Discussion 1: Discordance between Confidence versus Perceived Competency

- There was a discordance between the confidence in skills expressed in the multiple choice questions versus areas identified as deficits in the open-ended questions in delivering EOL care in NH.
 - Most participants expressed confidence in communicating with families of residents requiring EOL care, however the majority of participants felt these families were only "somewhat prepared". This is unclear in terms of ability to assess family preparedness.
 - Majority felt confident in managing EOL symptoms (93%) and that patient symptoms were more well-controlled (87.2%), however results showed that only 48.8% perceived adequate training in EOL care

Discussion 2: Communication Barriers

- Majority of the participants identified communication as a significant barrier and an area of need for training
- 95.2% of people who identified this barrier felt it was related to a language/dialect issue, suggesting the need for further training in this area, especially in a multilingual society like Singapore

Discussion 3: Emotional Difficulty in Delivering Palliative Care

- Varied responses to experiencing emotional difficulty were observed.
- There may be a lack of insight in terms processing emotions while caring for dying patients, suggesting that there may have been limited opportunities for debrief and discussion of learning points, which may need to be further explored as area of support for NHs

Limitations of Study

- The cross-sectional nature of this study restricts generalization of results across NH
- Results from 3 of 6 questions were omitted due to vague answers.
 - Uncaptured information which could be useful in identifying further perspectives and potential training points
 - Highlights possible understanding gaps of staff members, perhaps due to language difficulties in those whom English is not their first language
- Non response bias via unanswered questions, can lessen the accuracy of results obtained.
- Participants had similar answers in open-ended questions suggesting groupthink. This can decrease the validity of reported perceptions in the absence of true/honest reflection.
- Possible bias towards Gericare as blinding of participants was not observed in the methodology

Conclusion

This study has provided some pilot insight to the needs of NH staff in EOL care (namely communication skills and knowledge deficits), however it is limited by many factors including questionable comprehension of the survey, bias towards the organization providing the survey and vague answers provided by participants. Future studies can consider conducting blinded interviews to get a true perspective and explore questions at a deeper level. This will hopefully provide a more profound insight on their perspectives, motivations and barriers to delivering sensitive EOL care in NH, and shape NH support services to cater according to their needs.

References

- Zimmerman S, Sloane PD, Hanson L, Mitchell CM, Shy A. Staff perceptions of end-of-life care in long-term care. *Journal of the American Medical Directors Association*. 2003 Jan 1;4(1):23-6.
- Akunor HS, McCarthy EP, Hendricksen M, Roach A, Rogers AH, Mitchell SL, Lopez RP. Nursing Home Staff Perceptions of End-of-Life Care for Residents With Advanced Dementia: A Multisite Qualitative Study. *Journal of Hospice & Palliative Nursing*. 2022 Jun 1;24(3):152-8.