# Promotion of end-of-life care at home for the elderly in a community setting in Japan:

Results of qualitative research

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### Background

In Japan, only 10% of the elderly people died at home, even though 80% of them wish to die at home.

→These data show that it is difficult to follow their end-of-life wishes.



- Only a few people indicate their end-of-life wishes in Japan.
- · Advance directives are not legislated.

In order to protect the elderly wishes of dying without any life-prolong medical actions in this country, it is important

to educate the elderly to write an advance directive documentation and make it legally active and to support medical professionals to accept and follow the document that the elderly make.

#### The action research was chosen.

- · The researcher, the elderly, and the healthcare staff need to work on the same issue, and cooperate each other to improve the situation.
- · The researcher takes a role to empower the elderly and the healthcare staff to achieve this goal in a community.

## Action research procedure to actualize the goal

#### TARGET The elderly PERSONS

- Provided educational lectures to the elderly how to spend their end-of-life stage.
- Conducted an attitude survey of the elderly living in the town regarding endof-life wishes and the obstacles achieving them.
- S Supported to make decisions and advance directives.

#### The healthcare provider

- Developed a committee to actualize the elderly people's wishes.
- Conducted a qualitative research study to healthcare providers about their recognition and attitude to end-oflife care and advance directives.
- Developed the system actualizing the elderly's wishes.

We can actualize the elderly THE people's wishes. GOAL

#### Purpose of this study

The purpose of this study was to extract the obstacles from the healthcare providers in terms of actualizing and supporting the elderly's wishes regarding end-of-life stage.

#### **Participants**

We held the committee meeting consisting of multidisciplinary healthcare providers in a community. physicians,

The participants of the meeting

was the target of this study. They were personnel from

3 clinics, 5 drugstores, 2 home-visiting nursing agencies,

6 care management offices, and

5 home help agencies

Figure 1: The number of the participants according to the occupation

Care

managers, 9

Managers, 6

Home

helpers, 3



#### Method of this research

- 1. The semi-structured questionnaire was administered to the participants.
- 2. The participants were asked to write and describe obstacles to actualize the elderly's wishes dying at home.
- 3. The data were analyzed qualitatively and categorized.
- 4. To assure the validity of the analysis, categorized data were returned to the participants and checked by them (member's checking).

The ethical consideration was taken.

#### Results

Five categories were extracted from the qualitative analysis. Those are shown in below.

- 1. <u>Difficulty in cooperating</u> multidisciplinary between agencies (homevisiting nursing agencies, care management offices, and home help agencies) and clinics (physicians).
- 2. Lack of knowledge and skills about the end-of-life home medical care due to the little experience of the home medical care at the end stage.
- 3. An underdeveloped system of care at the end stage such as shortage of manpower or difficulty of treatment in emergencies.
- 4. Preoccupied recognition by medical professionals, health caretaker, the elderly and their family that it is natural to die at a hospital, and they believe it is impossible to die at home without enough social background (family living with them, enough budget to ask enough social resources).
- 5. Patients' and families' lack of knowledge on the end-of-life care.

#### Discussion

- The fact that most of the elderly dying in hospitals make the healthcare providers lack of experience in taking care of the elderly dying at home. Therefore, they are poor at communication with multidisciplinary and lack knowledge regarding the endof-life care.
- Furthermore, lack of manpower causes a vicious circle that most of the elderly dying in hospitals.
- Pharmacists Patients and families also need to be educated more about end-of-life care and decision-making.
  - The most important thing is that we need to accumulate successful cases one by one.

# in Hiroshima city, Japan.

#### Summary

This study showed that health care workers who provide end-of-life care at home feel difficulty in various dimensions. It seems to be related to the underdeveloped system of the end-of-life care and lack of community education.

Nurses, 3

In order to promote at-home death, we need to accumulate successful cases one by one with multidisciplinary discussion.

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