Exploring the factors that influence the interprofessional delivery of palliative care in long-term care

Kathryn A. Pfaff, PhD, RN
Jean Echlin, MSN, RN, Palliative Nurse Consultant
Lisa Hamilton, BScN Student

Faculty of Nursing,
University of Windsor
Windsor, Ontario Canada
Background

- Majority of residents living in long-term care will die in the facility.

- Palliative care is considered the ‘gold standard’ for care at end-of-life (Department of Health End of Life Care Strategy, 2008).

- Barriers and challenges exist in delivering palliative care in long-term care.

- Recruitment and retention of care providers in all disciplines is a challenge in long-term care institutions in Canada (Long-Term Care Task Force on Resident Care and Safety, 2012).
Research Questions

* How is palliative care interprofessionally and collaboratively delivered in long-term care facilities in Windsor and Essex County?

* The sub-questions are:
  * To what degree do carers engage in collaborative practice when delivering palliative care to residents who reside in long-term care facilities in Windsor-Essex County?
  * What factors have a relationship with how palliative care is delivered interprofessionally among long-term care providers in Windsor-Essex County?
Methods

- A survey of carers in long-term care facilities Windsor and Essex County, Ontario Canada

- The Collaborative Practice Assessment Tool (Queen’s University, 2009).

- Items related to palliative care knowledge and team and organizational factors associated with delivery of palliative care
Methods

Sample

- 41 carers from 5 medium-sized long-term care facilities in Windsor and Essex County
- Registered nurses, registered practical nurses, personal support workers, recreation therapists, directors of care/administrators
Data Analysis

- Data screened and cleaned
- Descriptives, frequencies, means and standard deviations
- t-tests and Pearson correlations
<table>
<thead>
<tr>
<th>Position</th>
<th>%</th>
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<tbody>
<tr>
<td>Registered Nurse</td>
<td>34.1</td>
</tr>
<tr>
<td>Registered Practical Nurse</td>
<td>17.1</td>
</tr>
<tr>
<td>Personal Support Worker</td>
<td>9.8</td>
</tr>
<tr>
<td>Recreation Coordinator/Therapist</td>
<td>12.2</td>
</tr>
<tr>
<td>Director of Care/Administrator</td>
<td>14.7</td>
</tr>
<tr>
<td>Other</td>
<td>12.2</td>
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</table>
### Sample

<table>
<thead>
<tr>
<th></th>
<th>M + SD</th>
<th>%</th>
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<tbody>
<tr>
<td>Age</td>
<td>43.54 ± 12.5</td>
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</tr>
<tr>
<td>Years in Long-term Care</td>
<td>15.35 ± 12.25</td>
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</tr>
<tr>
<td>Years in Current Facility</td>
<td>13.71 ± 12.03</td>
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<td>Employment:</td>
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<tr>
<td>Full-time</td>
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<tr>
<td>Part-Time</td>
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<td></td>
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<tr>
<td>Casual/Other</td>
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<tr>
<td>Palliative care education</td>
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<td>78</td>
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</table>
Findings

- Mean CPAT = 4.8 ± .66
- No individual (carer) variables had a relationship with interprofessional palliative care delivery
Findings

The following team variables had a relationship with interprofessional palliative care delivery:

- Satisfaction with quality of palliative care provided by the team \( (r = .530; p = .000) \)
- Satisfaction with team working relationships \( (r = .575; p = .000) \)
- Confidence in collaborating with other carers \( (r = .563; p = .000) \)
Findings

- The following organizational variables had a significant correlation with interprofessional collaboration in palliative care delivery:
  - Accessibility of Director of care ($r = .363; p = .02$)
  - Proximity of Director of care ($r = .314; p = .04$)
  - Accessibility of Administrator ($r = .497; p = .001$)
Implications

Teams
- Need to integrate carers within teams
- Promote team education re palliative care and scopes of practice of other team members
- Team building workshops
- Address stressors associated with caring
Implications

- Long-Term Care Organizations
  - Promote carer engagement with leadership
  - Collaborative Leadership
  - Address barriers: workloads, opportunities and time to collaborate
Limitations

- Small sample size and small geographical area
- Recruitment challenges
- Online surveys may not be the best mechanism to collect data in long-term care sector
Future Research

- Follow-up research
  - Need to engage long-term care providers in research
  - Emphasis on non-professional carers
- Leadership models in long-term care
- Care of self and others in long-term care
Acknowledgment

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* The de Veber Institute of Bioethics and Social Research