

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

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# 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

# Sample

	%
Registered Nurse	34.1
Registered Practical Nurse	17.1
Personal Support Worker	9.8
Recreation Coordinator/Therapist	12.2
Director of Care/Administrator	14.7
Other	12.2

# Sample

	M + SD	%
Age	43.54 $\pm$ 12.5	
Years in Long-term Care	15.35 $\pm$ 12.25	
Years in Current Facility	13.71 $\pm$ 12.03	
Employment:		
Full-time		68.3
Part-Time		24.4
Casual/Other		7.3
Palliative care education		78



# Findings

- \* Mean CPAT =  $4.8 \pm .66$
- \* 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 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

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