Residential Aged Care Staff Palliative Care Delivery Experience, Education and Psychological Wellbeing

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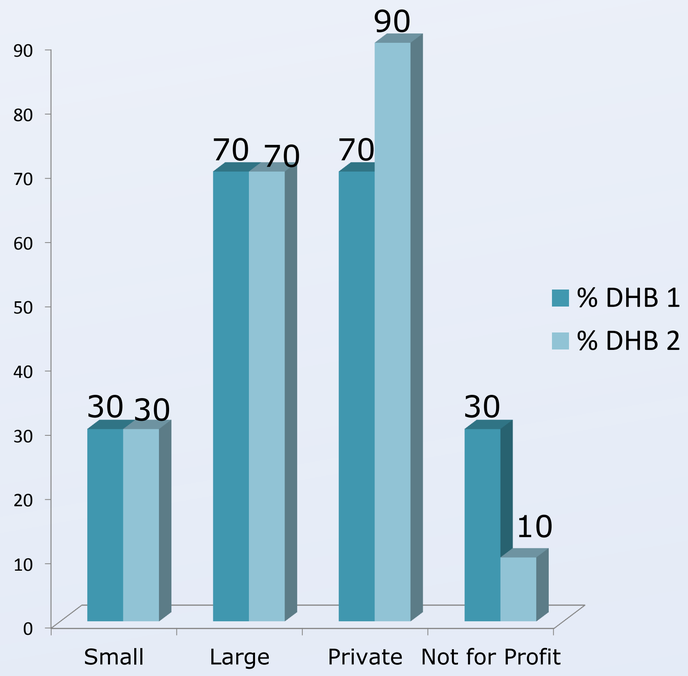
New Zealand has the highest number of reported deaths in residential aged care (RAC) (38%)(1)

An increasing proportion of resident deaths are the result of chronic diseases, known to benefit from a palliative approach to care.(2) Previous research indicates that RAC staff members are often unprepared for their role in palliative care provision.(3) Addressing the palliative care skills deficit of RAC staff has been identified as of critical importance to delivering quality healthcare in this setting both in New Zealand and internationally.

Method

Survey of 162 clinical staff to explore palliative care experience and education as well as measures of psychological wellbeing in 20 aged care facilities in two district health boards (DHB's).

Facility Overview



Staff Overview

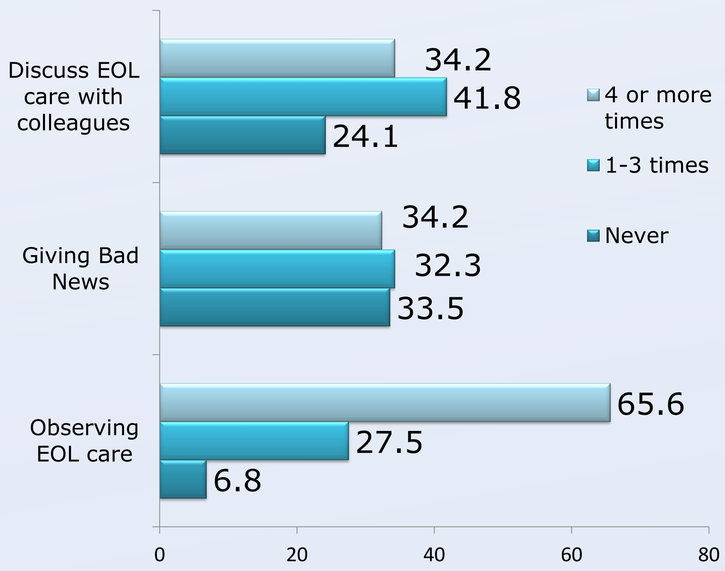
- ***Gender & Age:*** The majority were women (85% DHB1/ 96% DHB2) and on average 39 years old.
- ***Ethnicity:*** Survey participants most often reported "other" (35%) for ethnicity. This most often included Filipino and Asian ethnic groups.
- ***Role:*** The majority of participants were Healthcare Assistants (55% - DHB 1, 71% - DHB 2) followed by registered nurses (28.4% - DHB 1, 16% DHB 2).
- Managers, senior nurses and allied health professionals represented fewer than 4% of staff in each district health board.
- ***Language:*** The majority of participants in both DHB's reported English as a second language (ESOL)(74% DHB1/ 79% DHB2).

Palliative Care Education & Experience

Have you had previous palliative care education?

- Education was most often delivered by the local hospice (28.4%) or the RAC facility (14.2%).
- Education was most often under two hours in length (19.8%).
- Most staff would like further palliative care education (78.4%).
- RN's more likely to have palliative care education than Healthcare Assistants x^2 (2, N= 157) = 16.19, p < .001

End of Life (EOL) Experience



- ESOL staff less likely to discuss resident EOL care with colleagues.
- Palliative care delivery confidence score (average score of 6.98 on a 1 to 10 scale)
- Preparedness to deliver palliative care (average score of 3.24, on a 1 to 4 scale) for the delivery of palliative care.
- Staff with previous palliative care education recorded significantly higher palliative care delivery confidence scores ($\bar{x}$= 7.40, SD = 1.77) compared to those staff with no previous palliative care education ($\bar{x}$= 6.17, SD = 2.15), t(151) = 3.74, p = .000.

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Psychological Wellbeing

- Above average scores for Psychological Hardiness (personality structure that functions as a resistance resource in stressful conditions).(4)
- Above average scores for Psychological Empowerment (sense of perceived control).(5)
- Average burnout score of 2.61 which indicates danger signs of burnout.(6)

Roughly 20% of staff across both DHB's reported they were very likely to leave employment.

Factors that combat burnout

- Significant inverse relationship between Psychological Hardiness and Burnout (r^2= -.42)
- Significant inverse relationship between preparedness to deliver palliative care and burnout (r^2= -.24)
- Significant positive relationship between palliative care delivery confidence and psychological empowerment(r^2= .43)

What does it all mean?

Having a 'tool kit of coping strategies' in place is crucial to protect against burnout.

Both psychological empowerment beliefs and hardiness may be increased with palliative care education.(7)

Any education must be tailored to develop and support internal psychological resources.

The goal of such education would be to change how individuals perceive and respond to stressors.

Debriefing recommended for each death that occurs within the facility, facilitated by a hospice palliative care nurse specialist in partnership with a senior nurse from within the facility.

Results point to the need for the implementation of a new reciprocal learning model between Hospice and RAC to improve palliative care delivery.

Evaluation of a new model Supportive Hospice and Aged Residential Exchange (SHARE) is currently underway in Auckland in collaboration with Mercy and North Shore hospices.(8)

References

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