

What factors predict the confidence of palliative care delivery in long-term care staff? A mixed-methods study

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Background: Palliative care delivery has become central to the role of healthcare staff in long-term care internationally. Yet research has indicated that clinical staff in long-term care often lack self-confidence in palliative care delivery.

Objectives: This study 1) examined the impact of age, palliative care education, palliative care work-related experience and psychological empowerment on perceived confidence in palliative care delivery for long-term care staff and 2) qualitatively interpreted the social reality which shapes each of the predictors of palliative care delivery confidence for long-term care staff.

Setting: Twenty long-term care facilities in New Zealand.

Method: Utilising an explanatory sequential design, the current study includes: 1) a cross-sectional survey with a convenience sample of 139 clinical staff conducted in 20 long-term care facilities and 2) individual semi-structured interviews with a purposive sample of six clinical managers, 15 registered nurses and 18 healthcare assistants who cared for residents in their last month of life. Quantitative data analyses included descriptive and inferential statistics including hierarchical multiple regression. Qualitative data generated from the semi-structured interviews drew on constructivist grounded theory approaches for the analysis.

Results: Results of the quantitative analysis indicate that older age, ($\beta = .349$) previous experience ($\beta = .298$) and psychological empowerment ($\beta = .291$) are the most important predictors of palliative care delivery confidence. Findings from the analysis of semi-structured interviews revealed four themes as underlying factors impacting on palliative care delivery confidence, namely: 1) mentorship by hospice nurses or colleagues 2) contextual factors such as organizational culture, resources, death experience 3) maturity and 4) formal education.