Improving End of Life Care in Long Term Care Facilities: Perspectives of Providers

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Context
Barriers to optimal end of life care for elderly residents of long term care facilities have been described, although few pertinent studies have been in the Canadian healthcare context. In addition, few studies have focused on gathering data to inform strategies for overcoming these barriers.

Aim
Deeper understanding of challenges in end of life care for elderly persons in long term care within the Capital District Health Authority (CDHA) of Nova Scotia, Canada. Elicit proposed solutions from healthcare providers to overcome these challenges.

Method
Design
Qualitative methodology. Four homogeneous focus groups: 1. Medical Directors 2. Directors of Care or Nurse Managers 3. Registered Nurses or Licensed Practical Nurses 4. Continuing Care Assistants or Personal Care Workers

Setting
Participants recruited from all 20 long term care facilities within CDHA, the most populous health authority in Nova Scotia (see map).

Recruitment
Administrators approached via telephone and/or e-mail and asked to assist with recruitment of healthcare providers.

Focus Group Format
Presentation
Summary of literature describing barriers to optimal end of life care in long term care.

Analysis
Thematic analysis of audio taped focus group transcripts was performed, involving coding, categorizing and theme identification.

Results
Themes and subthemes
Four main themes emerged from the data:
- Mindset in keeping with philosophy of palliative care, where treatment emphasis shifts towards prevention and relief of suffering, pain and other physical, psychosocial and spiritual problems associated with life-threatening illness (see example 1).
- Health service organization supportive of palliative care (see example 2).
- Alliances between residents, family caregivers and healthcare providers (see example 3).
- Complex inter-relationships also exist between these themes, as indicated by the double arrows between them.

Examples of qualitative quotes:
- Example 1: "There are an awful lot of people out there who haven't come to terms with mortality of any kind... and they want to die or die to live on; anyway, regardless of how much money they're in... and sometimes they're quite unreasonable. "...It's a fact that we are going to care for families with disabilities and that we're going to care for them."
- Example 2: "I still find that there are nurses who are afraid to give that last dose of morphine. It's still a mentality that they hold, and it's really hard to get through to the other aids."

Examples of participant quotes:
- Example 3: "It's breaking the gap between physicans, families, nurses, caregivers, and you can really see, as a manager, as a program nurse, how everybody can be on the same page and ultimately provide that ultimate end-of-life care."
- Example 4: "But it was getting everyone involved so that it wasn't just doing it or doing it on its own... everyone felt that same concern... that they made the consultations and they talked with family, talked with the unit, and worked with the staff who were there and it was decided that this was the time."

Participants
Type of Health Care Provider or Group
- Medical directors: 9
- Nurse managers/directors of care: 6
- Registered nurses/licensed practical nurses: 8
- Continuing care assistants/personal care workers: 11

Number of Participants
- Urban: 12.5
- Rural: 8

Employed at: Urban and Rural Facilities
- Urban: 12.5
- Rural: 8

Median years of experience
- Urban: 15
- Rural: 8

Graphs
- Figure 1: Thematic Framework. Four principal themes and their proposed hierarchical relationships.
- Figure 2: Subthemes of Consensus
- Figure 3: Subthemes of Competence

Conclusions
Canadian long term care facilities face barriers to optimal end of life care similar to those described in other nations. There were many themes representing necessary, but not sufficient factors associated with optimal end of life care in long term care facilities. These themes had complex inter-relationships. Health service interventions for improvement of end of life care in long term care facilities should target the major themes.

1. Prerequaling a mindset in keeping with palliative care.
2. Appropriate organization of health services.
3. Consensus and alliances between residents, family caregivers and healthcare providers.
4. Fostering end of life care provider competence.