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Original Study

Hospice in the Nursing Home: Perspectives of Front Line Nursing Home Staff



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A B S T R A C T

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Objective: Use of hospice has been associated with improved outcomes for nursing home residents and attitudes of nursing home staff toward hospice influences hospice referral. The objective of this study is to describe attitudes of certified nursing assistants (CNAs), nurses, and social workers toward hospice care in nursing homes.

Design, setting, and participants: We conducted a survey of 1859 staff from 52 Indiana nursing homes. **Measurements:** Study data include responses to 6 scaled questions and 3 open-ended qualitative prompts. In addition, respondents who cared for a resident on hospice in the nursing home were asked how often hospice: (1) makes their job easier; (2) is responsive when a patient has symptoms or is actively dying; (3) makes care coordination smooth; (4) is needed; (5) taught them something; and (6) is appreciated by patients/families. Responses were dichotomized as always/often or sometimes/never.

Results: A total of 1229 surveys met criteria for inclusion. Of the respondents, 48% were CNAs, 49% were nurses, and 3% were social workers; 83% reported caring for a nursing home patient on hospice. The statement with the highest proportion of always/often rating was 'patient/family appreciate added care' (84%); the lowest was 'hospice makes my job easier' (54%). More social workers responded favorably regarding hospice responsiveness and coordination of care compared with CNAs ($P = .03$ and $P = .05$, respectively).

Conclusions: A majority of staff responded favorably regarding hospice care in nursing homes. About one-third of nursing home staff rated coordination of care lower than other aspects, and many qualitative comments highlighted examples of when hospice was not responsive to patient needs, representing important opportunities for improvement.

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In the United States, nearly a quarter of deaths occur in nursing homes.¹ Despite this, researchers have found gaps in end-of-life care in nursing homes, including pain and symptom management and advance care planning.^{2–6} One strategy to improve care for dying residents is the involvement of hospice providers.⁷ Hospice provides services, which may not be available in a nursing home, such as specialized knowledge of symptom management, and spiritual

support for residents and families. Evidence suggests use of hospice can improve outcomes for nursing home residents (eg, better pain management, less re-hospitalization, greater family satisfaction).⁸ Higher intensity of hospice use has also been associated with improved end-of-life care processes in nursing homes.⁹ Over the past few decades, there has been dramatic growth in hospice use by nursing home residents.¹⁰ Despite this growth, however, hospice may still be underutilized.^{11,12} Based on Medicare claims data from 2006, 67% of nursing home decedents die without ever receiving nursing home hospice.¹⁰ Late referrals also may limit the impact hospice has on quality of care at the end of life; in 1 analysis, nearly one-quarter of nursing home hospice residents received hospice for a week or less.

Nursing home residents with a prognosis of 6 months or less can receive care under the Medicare Hospice Benefit, but when the benefit is activated the nursing home remains responsible for the

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resident's day-to-day care needs. Communication between hospice providers and nursing home staff regarding the resident's care is critical, especially around a decline or change in status. Relationships between nursing homes and hospices function best when there is open communication and collaboration in resident care planning.¹³

Attitudes toward hospice care held by nursing home staff are known to impact referrals to hospice for nursing home residents.¹⁴ Nursing home staff with negative attitudes about hospice may be less receptive to hospice involvement. Many factors may influence staff perceptions of hospice, including beliefs about hospice, a sense of territorialism, or prior experience with hospice providers at work or in their personal lives. Relationships between hospice providers and nursing homes are strained when the nursing home staff feels hospice does not provide a valuable service to residents or they do not understand the role of hospice in the nursing home.¹³

A recent Canadian study examined attitudes of a variety of long-term care workers toward end-of-life palliative care and death. They found that these workers had an overall positive attitude toward palliative care in long-term care, and most respondents felt they had a responsibility to help residents prepare for death.¹⁵ The authors suggest that attitudes toward end-of-life care may be more related to the worker's training and education as opposed to exposure to taking care of dying residents. A recent Dutch study found that a majority of nursing staff, including those in nursing homes, want involvement in end-of-life care decisions; respondents felt that patients may prefer to discuss end-of-life care with nurses and that physicians relied on nurses' opinions about care of terminally ill patients.¹⁶

In the United States, end-of-life care in nursing homes is often provided by outside hospices. Attitudes toward hospice among nursing home staff are not well described; this study was designed to gather information about their opinions regarding hospice and palliative care. We describe findings from a survey of 1859 clinically trained nursing home employees from 52 rural and urban mid-west nursing homes. We compared attitudes about hospice by position because social workers (SWs), nursing staff, and certified nursing assistants (CNAs) work with both nursing home residents and hospice providers in different capacities, and have varied education and training backgrounds. We present the results of staff answers to questions about hospice in the nursing home, as well as illustrative quotes from qualitative data to present a fuller picture of attitudes toward hospice.

Methods

This study was approved by an Institutional Review Board. The intent of this voluntary survey was outlined in an introductory cover letter, which stated that completion of the survey indicated consent to participate.

Sample and Survey Administration

Employees from 52 Indiana facilities, representing 2 nursing home chains, were asked to complete an anonymous survey about their practices, knowledge, and opinions regarding palliative and hospice care in May–June of 2012. Surveys were distributed by research personnel to facility staff in the following roles: CNAs, nurses [which included both licensed practical nurses (LPNs) and registered nurses (RNs)], SWs, (which consisted of Licensed Clinical Social Workers [LCSWs], Master of Social Workers [MSWs], or anyone designated by the facility to work in that capacity), or "other." An overall response rate of 71% was calculated based on the total number of staff given an opportunity to complete the survey. The survey was administered on paper during regularly scheduled staff meetings and used an online survey tool.

We received 1859 surveys, 432 (23%) of which were excluded because of missing information on job role, a key study variable. Of

these incomplete surveys, 81% answered no hospice questions and 95% were missing all demographic variables. Of the completed surveys, we excluded 198 surveys (14%) where the staff position indicated was "Other" as this category could represent a multitude of job positions, including some not involved with direct resident care. Thus, 1229 (86% of the completed surveys) surveys were available for analysis; of these, 17% did not indicate that they had cared for a nursing home resident on hospice and, therefore, were not prompted to answer the hospice questions.

Survey Data Collection

Study data included information from 6 scaled questions and 3 open-ended prompts, part of a larger survey on palliative care knowledge and practices. Questions were developed through conversations with nursing home staff and leadership regarding experiences with hospice, as well as consultation with experts in the field. Prior to survey administration, the questions were piloted with 5 staff members, 3 CNAs and 2 LPNs, at 1 nursing facility for readability and understandability. Respondents were first asked whether they had taken care of a resident on hospice in the nursing home and, if so, whether hospice (1) makes their job easier; (2) is responsive; (3) care coordination is smooth; (4) is needed; (5) has taught them something; and (6) is appreciated by patients/families. Responses were dichotomized into 2 categories: always/often or sometimes/never. Responses of always/often indicate a more positive attitude toward hospice. Respondents also provided demographic information including age, race, and sex.

Qualitative data were collected from free text responses to the following prompts: "Describe a positive experience taking care of a dying patient;" "Describe a negative experience taking care of a dying patient;" and "Any other thoughts or concerns regarding palliative care, comfort care and hospice in nursing homes?" All survey respondents had the opportunity to answer the qualitative questions.

Analysis

Descriptive statistics were calculated for each position as well as the full sample. Multiple logistic regression models were used to compare the association between a respondent's position and the response of often/always with each of the 6 quantitative hospice questions. All models were adjusted for age and length of time working in nursing homes. Post hoc pairwise comparisons were conducted for statistically significant findings using Tukey's method. Observations missing either the outcome or covariates were excluded from the model on that outcome only.

Using the open-ended responses, we identified responses that referenced hospice care. We categorized these responses by the participants of the 6 quantitative questions.

Results

Table 1 shows the characteristics of 1229 survey respondents in the analytic sample, including their positions: CNAs (48%), nurses [which included 411 LPNs and 188 RNs (49%)] and SWs (3%). Staff in all positions were predominantly female (93%) and white (76%). Overall, most staff had either worked in nursing homes between 6 months and 5 years, or over 10 years. Very few had worked less than 6 months, particularly SWs and nurses. Most SWs had worked 5–10 years or over 10 years. The majority of the staff was ≤50 years of age. CNAs were the youngest group, with 56% being between 18–30 years old.

Of the total analytic sample, 83% (n = 1014) reported that they had cared for a nursing home resident enrolled in hospice. There were 87 (7.1%) who did not answer the question and 128 (12.6%) reported that

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