Research Project Report - Brief Summary – Phase 2

Supporting Long Term Care Residents throughout the Dying Process: Understanding and Addressing Related Health Care Provider Stress

Team Members: Principal Investigator Dr. Paddy Rodney
Co-Investigator & Team Leader Kit Chan, Co-Investigator & Research Coordinator Anne Leclerc
& Co-Investigators Karen Pott, Chris Bernard, Annes Song & Dr. Joseph Puyat

Introduction to Project Phases

➢ Phase 1 funded by PHC Interdisciplinary Research Challenge Aug 2015 - Completed Jan 31, 2017
  Web link: http://professionalpractice.providencehealthcare.org/ltc-team-support
➢ Phase 2 funded by WorkSafeBC Innovation at Work Research Grant - Completion date of Oct 31, 2018

Background for Studies

Observed increase in stress and distancing behaviours in staff:

❖ Dealing with increasing numbers of resident deaths
❖ Number of Resident Deaths across PHC 5 sites: 2009: 140 (20%); 2013: 221 (35%)
❖ Increasing complexity of care and resident frailty
❖ Insufficient knowledge of how to support families of dying residents
❖ Feeling of insufficient time and resources to deliver safe, compassionate and ethical care

Purpose

To explore:

➢ how residential care facility team members are affected by the increasing number of deaths of the residents they are looking after
➢ strategies team members would find helpful in supporting them to cope with resident deaths
➢ how these strategies can be incorporated into the ongoing work of the PHC’s five residential care facilities and beyond

Study Design & Data Collection

➢ A Qualitative Research Study consisting of Individual Interviews and Focus Groups
➢ Conducted at the 5 PHC Residential Care Sites between June 2017 and April 2018
➢ PHCRI Behavioural Research Ethics Approval March 2017 with approval extended to March 2019
➢ Invited Participants included all interdisciplinary clinical care team members working in all 5 PHC Residential Sites

Data Analysis

➢ 13 Individual Interviews + 57 Participants attended 1 of 10 Focus Groups
  ✓ TOTAL: 70 Participants
Findings

➢ Demographics
❖ More than 70% of the participants for both individual interviews and focus groups were over 45 years of age
❖ Majority of disciplines working in PHC LTC sites were represented
❖ Over 74% of the participants have worked at PHC LTC sites for more than 5 years
❖ Most of the participants worked exclusively at one of the 5 sites

➢ Our Strengths at PHC
❖ A loyal committed workforce; high standards of care; patient-centered & values-driven; result of Phase 1 study showed Low Depersonalisation and High Personal Achievement levels in participants

➢ Key Challenges and Action Planning Themes

Recommendations

➢ For Self
❖ Self care focus; self awareness and mindfulness
❖ Take time to say goodbye
❖ Take time to debrief and reflect

➢ For the Team
❖ Focus on building relationships, being “on the same page” (team, families and residents)
❖ Need time and resources to give comfort to residents and families, and do ‘little things’ that count
❖ Support families – early on (during ‘move-in’) and regularly after
❖ Utilize and promote need for palliative care resources
❖ Increase use of Spiritual Health Services
❖ Increase comfort with end-of-life conversations

➢ For the Organization
❖ Continue to foster supportive leadership and promote a culture of safety
❖ Focus on effective communication – internal & with external stakeholders (acute & community)
❖ Supplement/expand/advocate for resources as able – time & space; spiritual, palliative, physician; increase staffing when someone is actively dying; revisit need for in-house PHC psychosocial support for staff; grief groups at sites
❖ Provide regular coaching and training for staff and volunteers on death and dying, and having difficult conversations
❖ Provide expanded learning resources for families
❖ Recognize and acknowledge the unique role and stressors facing residential care staff in caring for dying residents

➢ For Higher Learning/Professional Organizations
❖ Enhance emotional preparation of learners - for coping with resident deaths
❖ Educate on palliative care approach and dementia as terminal illness
❖ Promote residential care as specialist area of healthcare

Acknowledgements: Providence Health Care (PHC) Residential Staff and Physicians, PHC Administration, PHC Leadership and Eldercare Director Ms. Jo-Ann Tait, PHC Practice-based Research Challenge Committee and Ms. Aggie Black, WorkSafeBC-Innovation at Work Research Grant and Ms. Deepani Weerapura, CHEOS, HSSBC Payroll, UBC School of Nursing, BCNU, HSA, and our Research Assistants (Jeff Yu, Laura Gall, Nora Abdoh, Shazbeen Ali, Nassim Adhami, Brenda Sawatzky-Girling, Anica Villamayor, Aaron Sihoe, Keara Graham and Maggie Horner).

September 20, 2018