Caring for Long Term Care Residents throughout the Dying Process:
An Exploratory Study to Understand Related Interdisciplinary Care Team Stress

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Background/Rationale for Study

- Dealing with increasing numbers of resident deaths
- Observed increase in stress and distancing behaviours in staff
- 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
Research Questions

1) How are interdisciplinary care team members in PHC residential care facilities affected by the death of the residents they are looking after?

2) What do interdisciplinary care team members in PHC residential care facilities find helpful in supporting them to cope with resident deaths?
Methods

- Quantitative, non-experimental descriptive design
- Surveys sent to 577 staff (attached to paystubs)

Survey included
- Demographics
- Open-ended Descriptive questions
- Maslach Burnout Inventory:
  - Emotional Exhaustion (EE)
  - Depersonalization (DP)
  - Lack of personal accomplishment (PA)
Results

- 203 staff returned the survey (35% Response Rate)
- More than 50% of the participants reported having Moderate to High Levels of Emotional Exhaustion
- Statistical significance between Gender and High Emotional Exhaustion
- Statistical significance between Emotional Exhaustion and Number of Deaths Experienced
- Scores show a low level of Depersonalization, even when staff have experienced high numbers of deaths
Feelings of Angst and Distress

- “Caring for a person who is dying is a roller coaster of emotion”
- “Some die peacefully, others suffer and they die slower. That is what is painful for the care workers and their families”

Feelings of Sadness and Tiredness

- “We have become attached to them like families. You know them like your own, you cry, you feel the loss.”
- “I feel exhausted, no appetite, light-headed, headache...”
Personal Reflections shape experiences...

- “With each death our own losses become fresh like a film in front of our eyes”
- “Is this the way I will die too? Will my family take care of me?”
- “Sadness as I reflect on my own aging + mortality + the aging of my parents, soberness of the fragility of life”

Everyone on the Same Page Matters...

- “Importance of helping families through this process”
- “Some family members can’t accept that their loved ones are dying”
- “The ID team if all working together, will truly make a difference”
Seeking Privacy and Respect

For resident and families..

 “This should be a process driven by the needs and desires of the resident and family who have been well supported and informed with dignity and privacy preserved”

For staff...

 “NO TIME to breathe and mourn the loss”

 “Recognizing us as we go through this….not just as us (doing )a job, but also as people who feel and are human beings”

 “I need rest and go to a private place to process but usually don’t get the opportunity…”
Matching Resources to Needs

- “No one should die alone”
- “I feel drained and helpless when I can’t even provide comfort to the family and to be at the bedside with my dying resident because I have to do other work.”

Reaching Towards Acceptance

- Spirituality… acceptance of the life cycle…peaceful death easier to accept…resilience can be developed…
- Feelings of accomplishment:
  - “It’s my pleasure to walk along side with the resident in the end stage of their life”
Discussion & Recommendations

- Increase awareness of Palliative Approach
  - Pain-free & peaceful death for resident
- End-of-Life Care Education: for staff & family
- Better communication: informed team & family
- Time for staff to reflect/grieve/process
- Increase access/provision of Pastoral care
- Adequate Resources: time, staffing, space
- Organizational Acknowledgement
- Further research (Worksafe project)
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