



## 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**
  - 1). Differing Expectations, 2). Communication, 3). Acknowledgment, 4). Support and 5). Education

## 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

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