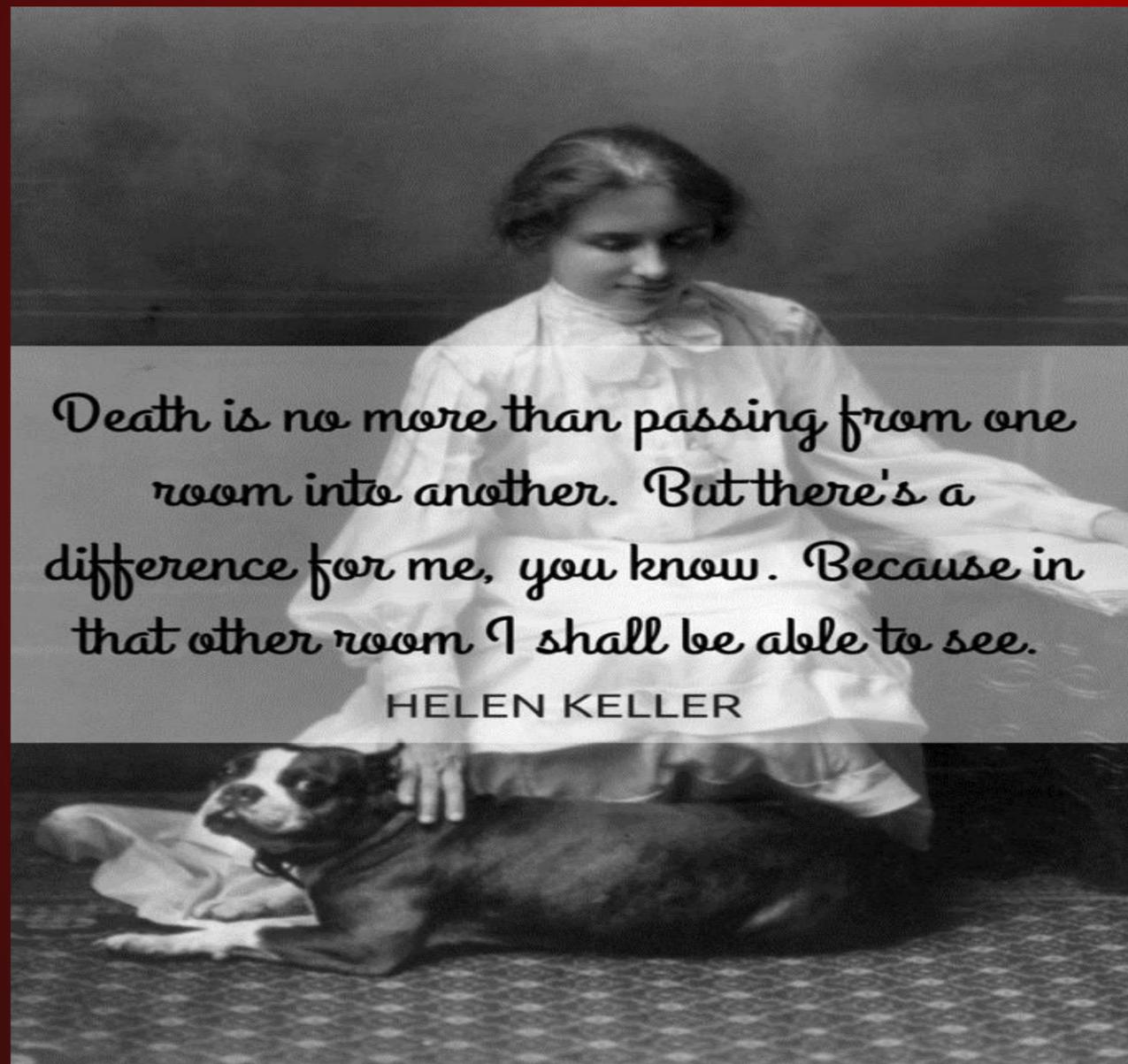
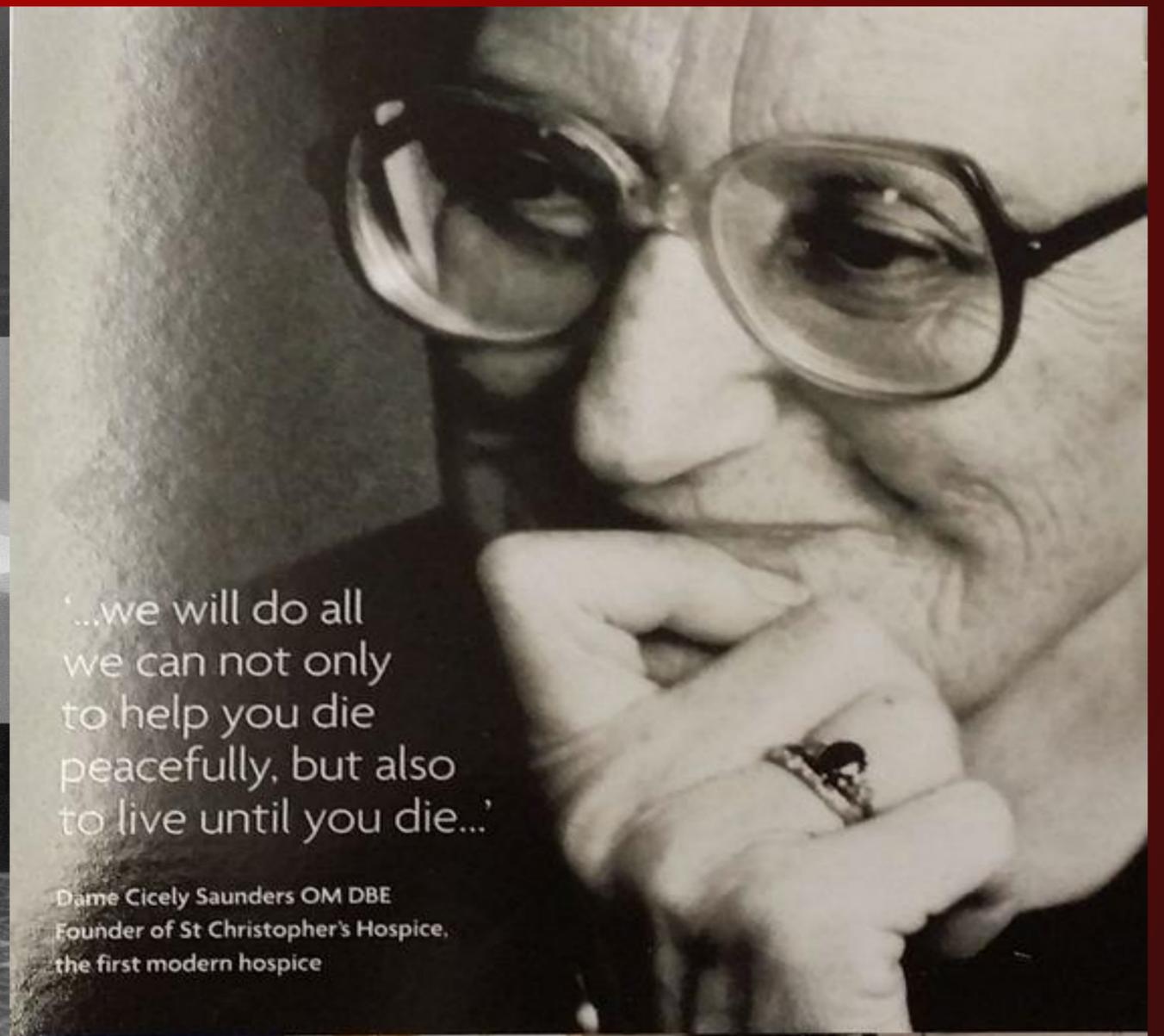


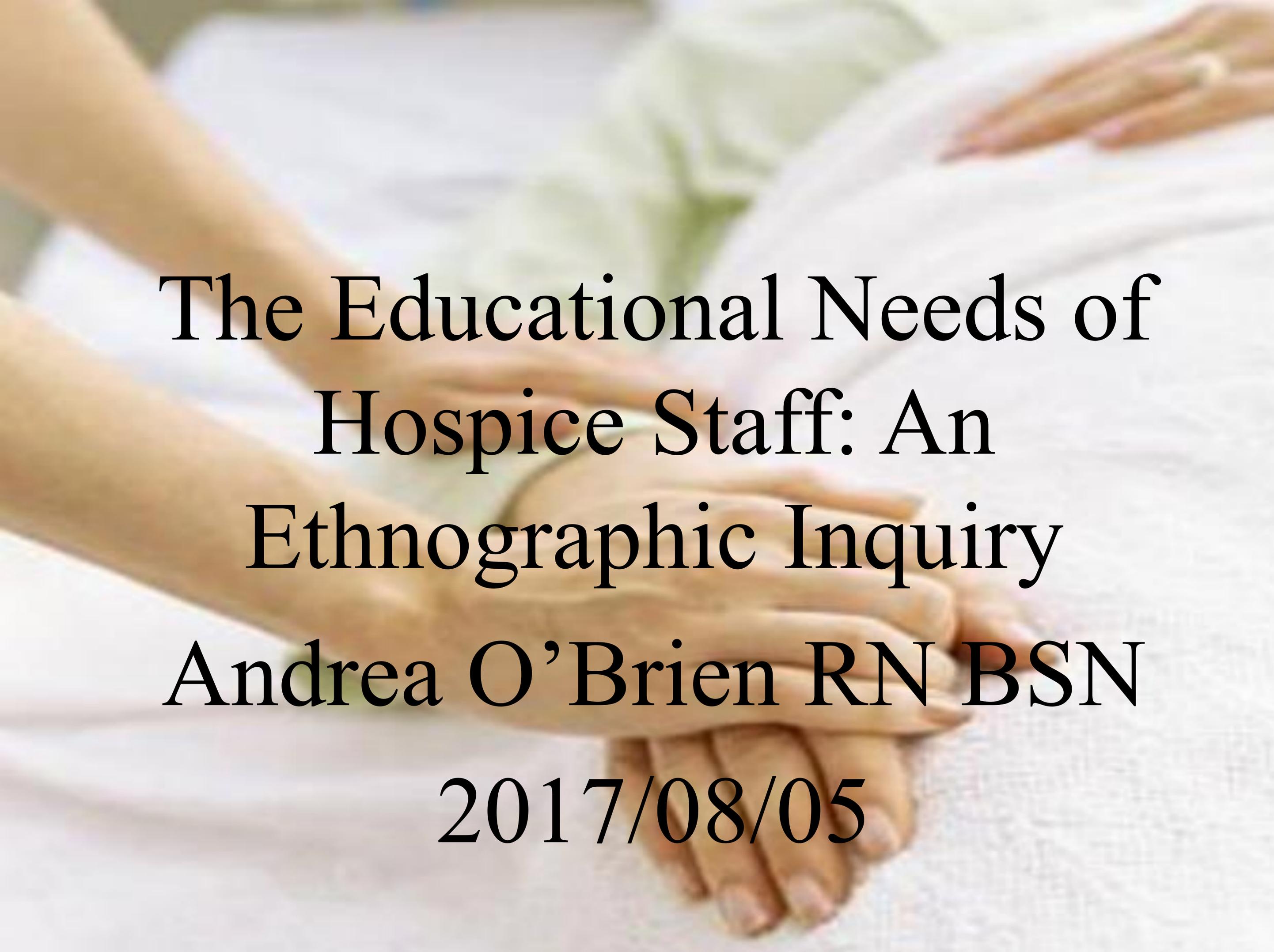
# Comprehensive Hospice Care

## Dying with Dignity



## Hospice Care





The Educational Needs of  
Hospice Staff: An  
Ethnographic Inquiry

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# Background

- Hospice care encompasses the physical, psychosocial, and spiritual dimensions of the resident and family (World Health Organization, 2013).
- Expertise of health professionals is foundational to manage these complex needs. There is evidence that hospice care teams have a positive effect on residents symptoms, length of stay, patient/family satisfaction, and costs (Carstairs, 2010).

# Background

- Therefore, team members must be clinically competent in their discipline and be committed to improving their practice through ongoing education. However, inconsistencies in staff knowledge and education in hospice care have been noted in Alberta (Alberta Health Services, 2014).
- An international literature review revealed professional staff knowledge deficits in 6 key areas (Kehl, 2014; Ly Thuy, Yates & Osborne, 2014; Murray, Fiset, & O'Connor, 2004).

# Research Gap:

- The knowledge deficits/educational needs of the hospice staff in Calgary have not currently been researched in any of the 7 area hospices.
- The knowledge deficits/educational needs of the Palliative Home Care Team have not currently been researched.

# Literature Review:

- An international literature review revealed professional staff knowledge deficits in 6 key areas (Kehl, 2014; Ly Thuy, Yates & Osborne, 2014; Murray, Fiset, & O'Connor, 2004).
- **1) Pain**
- **2) Symptom Management**
- **3) Difficult Discussions: Death & Dying**
- **4) Psychosocial Care**
- **5) Culturally Sensitive Care**
- **6) Spiritual Care**

# Purpose:

- Determining ways that the culture of hospice can shape the educational needs of professional staff.
- Identifying the educational needs of hospice staff, obtaining rich data regarding hospice culture, and the influence of this culture on staff education
- This knowledge can provide information for staff education, promote evidence-informed practice (EIP) and ultimately, improve patient care.

# Importance of the Study

**Imagine you or your loved one has been diagnosed with:**

- A terminal illness such as cancer with metastases
- An end stage chronic condition such as heart or lung disease
- A neurodegenerative condition such as Amyotrophic Lateral Sclerosis often referred to as ALS
- Or your grandparent has become so elderly and frail that they required hospice care as they approach the end of their lives.
- When faced with these difficult situations I'm certain that you would want hospice staff that were well educated regarding evidence-based interventions
- These interventions would provide optimal pain and symptom management and quality physical, psychological and spiritual hospice care.

# Rationale & Significance:

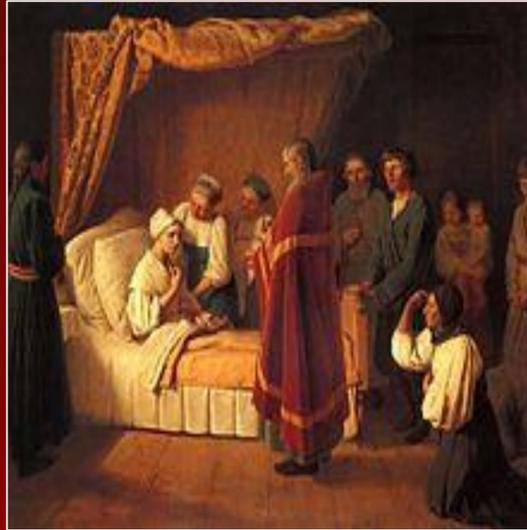
- Educational needs influenced by: hospice culture, and the knowledge and competencies of individual staff members.
- The study reveals ways the hospice leaders, staff, and residents interact.
- This creates a picture of hospice care and staff educational needs utilizing a cultural lens.
- Discovering solutions to hospice staff knowledge and interdisciplinary cultural deficits begins with clinical research describing the nature and scope of any deficiencies (Polit & Beck, 2012; Speziale et al., 2011).

**Research Question: How does hospice culture shape the educational needs of professional staff?**

**Research Method: Focused Interpretive Ethnography**

**Research Purpose:**

- 1) To study the educational needs of hospice staff and the hospice culture**
- 2) To provide information for staff education**
- 3) To promote evidence informed practice improving patient care.**

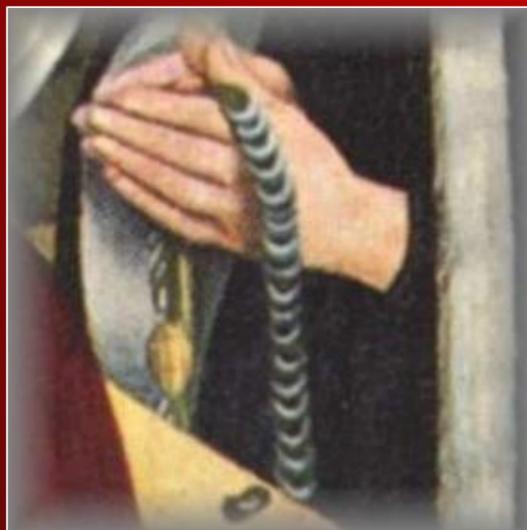
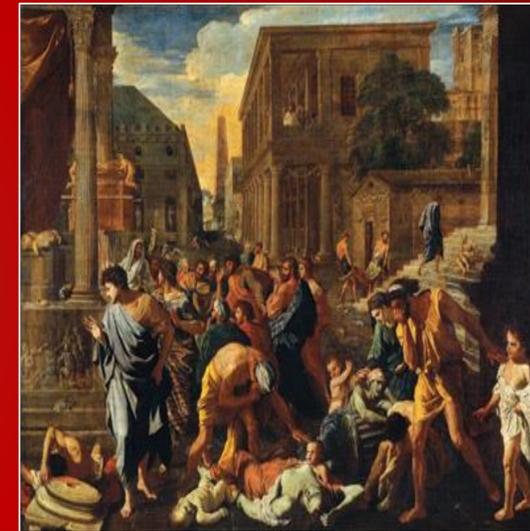


## Hospice Care:

- **Comprehensive care**
- **Patient & family centered philosophy of care**
- Last Rites: Alexey Venetsianov (Gray. R., 1999).

## Hospice Culture:

- **Multi vs interdisciplinary**
- **Catholicism/faith-based**
- **Ethnographic Inquiry**
- Litany of the Saints: Nicolas Poussin (Batschmann, O., 1999).



## Hospice Staff Knowledge:

- **Educational needs**
- **Competency**
- **Evidence informed practice**
- Rosary Prayer: Friedrich Herlin (Oellermann, E., 1991)

## **The Role of the Researcher:**

- To gain access to the field and attain the trust of the study participants, the researcher must be passionate about the topic, and open to learning from the participants.
- This openness fostered by the researcher can develop a rapport with the hospice team and allow for the thick descriptive research data to emerge during data collection
- The researcher engaging in this study will be involved in all aspects of the hospice culture and the ethnographic research process (Polit & Beck, 2012; Speziale et al., 2011).

## **Researcher Assumptions:**

- Assumptions are beliefs, pre-understandings, and perspectives of the researcher that can either enhance or bias research
- Arise from the researcher's education, professional training, clinical background or previous experiences (Polit & Beck, 2012).
- **Researcher assumes:**
- 1) Learning is not an individual enterprise but is affected by the learning environment, and as a result utilize a cultural, ethnographic lens for the study.
- 2) The current model of hospice education is not fully comprehensive and can benefit from improvement.
- 3) Changes in practice are achieved primarily through the acquisition of knowledge and behavior change.

## **Design/Research Tradition:**

- Focused interpretive ethnography
- Qualitative research methodology
- Interpretive cultural thematic analysis
- Analysis centering on a specific domain/theme (Roper & Shapira, 2000; Speziale et. Al., 2011).

# **Rationale for Choosing Ethnographic Design/Research Tradition:**

- **Legitimizes the study via multiple data collection methods:**
  - 1) Document reviews,
  - 2) Field notes describing hospice culture and staff educational needs
  - 3) Participant interviews
  - 4) Participant shadowing and observation (Roper & Shapira, 2000; Speziale et. Al., 2011).

## **Rationale for Choosing Ethnographic Design/Research Tradition:**

- **Increased study rigor (ensuring quality, trustworthy research) via:**
  - 1) Diversifying the timing of study observations
  - 2) Constant comparison
  - 3) The contrast of the data, and detailed descriptions of the participants and their relationships (Roper & Shapira, 2000; Speziale et. Al., 2011).

# What is Ethnography?

- Ethnography is an ancient research method used for centuries in anthropology (the study of cultures) and has now been applied to medical research (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).
- Ethnography describes human groups such as cultures, institutions and societies (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).

# Culture

- **What is culture?**
- Culture is the total way of life of a group and the learned behavior that is socially constructed and transmitted (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).
- Culture encompasses many aspects of human reality such as beliefs, thoughts, understandings, feelings, relationships and meanings derived from experiences (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).

# **Ethnographic Research:**

## **Six central characteristics:**

- Researcher as an instrument
- Fieldwork
- Cyclical nature of data collection & analysis
- The focus on culture
- Cultural immersion
- **Reflexivity:** The tension between researcher as a researcher and researcher as a new cultural member (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).

# What is Focused/Interpretive Ethnography?

- Aim is to discover the meaning of observed social interactions
- Ethnography is by nature analytic & interpretive rather than methodological.
- Interpretive Ethnographers are interested in studying culture by utilizing analysis of inferences and implications found in behavior (Speziale, Streubert, & Carpenter, 2011).
- Focused Ethnography fully examines a specific aspect of a particular culture such as staff educational needs (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).

# Philosophical Underpinnings of Ethnography:

- **Constructivism:**
  - 1) Multiple interpretations of reality.
  - 2) Goal of research is to understand how individuals construct reality within their own context/perspective.
  - 3) Cultural reality is a product of human intellect interacting with real world experiences.
  - 4) Constructivism is often associated with Qualitative Research (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).

## **Study Setting:**

- Calgary Alberta Canada
- Private Faith-based/Catholic Hospice (26 beds)
- Alberta Health Services Funding & Regulation

## **Study Recruitment & Sample:**

- Recruitment (4 weeks)
- Email
- 2-week reminder email
- Hospice team meeting presentation
- Posters placed throughout the hospice
- Incentive Coffee Card

## **Study Sample:**

### **Purposive sampling:**

- **Purposive sampling** is a nonprobability sampling method where:

The researcher selects participants based on their ability to be informative (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).

- 9 interdisciplinary staff participants were recruited.
- Recruited for interviews and observations over a 3 month period.

- **Data Collection (Two dimensional):**
- **1) Participant Interviewing, Shadowing & Field Notes:**
- 9 recruited participants
- Transcribed interviews
- Participant shadowing
- Field observations & notes
- Data coding (initial phase of data analysis)

## **Data Collection (Two dimensional):**

### **2) Comprehensive Hospice Culture:**

- Cultural observations
- Field notes
- Background documents
- Cultural artifacts (Cultural items such as documents/art).
- Cultural domains (Interdisciplinary team structure/hospice mission/values).
- Data coding (initial phase of data analysis)

- **Data Analysis:**
- **1) Ethnographic Analysis:**
- **Reflexivity** (Tension between researcher as a researcher and researcher as a new cultural member)
- **Embodiment** (Being in the hospice world in its entirety: thinking, seeing, hearing, feeling)
- **Emic View** (The cultural insiders view of the hospice reality)
- **Etic View** (The outsider or researchers view of the hospice culture)
- **Thematic Analysis** (A recurring regularity emerging from the study data) (Roper & Shapira, 2000; Speziale, Streubert, & Carpenter, 2011).

- **Data Analysis:**
- **2) Written Ethnography:**
- Describe study
- Document knowledge
- Synthesize themes
- Discover staff educational needs

## **Ethical Implications:**

- University of Calgary Research Ethics Board preapproval to ensure ethical adherence.
- Discussions with hospice leadership team prior to the study to reveal any potential ethical concerns.
- Informed consent from the study participants prior to interviews/shadowing.
- Verbal consent from hospice residents present during staff shadowing.
- Inform staff/hospice residents participation is voluntary.
- Human dignity will be maintained during the study(Speziale, Streubert, & Carpenter, 2011).

## **Issues of Trustworthiness:**

- Description of the rigor (insurance of quality) of a qualitative study.
- **4 components including:**
- Credibility (Prolonged method: Ethnography).
- Transferability (Data applicable to other hospice sites).
- Dependability (Multidimensional design of Ethnography).
- Confirmability (Audit trail with multilayered data collection and documentation) (Speziale, Streubert, & Carpenter, 2011).

**-Hospice Care in Alberta**  
**-Staff Educational Needs**  
**-Hospice Staff Culture**

**-Hospice Best Practice**

**-Evidence Based Hospice Practice**

### Hospice Care in Alberta



- Increasing need
- Knowledge deficits
- No prior studies

### Participants



- Hospice staff
- Diverse disciplines
- 1 year in hospice care

### Setting



- Catholic hospice
- New facility
- 26 beds

### Methodology



- Hospice culture
- Staff culture
- Ethnography

## **Themes found in Participant Interviews:**

### **Interdisciplinary Communication:**

- Heavy workload makes communication difficult.
- Occurs with all members of the interdisciplinary team.
- Is supportive & non-judgmental.
- Practices cultural sensitivity (mindfulness).
- All team members including physicians seek out feedback from others for optimal care and interventions.

## **Collaboration:**

- Work is as a team with all disciplines.
- Connected relationships (asking for help).
- Involves the community of volunteers (community engagement).
- Inclusivity (unconditional respect and regard for others).
- Heaviness of workload determines division of labor across disciplines.

## **Collaboration:**

Identified groups working closely together in hospice:

- Nurses invest time in educating volunteers.
- Nurses work closely with Resident Assistants (RA's) and families (alerting nursing staff to resident issues).
- Nurses rely on Nursing Educator for teaching and coaching.
- Social Worker works closely with the Chaplain.

## **Educational Needs:**

- Crosses all disciplines (learning together to provide the best care).
- Each discipline assesses unique knowledge gaps but learns together and from one another.
- Boundary issues are prevalent when disciplines learn together (boundaries blur and psychosocial care is delivered by many disciplines). (Volunteers discussed needing to understand delirium so they could recognize behaviors etc.).
- Learning needs can be self identified.

## **Educational Needs:**

- Learning needs also come from hospice leadership, educator, and resident surveys.
- Self-Care: A prominent learning need (caregiver fatigue).
- Relational care: Building trust, forming therapeutic relationships.
- How to approach suffering: Staff, residents & families.
- How to best obtain the resident narrative (stories of fear, pressing needs etc.).

## **Educational Needs:**

- Helping residents/families work through emotional and contradictory tensions (holding on and letting go when resident very ill).
- Educational needs are impacted by prevalent societal diseases (Amyotrophic Lateral Sclerosis (ALS)).
- Personal Directives are an educational need for the professional disciplines.

## **Educational Needs:**

- **Person/Family Centered Care:**
- Prominent in all hospice activities.
- Holistic Care (meeting all needs, physical, psychosocial, spiritual).
- Inclusivity (unconditional respect and regard for others even in resident rounds. Staff listen to each other. Physician is the last to speak).
- Relational Care: Building trusting relationships are at the forefront.
- Dignity conserving care provided with compassion and empathy.
- The staff model the values of the hospice.

## **Educational Needs:**

- **Creating a safe, inclusive environment to work in:**
- Personal growth and satisfaction is a goal.
- Having fun together (decompensation from emotionally charged work).
- Team building activities.
- Monthly meetings.
- Humor/laughter (Self-Care).

## **Important Participant Quotes:**

### **Psychosocial Care:**

“Supporting residents and families through multiple losses”

### **Symptom Management:**

“What kinds of symptoms are going to come up and how can I best manage those?”

### **Interdisciplinary Team Collaboration:**

“We all learn from each other and from the experience”

## **Limitations:**

- Small sample size: Single hospice.
- Faith-based site may limit generalizability to other hospices.
- Mixed methods study may have been superior (limited scope of the study).
- Individual bias (researcher & participant) as staff view social situations through their own cultural lens.

## **Knowledge Translation Plan:**

- Synthesis, dissemination and information exchange.
- Discuss findings with hospice leadership.
- Study results presented at Palliative Care Conferences.
- Include additional Calgary area hospices in the study in the future.
- Engage Taylor Educational Institute (U of C) to facilitate further knowledge exchange/advancement of the study.

## **Acknowledgements:**

- The hospice staff and study participants.
- Educational funding from Alberta Health Services.
- Educational funding from Alberta Registered Nurses Educational Trust (ARNET).
- Scholarships/Stipends from the University of Calgary: Faculty of Nursing, and Alumni Association.

## **Research Participants are needed:**

- We are recruiting professional staff members who have a minimum of 1 year of experience working in a hospice setting.
- The study involves observations of professional hospice staff in everyday practice and the sharing of hospice care experiences in 1:1 interviews to examine educational needs.

**For information regarding participating in this research contact:**

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**Participation in this study is completely voluntary.**

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