

# Changes in staff expectations, competence, and confidence in providing EOL care after launching a 2-year End-of-Life care pilot project in Care and Attention Home setting in Hong Kong

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# Background

- Tung Wah Group of Hospitals Shuen Wan Complex for the Elderly
  - Pao Siu Loong Care & Attention Home (PSLC&AH)
  - Wu York Yu Care & Attention Home (WYYC&AH)
  - Wu Chiang Wai Fong Care & Attention Home (WCWFC&AH)



Phases	Homes	Establishment	Capacity
I	PSLC&AH	June 1985	191
II	WYYC&AH	June 1994	255
III	WCWFC&AH	August 2002	203
			649

# Background II

- Surging demands on End-of-Life care services from elderly residents living in long-term care facilities
- launched a two-year End-of-Life (EOL) care project
  - June 2011 to May 2013
  - promote the **autonomy** of elderly residents on EOL care issues
    - offering them chances to formulate their **Advance Care Planning** ;
    - providing **intensive medical, nursing and psychosocial support** to elderly residents with end-stage diseases

# Background III

- A total of 17 EOL cases being recruited into the Project
- Apart from the core built-in project team, a part-time Medical Officer, a Project Manager and a Project Officer , all other staffs are engaged in the project in three Phases

## Phase 1

- EOL care seminars
- Case screening
- Workshops/site visits
  - Physical care
  - Psychosocial care
  - Spiritual care

## Phase 2

- Provision of EOL care together with the project team
- Attending meetings
- Debriefing sessions

## Phase 3

- Good practice consolidation
- Staff focus group

# Objectives

- To examine impacts of EOL project implementation on formal care workers on their
  - attitudes and expectations on EOL care
  - perceived competence and confidence in providing EOL care to elderly residents residing in Care & Attention Homes
- Over a period of 22 months

# Methodology

- Quantitative survey
  - Voluntary and Anonymous
- Sample
  - All staffs in three C & A homes
  - Baseline (T0)
    - N=135 (54% professional staff)
  - 22 months after project implementation (T22)
    - N= 218 (33% professional staff)
- Measures
  - Attitudes and expectations on EOL care (35 items)
  - Perceived competence
    - 21 items for professional staff
    - 18 Items for non-professional staff
  - Perceived confidence (1 item)

# Sample Characteristics I

## Professional Staff

	T0		T22	
			Pre-test : Yes	Pre-test : No
	<u>Freq. (%)</u>	<u>Freq. (%)</u>	<u>Freq. (%)</u>	<u>Freq. (%)</u>
N	73	28	39	
Gender (Female)	62 (84.9)	24(85.7)	30(76.9)	
Age				
29 or below	18 (24.7)	5(17.9)	24(61.5)	
30-39	20 (27.4)	7(25.0)	6(15.4)	
40-59	22 (30.1)	9(32.1)	6(15.4)	
50 or above	13 (17.8)	7(25.0)	3(7.7)	
Religion				
No religion	39 (53.4)	17(60.7)	21(53.8)	
Chinese Traditional Beliefs/ Buddhism/ Daoism	6 (8.2)	1(3.6%)	2(5.1)	
Christian/ Catholics	28 (38.4)	8(28.6)	12(30.8)	



# Sample Characteristics II

	Professional Staff		
	T0	T22	
		Pre-test : Yes	Pre-test : No
	<u>Freq. (%)</u>	<u>Freq. (%)</u>	<u>Freq. (%)</u>
Year of working in elder care field			
Less than 1 year	5 (6.8)	0(0.0)	6(15.4)
1-5 year(s)	20 (27.4)	10(35.7)	18(46.2)
6-10 years	25 (34.2)	8(28.6)	7(17.9)
More than 10 years	23 (31.5)	10(35.7)	8(20.5)

# Sample Characteristics III

	Non-professional Staff		
	T0	T22	
		Pre-test : Yes	Pre-test : No
	<u>Freq. (%)</u>	<u>Freq. (%)</u>	<u>Freq. (%)</u>
N	62	38	79
Gender (Female)	58 (93.5)	37(97.4)	75(94.9)
Age			
29 or below	7 (11.3)	2(5.4)	11(13.4)
30-39	9 (14.5)	4(10.8)	11(13.4)
40-59	22 (35.5)	8(21.6)	25(30.5)
50 or above	24 (38.7)	23(62.2)	35(42.7)
Religion			
No religion	24 (38.7)	19(51.4)	49(61.3)
Chinese Traditional Beliefs/ Buddhism/ Daoism	24 (38.7)	12(32.4)	20(25.0)
Christian/ Catholics	14 (22.6)	5(13.5)	10(12.5)

# Sample Characteristics IV

	Non-professional Staff		
	T0	T22	
		Pre-test : Yes	Pre-test : No
	<u>Freq. (%)</u>	<u>Freq. (%)</u>	<u>Freq. (%)</u>
Year of working in elder care field			
Less than 1 year	9 (14.5)	0(0.0)	8(9.8)
1-5 year(s)	15 (24.2)	7(18.4)	26(31.7)
6-10 years	16 (25.8)	9(23.7)	19(23.2)
More than 10 years	22 (35.5)	22(57.9)	29(35.4)

# Attitudes and Expectations on EOL Care I

## Total sample

	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=59)	T0 (n=62)	T22 (n=107)
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
<b>Attitudes and expectations</b>	4.25(0.40)	4.15(0.46) ↓	4.10 (0.39)	4.06(0.43) ↓

## Participants who participated the Pre-test

	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
<b>Attitudes and expectations</b>	4.25(0.40)	4.30 (0.32) ↑	4.10 (0.39)	4.12(0.38) ↑

# Attitudes and Expectations on EOL Care II

## Participate who participated in the Pre-test

	Very important / Important			
	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)
	%	%	%	%
Not to be kept alive on life support when there is little hope for a meaningful recovery 當長者的病情無好轉的希望時，他/她可以不使用儀器去維持生命	78.1	89.3 ↑	41.9	68.6** ↑
Elder/family member can be involved in decisions about the treatments and care that the elder received 長者及家人可以參與去決定長者的治療及照顧安排	89.0	100 <sup>a</sup> ↑	88.7	85.1 ↓

# Attitudes and Expectations on EOL Care II

## Participant who participated in the Pre-test

	Very important / Important			
	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
Elder/family member have a sense of control over decisions about the care 長者及家人感到他們能控制有關長者的照顧決定	68.5	92.6* ↑	54.8	68.7 <sup>a</sup> ↑
Elder is able to die in the location of his/her choice 長者可以在他/她所選擇的地方終老	83.6	96.3 <sup>a</sup> ↑	74.2	87.2* ↑

# Perceived Competence in EOL Care I

## Total sample

	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=59)	T0 (n=62)	T22 (n=107)
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
<b>Perceived competence</b>	3.41(0.61)	3.66(0.47) *↑	3.52 (0.56)	3.57(0.62) ↑

## Participants who participated in the Pre-test

	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
<b>Perceived competence</b>	3.41(0.61)	3.73(0.42) *↑	3.52 (0.56)	3.52(0.64)

# Perceived Competence in EOL Care II

## Participants who participated in the Pre-test

	Strongly agree/ Agree			
	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)
	%	%	%	%
Residential home is a better place than hospital for elders to spend their last days of life 院舍的環境比起醫院更適合長者終老	50.0	69.2 <sup>a</sup> ↑	49.2	41.2 ↓
My care have positive influence on dying residents' and families' experiences 我的照顧對於瀕死的院友及家人的經歷有正面的影響	57.8	80.0* ↑	56.1	56.1



# Perceived Competence in EOL Care III

## Participants who participated in the Pre-test

	Strongly agree/ Agree			
	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)
	%	%	%	%
I'm comfortable talking with residents and families about death and dying 我能自在地與院友及家人談及臨終和死亡的話題	40.0	65.4* ↑	30.2	37.5 ↑
I can assess and manage symptoms that occur at EOL stage 我懂得評估及處理其它在臨終期間會出現的徵狀及情況	40.4	66.7* ↑	/	/
I can assess and report other symptoms that occur at EOL 我懂得評估及適時報告院友在臨終期間可能出現的徵狀及情況	/	/	75.8	47.4** ↓

Notes. <sup>a</sup>p<.1; \*p<.05; \*\*p<.01; \*\*\*p<.001

# Perceived Competence in EOL Care IV

## Participants who participated in the Pre-test

	Strongly agree/ Agree			
	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)
	%	%	%	%
Most of my experiences with EOL care in elderly homes have been positive 我在院舍內照顧瀕死院友的經驗大部分是正面的	57.7	80.0 <sup>a</sup> ↑	63.9	62.9 ↓
I am comfortable providing care at the time of death 我能自在地照顧瀕死的院友	41.9	88.0 <sup>***</sup> ↑	45.0	45.3 ↑

# Perceived Confidence in EOL Care

## All sample

	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=59)	T0 (n=62)	T22 (n=107)
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
<b>Perceived confidence</b>	3.37(0.99)	3.51(0.91) ↑	3.56 (0.91)	3.64(1.02) ↑

## Selected sample with participation in Pre-test

	Professional staff		Non-professional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
<b>Perceived confidence</b>	3.37(0.99)	3.59(0.93) ↑	3.56 (0.91)	3.62(0.92) ↑

# Discussion

- After the implementation of EOL project for 22 months
  - more staff (with participation in Pre-test, T0) found autonomy / sense of control of elderly residents in EOL care are important
  - Staff perceived competence is found increased especially for professional staff
  - training needs on providing EOL care for non-professional staff is highly indicated
  - Staff perceived confidence in providing EOL care is found increased
- Changes may be due to training offered and experiences in providing EOL care

# Discussion

- Limitations
  - Individual comparison is impossible due to anonymity
  - Relatively low percentage of participants (28%) indicate joining both surveys at baseline (T0) and Post-test (T22)

# Conclusions

- Positive impacts on staff attitudes / expectations, perceived competence, and perceived confidence in providing EOL care are observed before and after launching the End-of-Life care project for 22 months.

# Thank You