



### 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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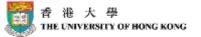






- Background
- Objectives
- Methodology
- Findings
- Conclusions
- References





## 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
П	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







- 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

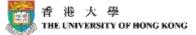




# Methodology

- Quantitative survey
  - Voluntary and Anonymous
- Sample
  - All staffs in three C & A homes
  - Baseline (TO)
    - 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				
	то	T22				
		Pre-test : Yes	Pre-test : No			
	<u>Freq. (%)</u>	<u>Freq. (%)</u>	<u>Freq. (%)</u>			
Ν	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)			
n< 001						

*Notes.* p<.001

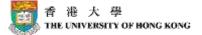




## Sample Characteristics II

		Professional Staff		
	то	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			
	Т0	T2	22	
		Pre-test : Yes	Pre-test : No	
	<u>Freq. (%)</u>	<u>Freq. (%)</u>	<u>Freq. (%)</u>	
Ν	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			
	ТО	T22		
		Pre-test : Yes	Pre-test : No	
	<u>Freq. (%)</u>	<u>Freq. (%)</u>	Freq. (%)	
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

Т	otal sample			
	Professio	onal staff	Non-profe	essional staff
	T0 (n=73)	T22 (n=59)	T0 (n=62)	T22 (n=107)
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
Attitudes and expectations	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)	
Attitudes and expectations	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

	Vey important / Important			
	Professio	Professional staff		essional 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 ♥

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





### Attitudes and Expectations on EOL Care III

#### Participant who participated in the Pre-test

	Vey important / Important			
	Professional staff		Non-profe	essional 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	68.7ª <b>个</b>
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	96.3ª <b>个</b>	74.2	87.2* 🛧

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





### Perceived Competence in EOL Care I

Total sample				
	Professi	onal staff	Non-profe	essional staff
	T0 (n=73)	T22 (n=59)	T0 (n=62)	T22 (n=107)
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
Perceived competence	3.41(0.61)	3.66(0.47) *	3.52 (0.56)	3.57(0.62) 🛧

Participants who participated in the Pre-test					
	Professi	onal staff	Non-profe	ssional staff	
	T0 (n=73)	T22 (n=27)	T0 (n=62)	T22 (n=34)	
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	
Perceived competence	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			
	Professio	onal staff	Non-profes	ssional 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	<b>69.2</b> <sup>a</sup> <b>↑</b>	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	<b>80.0*</b> ↑	56.1	56.1

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





### 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	<b>65.4</b> * <b>↑</b>	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	<b>66.7*↑</b>	/	/
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** <b>\</b>





### 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	<b>80.0</b> ª <b>↑</b>	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	<b>88.0</b> *** <b>↑</b>	45.0	45.3 🛧

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





### Perceived Confidence in EOL Care

All sample					
	Professio	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)	
Perceived confidence	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)	
Perceived confidence	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