



What are the differences among occupational groups related to their palliative care specific educational needs and intensity of inter-professional collaboration in long-term care homes?

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This project (2014 - 2016) was funded by the Canadian Frailty Network (previously Technology Evaluation in the Elderly Network) and supported by Government of Canada through Networks of Centres of Excellence



Canadian Frailty Network

Réseau canadien des soins aux personnes fragilisées

Known previously as Technology Evaluation in the Elderly Network, TVN

KEY POINTS

- As a unique health care environment with medically complex older adult residents, significant challenges exist in establishing a national end of life strategy for Canadian long-term care (LTC) homes.
- An inter-professional collaborative (IPC) approach has been supported and strongly encouraged by health care workers, law and policy makers and researchers
- Unlike other health care settings in LTC, physician and regulated health professionals involvement is usually very minimal
- Unregulated health care workers are rarely examined or considered in studies regarding inter-professional palliative care in LTC settings

RESEARCH TOPIC

- The aim of the study was to compare the differences across occupational group related to their palliative care-specific educational needs and intensity of IPC in LTC

HOW WAS THIS STUDY DONE?

- A cross-sectional survey was administered at four LTC homes in Ontario, Canada using a modified Dilman's approach
- In total, 697 LTC staff were given surveys, including personal support workers (PSWs or care aides), support staff (housekeeping, kitchen, recreation, laundry, dietician aids, office staff), and registered staff (licensed nurses, physiotherapists, social workers, pharmacists, physicians)

RESULTS

- 317 participants completed the survey (126 PSWs, 109 support staff, 82 registered staff) with a total response rate of 45%
- Significant differences emerged among occupational groups across all scales and subscales

KEY MESSAGE

- There are differing educational needs and sense of IPC among LTC staff specific to discipline group
- Personal Support Workers and Support Staff groups appeared to have higher needs for education
- Optimal palliative care may require resources to increase the availability of support for all staff involved in the care of patients