



# Issues and Challenges of Providing Palliative Care in Australian Residential Aged Care Facilities

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# Background

- **Ageing Population:** 13.1% (ABS, 2007)
- **Long-term Medical Conditions:** 77% (ABS, 2009)
- **Ageing in Place Policy**
- **Profiles of Residents of RACFs**
  - **Age:** 55% (85 years and over); 27% (90 years and over) (AIHW, 2009)
  - **Dependency:** 70% (high-care residents) (AIHW, 2009)
  - **Multiple diseases:** non-malignant diagnoses, comorbidities, or cognitive impairment; 80 % resident deaths (Grbich et al., 2005).
  - **Reason for separation:** 89 % (Death) (AIHW, 2009).
- **Guidelines for a Palliative Approach in Residential Aged Care**





## Research Question

**What are the experiences of registered nurse providing palliative care within residential aged care setting?**



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## Methods

- **Methodology:** Interpretative qualitative research
- **Participants:** Registered nurses working in the residential aged care setting.
- **Data Collection:** Semi-structured audio recorded interviews
- **Analysis:** Thematic analysis of interviews



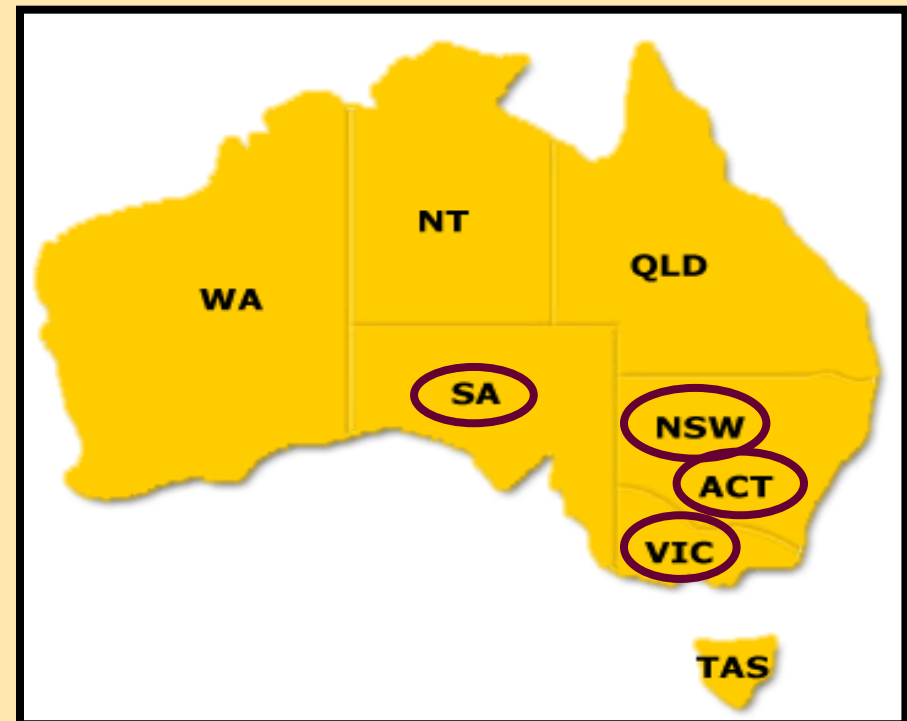
## Focus of This Presentation

- On the challenges experienced by the participants in providing palliative care



## Description of Participants

- **25** Registered nurses participated in the study
- NSW (10); VIC (8); SA (4); ACT (3)
- **Gender:** Female (21); Male (4)
- **Age:** 29-68 yrs (Mean=47.6 yrs)
- **Years of working in RACFs:** 1-46 yrs (Mean= 12.6 yrs)





## Theme

- **Perceptions of palliative care**
- **Professional issues and challenges**
- **System barriers**



# Perceptions of Palliative Care

- The prognosis of diseases

So I guess there is **no sort of real instantaneous point** where you can say oh suddenly bang they [residents] are palliative, unless they have a critical event and obviously you know it is a terminal event. I guess we [care staff] just do it from admission, we kind of get used to the idea.

[Mel in a co-located facility]



## Perceptions of Palliative Care (Cont.)

- Negative perceptions of palliative care
- Issues related to family

Sometimes you might have two sisters who don't agree on what they want for the mother...not all families agree and that you know our role is to I suppose try and explain to them about what is happening.

[Lyn in a co-located facility]



# Professional Issues and Challenges

- General practitioners (GPs)

I had to counsel a GP once because he thought he had killed somebody by prescribing morphine. It is about their understanding...if you've got a GP who is very conservative, who doesn't like to prescribe morphine or whatever we need, it makes it much harder.

[Carter in a high-care facility]



# Professional Issues and Challenges (Cont.)

- Registered Nurses (RNs)

They [RNs] are worried about the legal things and it is because they still believe **it is euthanasia**, I think that is the biggest thing in society, it's not only the doctors, it's the nurses...they just don't understand the myths of what is palliative care and what is comfort for that person and what is euthanasia.

[Helena in a co-located facility]



## System Barriers

- Features of residential aged care setting

We **cannot** provide the needs that they [the resident and family] require, and that is because we don't have a doctor here all the time, we don't have all the equipment, and we don't have the number of trained people to deal with the situation, whereas that palliative unit would have a doctor all the time, specialist nurses, pastoral support there all the time.

[Quiana in a high-care facility]



## System Barriers (Cont.)

- Nursing staffing

1 RN to **30-47** residents in high-care RACFs

1 RN to **38-130** residents in low-care RACFs

1 RN to **24-80** residents in co-located RACFs



## System Barriers (Cont.)

- Skill mix

I find their [AINs'] level of experience and their level of training is not adequate. I have to find out quite quickly **how good they are at their job**. If they're not, I'm constantly following them up or just doing things by myself sometimes...I mean if you don't have that education and experience, then I am concerned about you making mistakes. Ultimately I am responsible for that.

[Una in a high-care facility]



## Discussion and Conclusion

- A picture of palliative care in residential aged care
  - Higher care needs of residents
  - Heavier workload of RNs
  - Fewer resources
- Approaches to overcoming challenges
  - Infrastructure support
  - Education
  - Funding



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