

Factors Associated with Comfort/Confidence when having End-of-Life Conversations with Substitute Decision Makers in Long-Term Care



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Introduction

- Many health care providers (HCP) find opportunities for end-of-life (EOL) discussions with substitute decision makers (SDMs) challenging.¹
- EOL is defined as a person with a terminal illness or condition that has become advanced, progressive and incurable.²
- Poor communication around anticipated decline may result in unwanted or untimely treatments for residents³ and leave SDMs feeling unsupported during the dying process.

Objective

- Examine factors associated with a high level of HCP comfort/confidence when discussing nutrition issues at EOL with SDMs.

Methods

- **Survey Development:** An online survey (43 questions) was developed by researchers and pilot-tested by a small group of interdisciplinary HCP working within the LTC setting.
- **Participant Recruitment:** A survey link was sent to LTC HCP across Canada through Dietitians of Canada Gerontology network, BC Listserv, Winnipeg Regional Health Authority LTC Practice Council as well as personal contacts using purposive and snowball sampling.
- **Inclusion Criteria:** Reading/writing the English language, Canadian LTC homes, LTC homes greater than 15 beds, LTC beds that exist outside of a hospital setting, and LTC homes that have been established greater than six months.
- **Ethics:** Approval for this study was received from the University of Manitoba Ethics Board. Informed consent was obtained online from all respondents.
- **Data Collection:** The online survey using Qualtrics software was sent to LTC HCPs across Canada from April 21-September 16, 2021. Participant demographics, facility characteristics, and information on current EOL policy and practice was collected.
- **Data Analysis:** Seventy completed surveys were analyzed using descriptive statistics, binomial linear regression, Chi-Square, and Fisher's Exact Test.

Results

Table 1: Descriptive Statistics of Participant Characteristics

Characteristics	% (n)
Age (years) Mean ±SD	40.8±11.5
Sex	
Female	100.0 (70)
Occupation (n=69)	
Registered Dietitian	82.6 (57)
Nursing	10.1 (7)
Speech-Language Pathology	1.4 (1)
Social Worker	1.4 (1)
Occupational Therapy	1.4 (1)
Administrative (Managers, Directors)	2.9 (2)

Table 2: Chi-Square Test: HCP Comfort/Confidence v. How Conversations Typically Occur

Variable	(n)	df	χ ²	P-value
How EOL conversations typically occur ^b	58	2	4.884 ^a	.620

^a 2 cells have expected count less than 5.

^b Survey options included HCP: SDM, Team of HCP: SDM, and Other (please specify).

Table 3: Fisher's Exact Test: HCP Comfort/Confidence v. Province and Presence of formal policy

Variable	(n)	p-value
Province (Western v. Eastern Canada) ^a	62	.710
Has a formal policy outlining when EOL conversations should occur	62	.182

^a Respondent provinces were coded as either Western Canada (BC, AB, SK, MB) or Eastern Canada (ON, QC, NB, NS) to increase size of each category.



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Conclusion

- Due to a small sample size it is not possible to conclusively determine all factors associated with comfort/confidence of HCP using Binomial Linear Regression.
- The Omnibus Test of Model Coefficients was used to help narrow factors for further testing using Chi-Square for Independence and Fisher's Exact Test.
- Based on the results of Chi-Square Test, how conversation typically occur does not play a role in HCP comfort/confidence with EOL conversations. However, this must be interpreted with caution as some options had less than 5 observations.
- Province and presence of EOL policy were also not statistically significant. However, due to the small study population, re-examining presence of a formal policy outlining when EOL should occur and its impact on HCP comfort/confidence may yield a different outcome with a larger study population.

Significance

- Information can be used to support the development of EOL care policies and guidelines for use by HCP in LTC settings.
- This study contributes to the overall literature on EOL within the Canadian LTC home context.

References

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