

DEVELOPING THE ALLIED HEALTH PROFESSIONAL WORKFORCE IN PALLIATIVE CARE:

A SURVEY TO ASSESS LEARNING NEEDS

Kaeleen Dingle and Prof Patsy Yates
CPCRE



Aims of Presentation

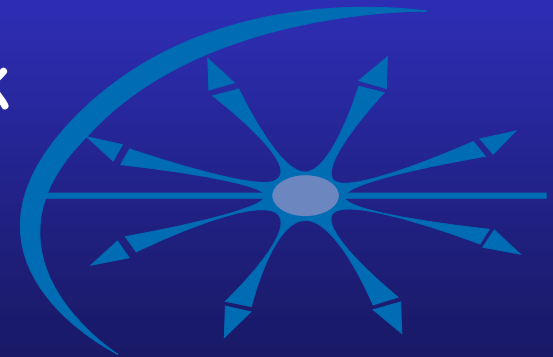
- ❖ Description of the project
- ❖ Description of the respondents
- ❖ Scope of practice in palliative care of the surveyed Allied Health Professionals (AHP)
- ❖ How well prepared are they for caring for clients with life-limiting illness?
- ❖ Learning needs in Palliative care
- ❖ Future planning



Objectives of CPCRE AHP project

Involves two stages:

- Scoping survey and need analysis survey of AHP throughout Qld
- Based data collected, develop learning and support activities for AHP's caring for people with life-limiting illnesses:
 - facilitation AHP network
 - education resources



AHP project

- Funded by Central Zone Management Unit, Qld Health
- Scoping survey and needs analysis undertaken in 2004
- Postal survey of 1021 AHP's in Oct '04
(sent direct to individual AHP's or coordinators of AHP services in all health care facilities in Qld)



Survey questions

- ❖ The survey collected:
 - Demographic details;
 - Examined respondents' experience in palliative care: previous education, confidence in caring for palliative care (PC) clients;
 - Access and needs for professional support;
 - Learning needs in palliative care; and
 - Preferred methods of learning
- ❖ Reviewed by an expert panel of seven AHP and changes made before distribution

Response rate

**Surveys
sent out = 1021**

Sent to AH coordinator:
187 (names attached)
542 (request 1-12 surveys)
211 (request >13 surveys)

Sent directly
to individual AHP's 81

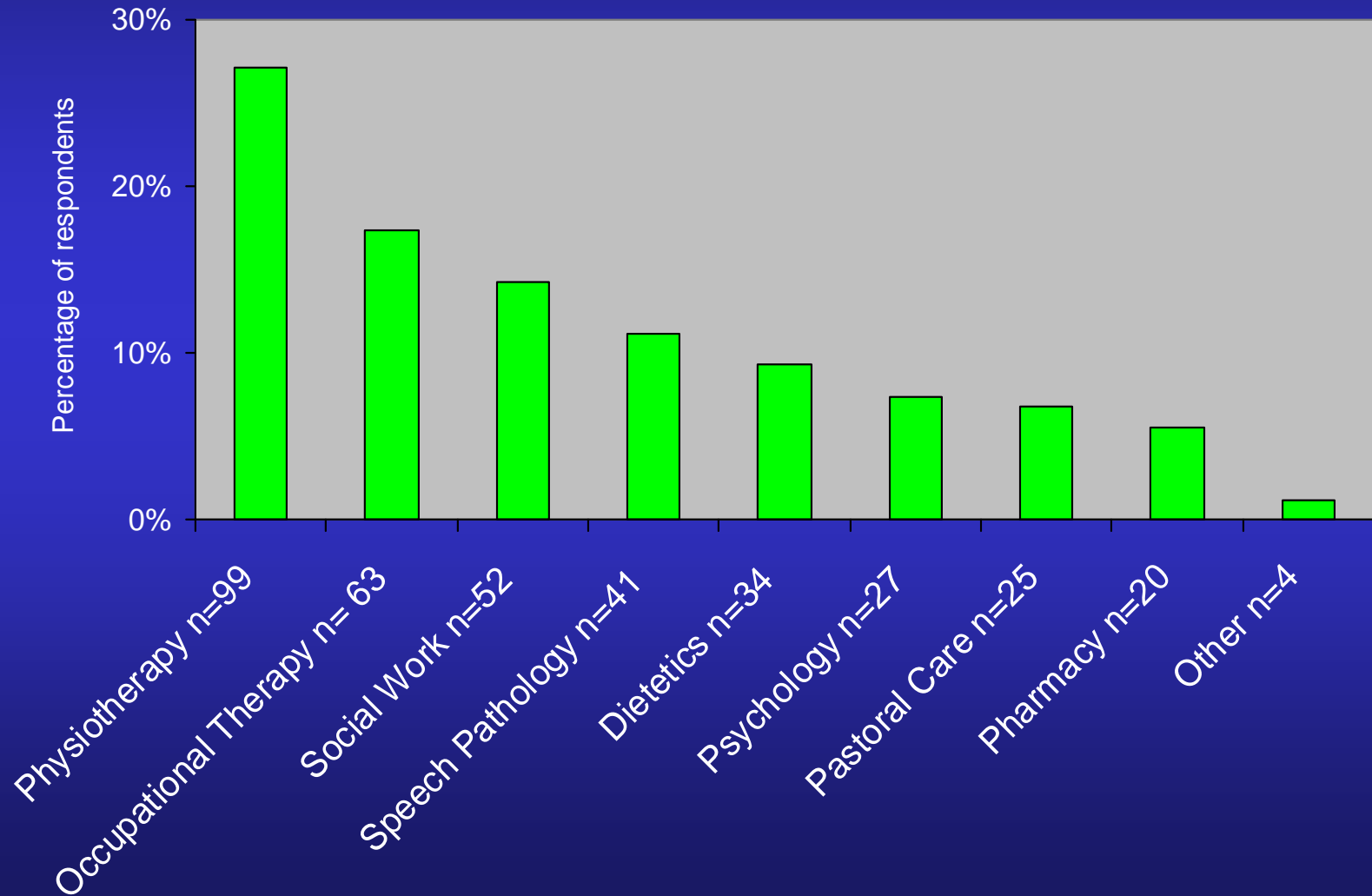
Returned:
names known 38.5% (72/187)
1-12 sent 38% (206/542)
>13 sent 19.4% (41/211)

Returned 59.3% (48/81)

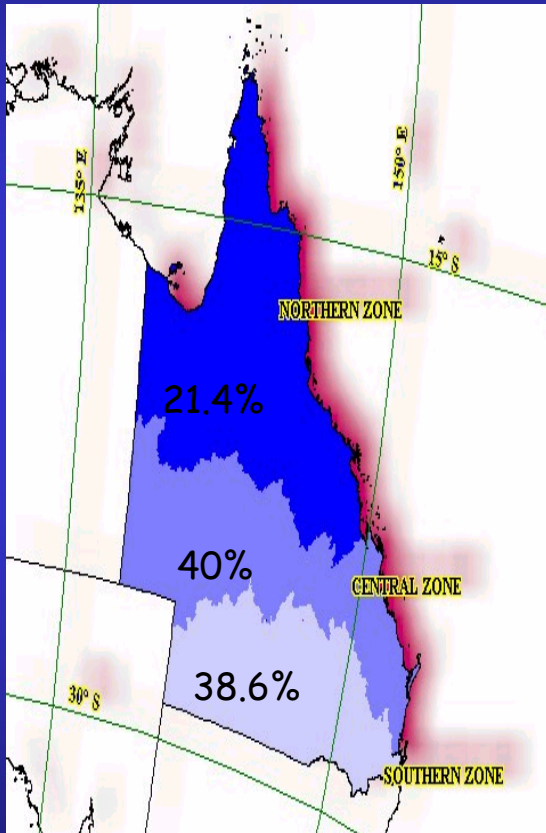
2 removed: nurses

**Overall response rate
36% (365/1021)**

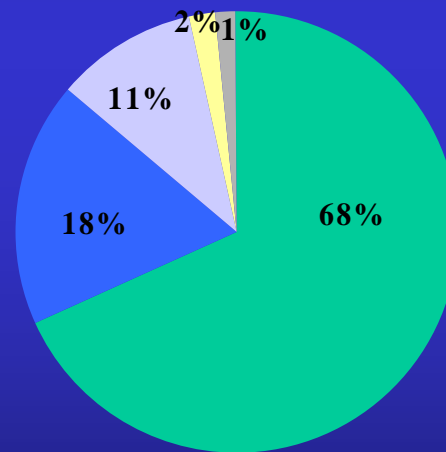
Discipline of Respondents (N=365)



Demographics con't



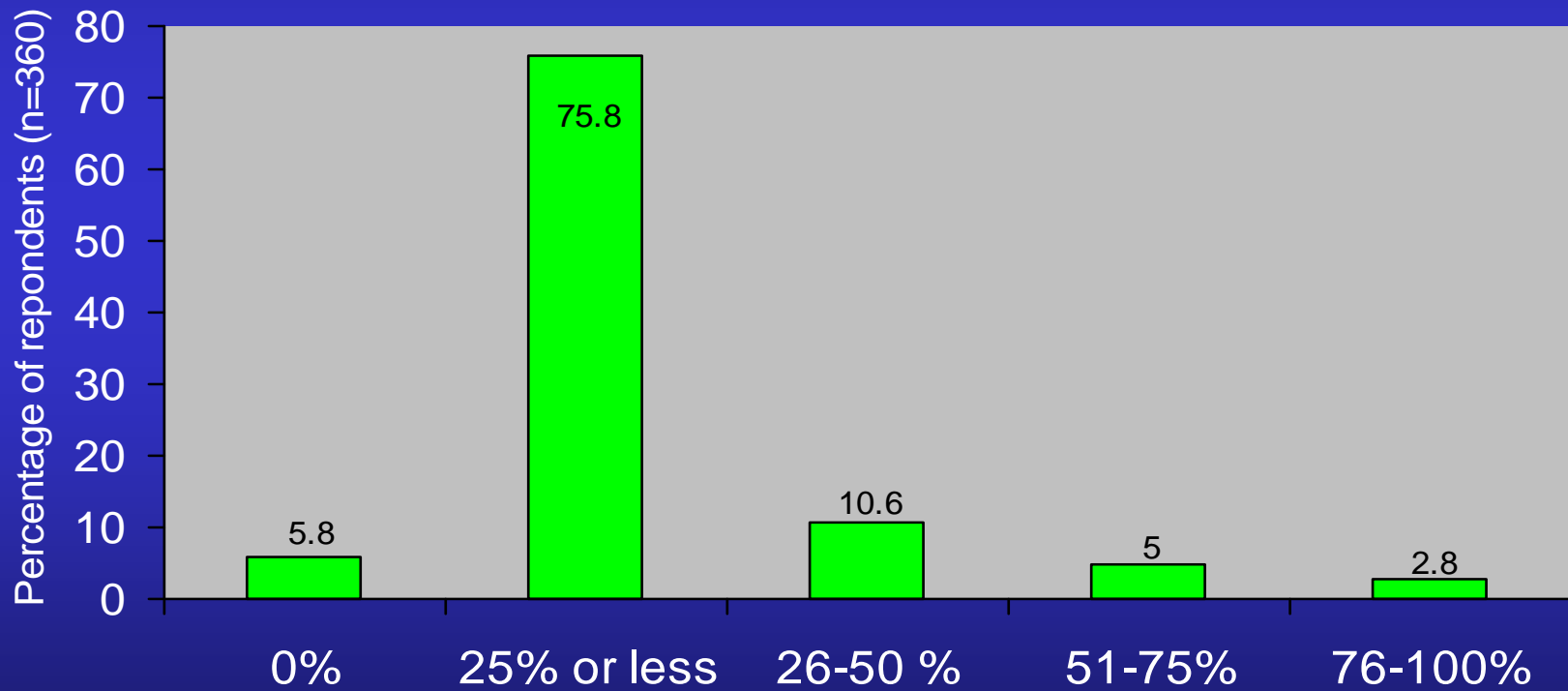
❖ Majority of respondents from major towns, cities in Queensland*



- Highly accessible (eg. Brisbane, Goldcoast, Toowoomba)
- Accessible (eg. Townsville, Gladstone, Bundaberg)
- Moderately accessible (eg. Monto, Texas, Banana, Ayr)
- Remote (eg. Alpha, St George, Collinsville, Palm Island)
- Very Remote (eg. Winton, Birdsville, Cooktown, Ayrkun)

* Respondents postcodes converted to ARIA (Accessibility/Remoteness Index of Australia) and QHealth zone

Proportion of working day involved in caring for palliative care clients



Who do AHP's use for advice about palliative care?

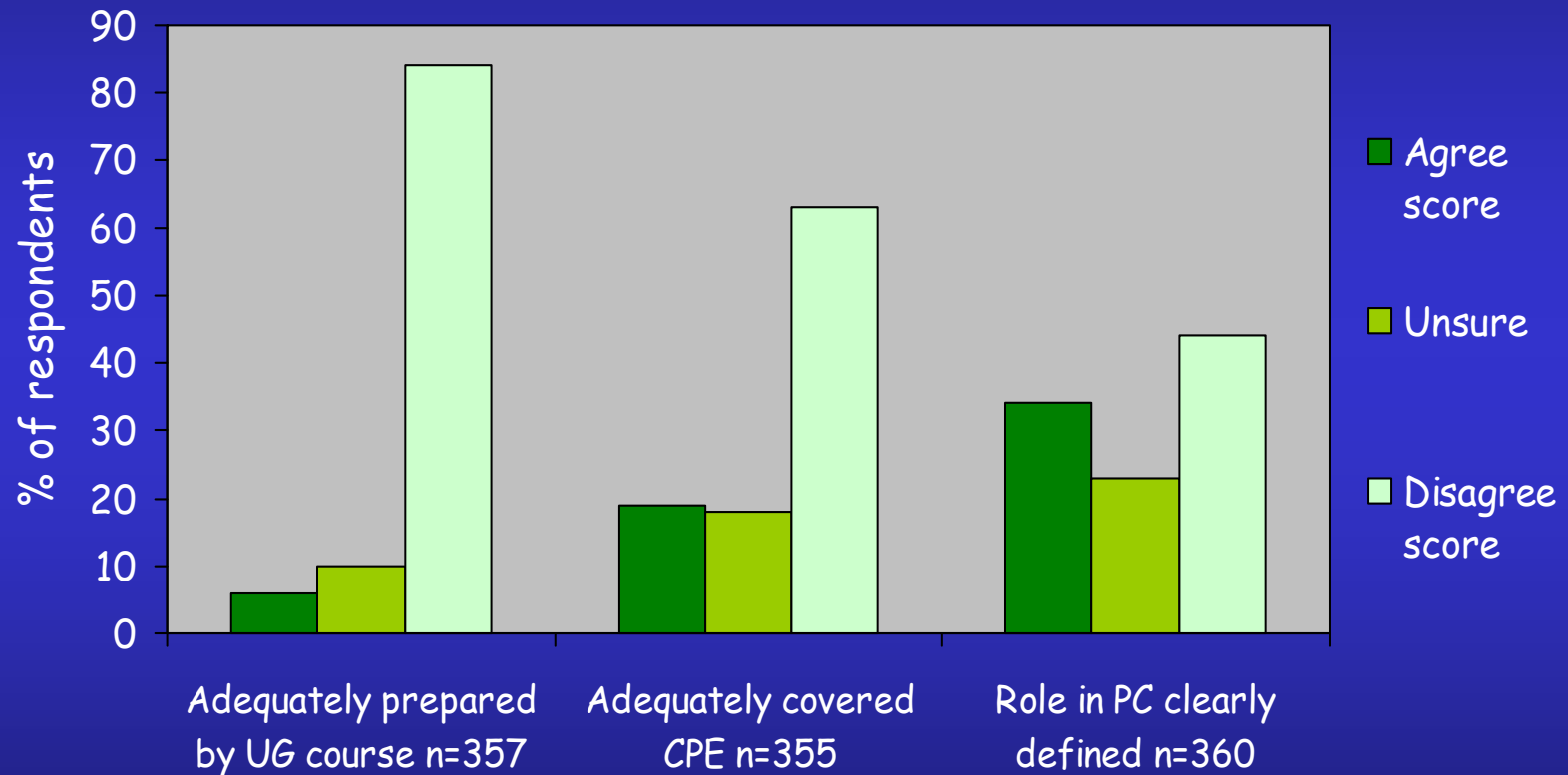
Sources of palliative care advice (grouped data)	Number	% total sample
Specialist PC service only or with other options#	207	57.5
AHP in PC Service only or with other options	52	14.4
AHP only or with other options	46	12.8
PC medical consultant only or with other options	38	10.6
Other options	15	4.2
Not sure who to ask	2	0.5

n=360, 5 missing

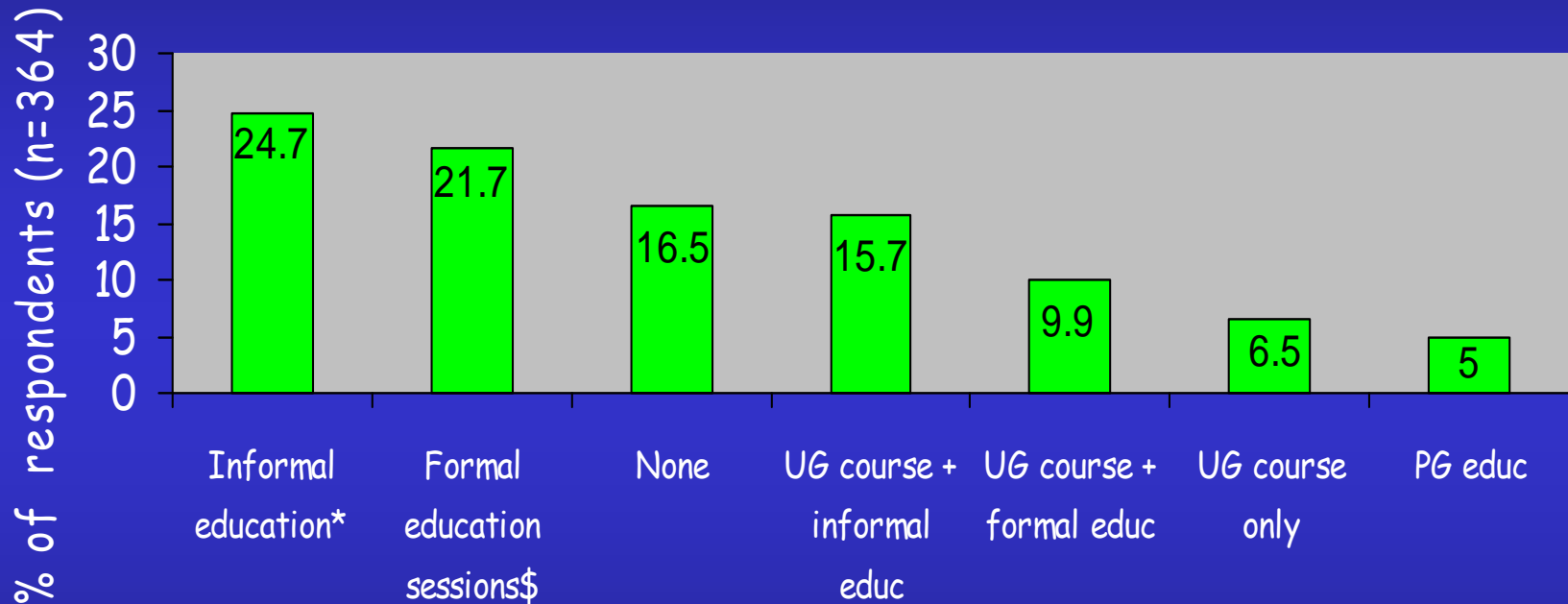
combinations of relevant literature, internet, client's GP

In last 12 months 39.4% (n=141) of respondents accessed a PCS only (or combination) for advice

Is preparation for work with PC clients adequate?



Preparation for work with PC clients



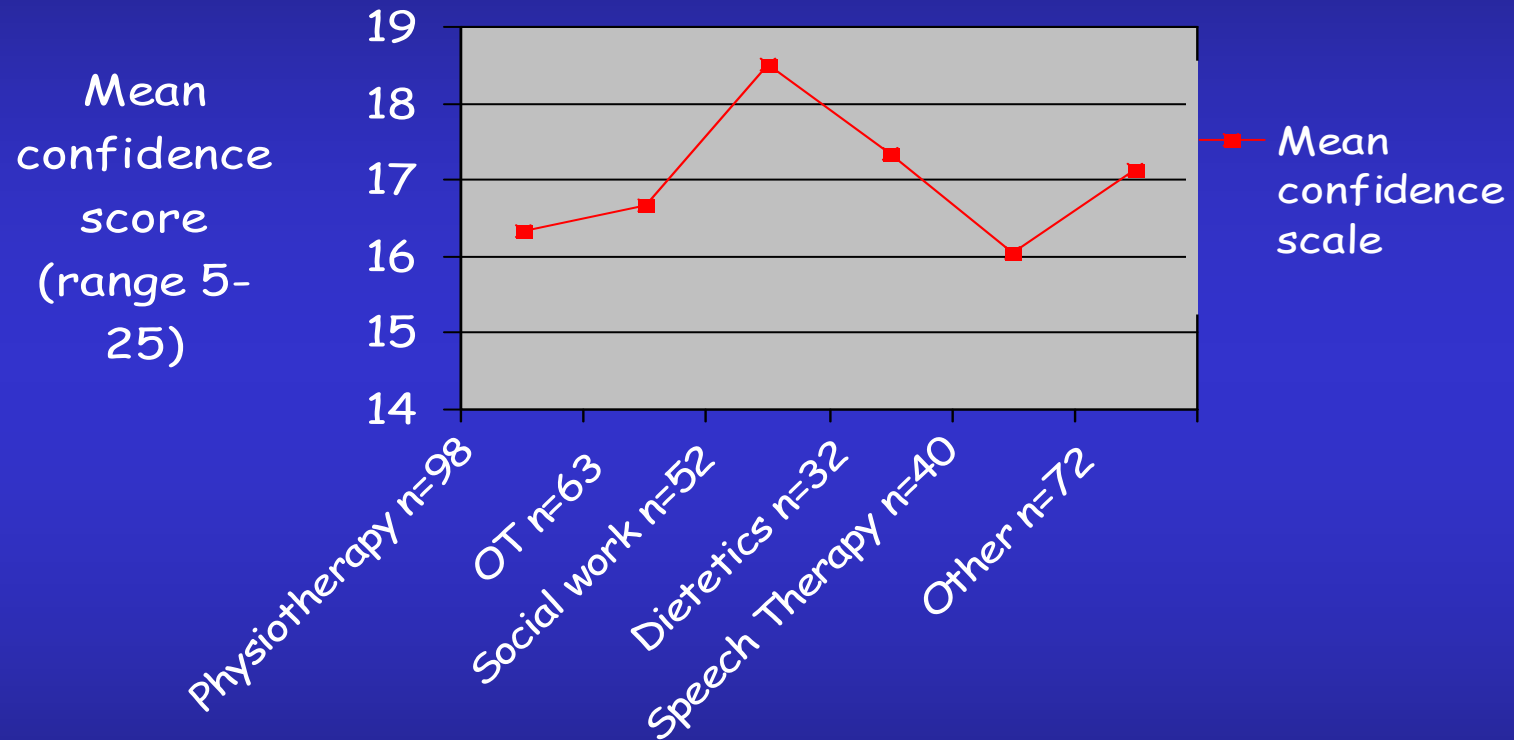
* on-the-job training, self-directed and/or personal experience

\$ includes seminar, workshop, CPE or short course and/or on-the-job training, self-directed and/or personal experience)

Confidence in caring for PC clients

- ❖ Confidence scale includes 4 questions (5 point Likert scale, range 5 to 25)
- ❖ Questions:
 - Clear understanding of the role in caring for PC clients
 - Confidently identify needs of PC clients
 - Confident when discussing EOL issues with clients
 - Use effective strategies to cope when caring for PC clients
- ❖ Statistically significant differences between groups (ANOVA (F 5, 351)=3.8, p=.002)

Comparison of mean Confidence scale between 6 different AHP's



n=257 (8 missing)

Other includes: Pharmacy (20), Pastoral care (25), Psychologists (27), Others (4)

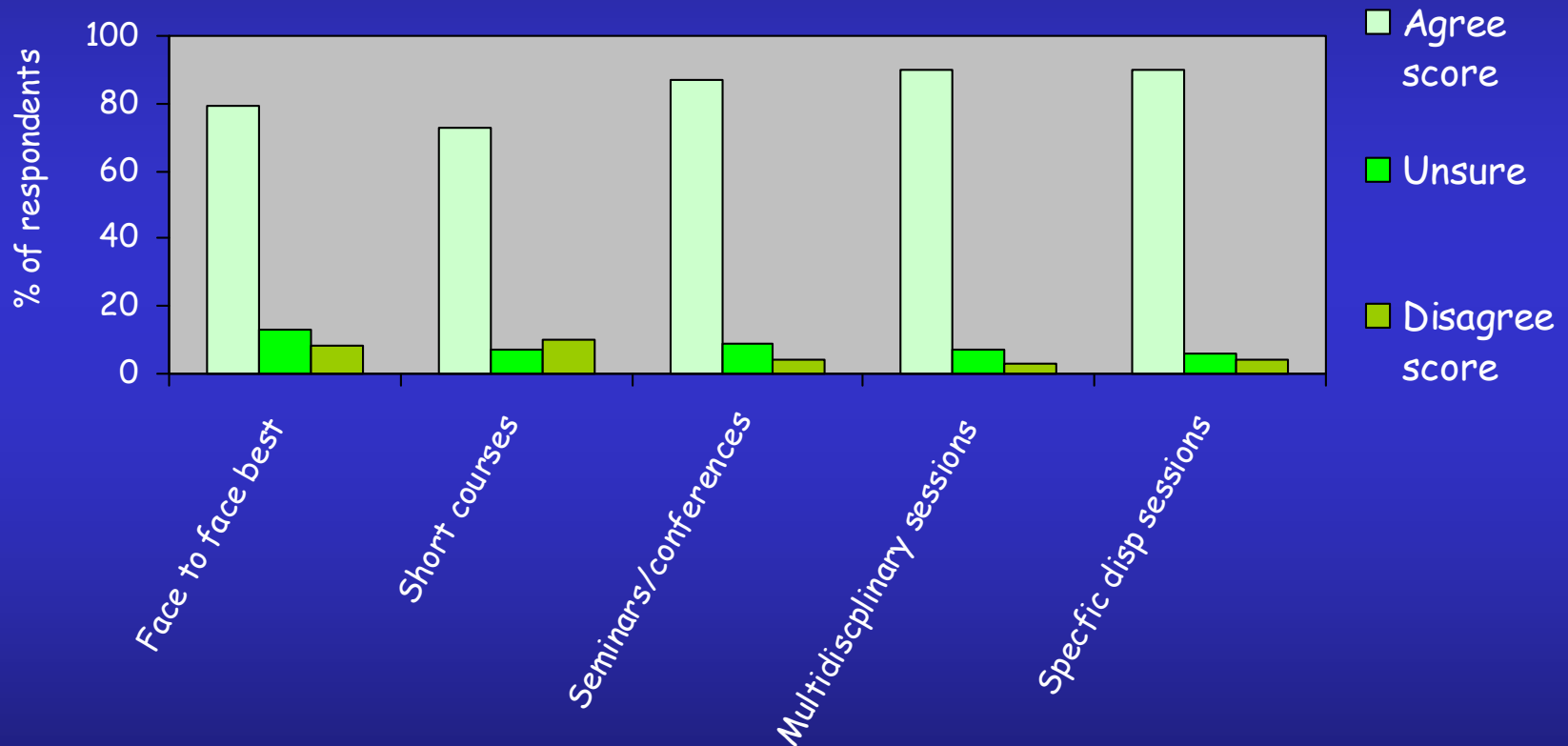
Learning needs in Palliative Care

Top 5 topics identified (rated useful to moderate or great extent)	Number	% total
Communicating with patients and families with a life-limiting illness (n=360)	325	90.3
Caregiver and family needs in the context of a life-limiting illness (n=361)	311	86.1
Working effectively in a multidisciplinary team when caring for people with a life limiting illness (n=361)	297	82.3
Psychological care of people with a life-limiting illness (n=362)	288	79.6
Culturally appropriate care of people with a life-limiting illness (n=362)	283	78.2

5 topics identified as least useful# (rated not at all or limited use)	Number	% total
Clinical pharmacology in the care of people with a life-limiting illness (n=358)	225	62.8
Pharmacokinetics and bioavailability factors for common palliative care drugs (n=357)	223	62.5
Management of constipation or diarrhoea in people with a life-limiting illness (n=355)	215	60.8
Management of dry mouth or oral complications in people with a life-limiting illness (n=357)	196	54.9
Nutritional management (n=359)	186	51.8

Clear preferences based on Allied Health discipline

How do AHP's want education delivered

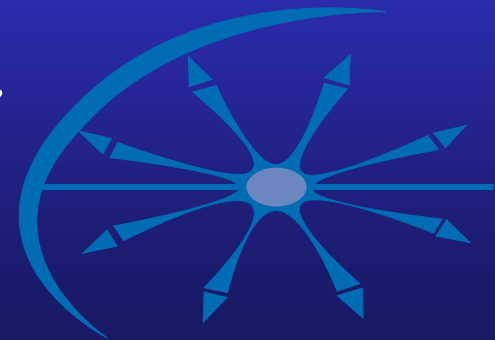


Barriers limit involvement in PC education

- ❖ Time constraints - workload/caseload, availability, restrictions on time able to spend with clients, overworked
- ❖ Inability to be released (backfill, costs, distance to travel, remoteness)
- ❖ Competing interests and priorities, other commitments (professional and personal)
- ❖ Not enough PC clients to justify commitment

Future planning - AHP network

- ❖ 42.4% have an interest in joining a formal AHP development network
36.2% unsure and 21.4% where not interested
(n=354, 11 missing)
- ❖ Role of AHP network varied most wanted education or education combined with other supportive functions



Future planning - education

- ❖ Publication of results from the survey

Phase 2 of project in 2005:

- ❖ Develop implementation strategy for facilitating AHP network in QLD
- ❖ Develop education programs/strategies to address topics identified



Demographics of respondents (N=365)

- ❖ Represented 8 allied health disciplines
- ❖ Majority were female (86.3%, n=314)
- ❖ Tended to be older

Average age of 39 yrs (n=357, SD 12.07, range 22-80)

Pastoral care workers older

(mean 53.9 yrs, SD 12.95, range 28-80)

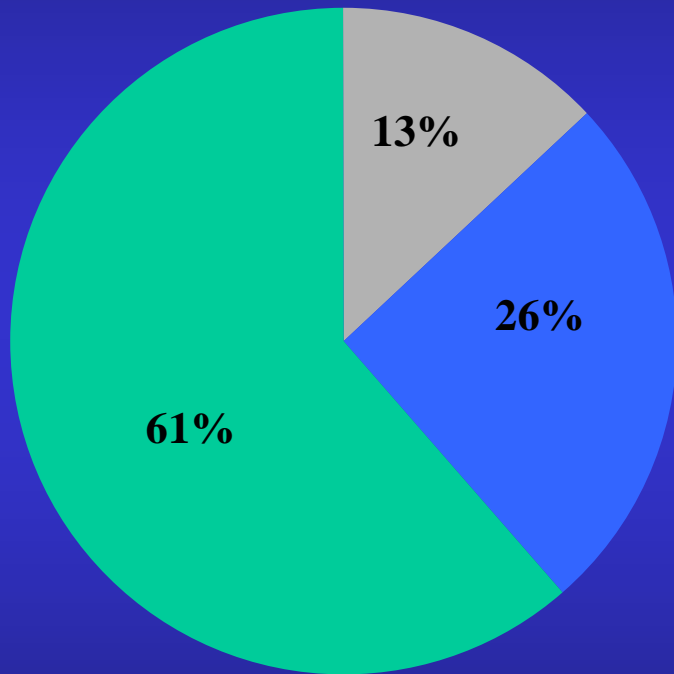
Other AHP (mean age 38 yrs, SD 11.32, range 22-66)

- ❖ Average of 12.3 yrs of practice in discipline
(n=359, SD 9.9, range 0.2 to 40 yrs)

AHP's Practice

- ❖ Majority are employed full-time (65.7%, n=239) or part-time (28.3%, n=103)
- ❖ Small number work as locums (3.6%) or are self-employed (2.5%)
- ❖ Most work in hospital (57.3%, n=208) or community services (22.3%, n=81) but 65 (17.6%) people work in more than 1 setting
- ❖ Majority of clients are adults (76.4%, n=278)

Contact with Specialist Palliative Care Services (PCS)



■ Works in PCS

■ Contact with PCS

■ No contact with PCS

- ❖ 31.2% (n=113) refer to PCS.

Physios, OT's refer most often

- ❖ 43.7% (n=156) receive regular referrals from PCS

Physios, Social Workers, Pastoral Care Workers and OT's receive the most referrals

n=351 (14 missing)

AHP Palliative Care Network Options	Number	% of total sample
Education + 1 other option #	57	17.0
Education + 2 options *	54	16.2
Education + 3 options *	46	13.3
All options	45	13.4
Education + 4 options *	41	12.3
Education only	36	10.7
Discussion only or with other options	26	8.0
Peer support only or with other options	18	5.4
Networking only or with other options	7	2.2
Other options	5	1.5

n=335, 30 missing

networking (26), discussion forum(10), clinical placement(9), peer support(8)

* combinations of discussion forum, peer support, mentoring, networking and/or clinical placement