Perceived Challenges of Health Professionals in End-of-life Care Provision for Patients with Severe Cognitive Impairment
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Introduction
There has been growing concern about the palliative care needs of patients with severe cognitive impairment in long-term care (LTC) setting. Due to the difficulties in prognostication, they usually received a range of life-sustaining treatments in the last phase of life.

Objectives
The aim of this study was to identify the challenges perceived by health professionals in providing end-of-life (EoL) care for patients in an infirmary unit.

Methodology
Focus group interviews were conducted in December 2014 with health professionals currently working in an extended care hospital. The participants were divided into groups by ranks and disciplines. The homogeneity in the group and the group dynamic encouraged them to share experiences and views more freely. This strategy allows researchers to elicit diverse perspectives, needs and concerns. All interviews were audiotaped and transcribed verbatim to facilitate analysis, but confidentiality and anonymity was assured. Qualitative content analysis was performed.

Result
A total of 20 participants from different disciplines were divided into six groups. They included two medical doctors, ten registered nurses, five enrolled nurses, a social worker, a physiotherapist and an occupational therapist. All of them had rich clinical experience, with an average of 21 years (range: 10-30 years). From their accounts of care experiences, the major challenges in providing EoL care in LTC setting are related to lack of preparedness of health professionals, unclear patient’s care preferences, and avoidance of family. There was consensus across participants of different disciplines that advance care planning for patients in LTC setting is
imperative because they generally experienced progressive debilitating conditions. However, a range of concerns were also identified that may hinder the planning process. For example, when is the appropriate time to introduce EoL care given that many patients have stayed in the care facility with stable condition for a period of time, who can take the lead in the EoL decision making, what would the patients want for their EoL care, and how to prepare family members for the EoL decision making. The findings of the study suggest that a number of strategies, including staff education, family-centred ACP programme, interdisciplinary communication, and tailored model of care delivery, are needed to be complementary to support health professionals to enhance EoL care for patients in LTC setting.