Discussions of Physical, Spiritual, and Emotional Needs during Home Hospice Care (SA537-C)

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Objectives

- Demonstrate knowledge of domains of care discussed during nurse home hospice visits.
- Identify the proportion and change over time dedicated to domains of care during nurse home hospice visits.

Original Research Background: Physical, emotional, and spiritual needs of cancer patients and their caregivers vary during the course of hospice care. However, little is known about communication between hospice nurses, patients, and caregivers regarding these needs during home hospice visits.

Research Objectives: To examine the amount and trajectory of physical, psychosocial/emotional, and spiritual care (domains of quality end-of-life care) between nurses and cancer patients/caregivers from hospice enrollment to patient death.

Methods: We conducted an observational, longitudinal, multisite study of hospice nurse home visits. Hospice nurses wore digital recorders to capture naturally occurring conversations in the home. Physical, psychosocial, and spiritual conversations were identified then examined by visit for proportion and change over time. Descriptive and linear mixed effects regression analyses were conducted.

Results: 65 nurses from 11 hospices recorded 463 visits to 123 cancer patients and their caregivers. Most nurses were female, M=44 years, averaging 13.4 (SD=12.6) years of hospice experience. Caregivers and patients tended to be partners (63%) with a mean age of 59.3 (SD=14.2), 71.7 (SD=12.9) respectively. Physical care discussions dominated visit communication (75%; 4%, silence, family members talking to each other, chitchat) comprising the rest of the visit. No significant differences occurred in this distribution over the course of multiple home visits.

Implications for Research, Policy, or Practice: While the majority of communication between home hospice nurses, patients and caregivers addressed physical care, a portion of the visit was consistently dedicated to discussing psychosocial/emotional and spiritual issues, indicating the multifaceted approach of home hospice nurses to end-of-life care. Future research should examine communication exchanges between families and their hospice team, as well as determine how communication by team members such as aides, social workers, and chaplains contribute to optimal end-of-life care.