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A hospice is a program of palliative and supportive services which provides physical, psychological, social, and spiritual care for dying persons and their families. Services are provided by a medically supervised interdisciplinary team of professionals and volunteers. Hospice services are available in both the home and an in-patient setting. Home care is provided on a part-time, intermittent, regularly scheduled, and around-the-clock on-call basis. Bereavement services are available to the family. Admission to a hospice program of care is on the basis of patient and family need.

Hospice affirms life. Hospice exists to provide support and care for persons in the last phases of incurable disease so that they might live as fully and comfortably as possible. Hospice recognizes dying as a normal process whether or not resulting from disease.

Translated into program goals, hospice programs emphasize: 1) the relief of social, emotional, and physical distress, particularly pain in all of its forms, 2) the value of home care or a home-like environment in which care can be provided, 3) the potential role of family members and friends in performing various care functions, 4) the need to monitor carefully the symptoms and progress of an illness while keeping patients and families informed, 5) the need to support and assist families as well as patients, 6) the importance of having health professionals available to help patients and families when needed, 7) the usefulness of a team approach in meeting the needs of patients and families, and 8) the value of bereavement follow-up with families after the patient's death.

Hospice has no official accreditation either on the national or state level. Currently, the Omaha Hospice Organization operates under suggested guidelines from the National Hospice Organization. Hospitals, however, have established standards for hospice programs under the Commission for the Joint Accreditation of Hospitals.

Beginning in the fall of 1983, Medicare payments were extended to cover the cost of hospice services. According to the Omaha Hospice Organization, state health officials who approve Medicare will also be giving official sanction to hospice services that qualify.

One of the functions of the Omaha Hospice Organization is to insure that the hospice concept is integrated within the health care delivery system. Although the state of Nebraska currently has no licensing regulations, the OHO has initiated the monitoring of hospice programs in Omaha through a peer review process.

Methodology

The data referred to in this study were based on a mailed survey conducted in early 1984. The study was administered in two phases.

Phase one consisted of a two-page questionnaire designed to determine knowledge of and experience with hospice programs. This questionnaire was distributed to two groups of doctors. Group one consisted of all oncologists and internists listed in the Omaha telephone directory. Ninety-three questionnaires were mailed, and 55 were completed and returned for a 59 percent response rate.

Group two consisted of doctors comprising the total membership of the Metropolitan Omaha Medical Society with the exception of oncologists and...
Irrigators reported feeling the need to improve health care professionals (64 percent; 35 respondents) were most concerned about the need for more nurses, and staff nurses; and social workers

Phase two consisted of a mailed survey to other health care professionals defined as oncology, hospital, and hospital nurses, hospital and nursing home administrators, home health care administrators, and social workers involved in direct services to dying patients and their families. Questionnaires, identical to those sent to doctors and colored-coded for each profession, were mailed to everyone in each population except Nebraska Nursing Association members who were selected through a systematic sampling procedure because of the larger numbers in that population. Lists, made available by the Omaha Hospital Organization, were reviewed to eliminate duplication. Of the 345 questionnaires distributed, 188 were completed, representing a response rate of 54 percent.

Almost all of the health care professional surveyed expressed concern with the purpose of hospice before receiving the survey questionnaire (99 percent, N=330). Furthermore, almost all of the health care professionals surveyed said they supported the concept of hospice, and nearly half (46 percent, N=154) said they were in favor of the terminally ill being able to receive hospice care.

Table 3 presents a cross-tabulation by health care profession of the question of the terminally ill being met. Social workers comprised the largest group (81 percent) of those who had made referrals to hospice programs. A major part of the job of a social work professional involves making referrals. Regardless of who makes a referral, admission to hospice care must have the consent of the attending physician and/or medical director. Nearly three-fourths (73 percent) of the oncologists and internists reported referring patients to hospice programs. However, only 30 percent of the other doctors had done so.

The majority of health care professionals surveyed viewed hospice care as a humane and positive method of caring for the terminally ill. Physicians' responses indicated they made hospice referrals because of their desire to provide more supportive care (46 percent) and more personal care (51 percent) to the patient. Nurses and social workers felt these were important reasons also, but their decision to make hospice referrals were influenced by other factors such as pain and symptom management which hospice emphasizes and the desire of the patient's family. Table 4 presents a cross-tabulation by health care profession of the reasons for making referrals to hospice programs.

The majority of health care professionals surveyed were satisfied with hospice programs. All of the other doctors (N=27) and nurses (N=60) reported being satisfied with hospice. Social workers were least satisfied (32 percent) of all the health professionals.

Table 5 lists the obstacles health care professionals encountered in obtaining hospice services for their patients. The most frequently mentioned reason was cost (33 percent). The next most frequently mentioned reason was cost (33 percent). Other reasons cited were the limited availability of hospice outside the metropolitan area (16 percent), limited resources (12 percent), and lack of information about hospice services (7 percent).

Table 6 presents a cross-tabulation by health care profession of the results relevant to whether the needs of the terminally ill are being met (Table 1). Only 11 percent (35 respondents) felt the needs of the terminally ill were being met. The 35 respondents who said these needs were frequently met. However, 39 percent (121 respondents) felt they were seldom or often not met.

Table 2 presents a cross-tabulation by health care profession of the results relevant to whether the needs of the terminally ill are being met. The 35 respondents who said these needs were frequently met. However, 39 percent (121 respondents) felt they were seldom or often not met.

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TABLE 7
NEED FOR EXPANSION OF HOSPICE SERVICES IN OMAHA
(BY HEALTH CARE PROFESSION)

<table>
<thead>
<tr>
<th>Oncologists and Internists</th>
<th>Other Doctors</th>
<th>Nurses</th>
<th>Administrators</th>
<th>Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>73</td>
<td>67</td>
<td>84</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>27</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Totals</td>
<td>41</td>
<td>100</td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>

Summary
The majority of health care professionals surveyed viewed hospice as a humane and positive method of caring for the terminally ill.

Nearly half (46 percent) said they came in contact with the terminally ill one to five times weekly, oncologists and internists the most frequently. However, non-physician caregivers were less optimistic than physicians that the needs of the terminally ill were being met.

Almost all of the health care professionals surveyed were familiar with the purpose of hospice (98 percent) and supported it (99 percent). Furthermore, the majority of comments received (71 percent) were favorable toward the concept of hospice. Over half (56 percent) of the total responses received in support of hospice were from nurses. Nurses, more than any other caregivers, recognized death as a part of life that needs to be dealt with and worked through.

Although most health care professionals said they supported hospice, over half (52 percent) said they had never referred anyone to a hospice program. Social workers comprised the largest group of those who had made referrals.

Three-fourths of the health care professionals felt a need existed for expansion of hospice services.

The primary reason given for referring patients to hospice programs was that hospice offered more support to the patients as well as to their families.

The majority of health care professionals surveyed (91 percent) were satisfied with hospice programs. Social workers were least satisfied, followed by nurses. They noted problems with doctors' participation and communication. Nurses and social workers most often reported encountering obstacles in getting hospice services. Cost (33 percent) and doctors' resistance to the hospice idea (23 percent) were the most frequently mentioned obstacles.

The views and opinions expressed in the Review are those of the individual authors and do not necessarily represent those of the University of Nebraska at Omaha.

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