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REVIEW OF APPLIED URBAN RESEARCH

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Health Care Professionals' Views of Omaha Hospice Use

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Introduction

AT THE REQUEST of the Community Resources and Service Committee of the Omaha Hospice Organization, this study was made to determine the knowledge and/or use of hospice concepts and programs by health care professionals. These persons were selected for the survey because of the vital role they play in educating potential clients about hospice philosophy and available programs.

Background

Hospice care began in the Omaha metropolitan area in 1978, and five programs are currently in operation. Montclair Hospice provides in-patient skilled extended care within a nursing home facility. The University of Nebraska Medical Center and Bishop Clarkson Memorial Hospital offer a hospital-based hospice consultation team with beds located throughout both facilities. In this model, the hospice team visits the patient within the hospital setting. The hospice home health care model is offered through the Visiting Nurses Association of Omaha. This model provides the client with intermittent care at home. Bergan Mercy Hospital, however, offers both in-patient beds, skilled extended care, and hospice care at home. These programs provide for continuity of care through referral and collaboration.

The constitution of the Omaha Hospice Organization provides the following definitions of hospice care and the hospice philosophy.

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

internists. Questionnaires were mailed to 610 doctors. In all 94 questionnaires were completed and returned for a 16 percent response rate.

Due to the small response rate for the category of other doctors, caution should be used in generalizing from the results. The low response rate may be attributed in part to the fact that this group of doctors comes in contact less frequently with the terminally ill.

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

Almost all of the health care professionals surveyed were familiar with the purpose of hospice before receiving the survey questionnaire (98 percent, N=330).

Furthermore, almost all (99 percent) of the health care professionals surveyed said they supported the concept of hospice, and nearly half (46 percent, N=154) said they came in contact with the terminally ill one to five times weekly. As expected, oncologists and internists (64 percent, 35 respondents) were most often in contact.

Health care professionals were also asked if they felt the needs of the terminally ill were being met. (See Table 1.) Only 11 percent (35 respondents) felt the needs of the terminally ill were almost always met. Half (159 respondents) said these needs were frequently met. However, 39 percent (122 respondents) felt they were seldom or almost never 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. Almost nine-tenths (89 percent) of the administrators reported feeling the needs were almost always or frequently being met. Perhaps this perception was based on their lack of direct and on-going contact with terminally ill patients. However, 74 percent (40 respondents) of the oncologists

	Number	Percent
Almost always	35	11
Frequently	159	50
Seldom	111	35
Almost never	11	4
Totals	316	100

gists and internists said the needs of the terminally ill were almost always or frequently met. Other non-physician caregivers were less optimistic. For example, nearly half of the nurses (48 percent) and social workers (44 percent) said the needs of the terminally ill were seldom or almost never met.

Over half (52 percent) of the health care professionals surveyed said they had never referred anyone to a hospice program.

Table 3 presents a cross-tabulation by health care profession of the question about referrals. 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 a hospice program must have the consent of the attending physician and/or medical director. Nearly

	Oncologists and Internists No. %	Other Doctors No. %	Nurses No. %*	Administrators No. %	Social Workers No. %
Almost always	4 7	12 14	16 13	1 6	2 6
Frequently	36 67	43 49	49 40	15 83	16 50
Seldom	12 22	31 35	53 43	2 11	13 41
Almost never	2 4	2 2	6 5	0 0	1 3
Totals	54 100	88 100	124 101	18 100	32 100

*Percentages do not equal 100% due to rounding.

	Oncologists and Internists No. %	Other Doctors No. %	Nurses No. %	Administrators No. %	Social Workers No. %
Yes	40 73	28 30	56 43	6 33	29 81
No	15 27	66 70	74 57	12 67	7 19
Totals	55 100	94 100	130 100	18 100	36 100

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 the health care professions surveyed viewed hospice 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 support (44 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 was 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 the 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=6) reported being satisfied with hospice. Social workers were least satisfied (32 percent) of all professional caregivers reporting. Table 5 presents the cross-tabulation by health care profession about satisfaction with hospice programs.

Table 6 lists the obstacles health care professionals encountered in obtaining hospice services for their patients. The

	More Patient Support No. %	More Personal Care No. %	Patient Wanted to be Home No. %	Family Requested Hospice No. %	Offers Pain Control No. %	Doctor's Request No. %	Offers Bereavement Follow-up No. %	Other No. %
Oncologists and internists	23 28	17 30	0 0	1 7	0 0	1 33	1 50	1 7
Doctors	13 16	12 21	3 23	1 7	1 11	0 0	0 0	3 21
Nurses	26 34	19 33	3 23	11 73	6 67	0 0	1 50	6 43
Administrators	3 4	2 4	0 0	0 0	0 0	0 0	0 0	1 7
Social workers	15 18	7 12	7 54	2 13	2 22	2 67	0 0	3 21
Total responses	82 100	57 100	13 100	15 100	9 100	3 100	2 100	14 99*

*Percentages do not equal 100% due to rounding.

	Oncologists and Internists No. %	Other Doctors No. %	Nurses No. %	Administrators No. %	Social Workers No. %
Yes	35 92	27 100	51 94	6 100	17 68
No	3 8	0 0	3 6	0 0	8 32
Totals	38 100	27 100	54 100	6 100	25 100

most frequently mentioned response was cost (33 percent). The next most frequent response was that doctors were resistant to the hospice idea (23 percent). Other responses cited the limited availability of hospice outside the metro area (16 percent), limited resources (12 percent), and lack of information about hospice services (7 percent).

Over half of the total responses received (51 percent) were from nurses, 26 percent were from social workers, and 15 percent were from oncologists and internists. The obstacle most often encountered by nurses was that doctors were resistant to the hospice idea. Generally, these nurses felt that the medical staff lacked the education to make appropriate referrals.

Both nurses and social workers were concerned that hospice was cost prohibitive for some clients, especially the very poor.

Obstacles most often mentioned by oncologists and internists concerned the limited availability of hospice outside the metropolitan area and limited resources in terms of lack of beds, funding sources, and volunteers. Social workers also felt restricted in securing services for their clients because of limited resources.

When asked whether or not a need existed for expansion of hospice services in Omaha, 75 percent of the health care

providers said yes while 14 percent did not feel this was necessary.

Table 7 presents information about the perceived need for expansion of hospice services in Omaha by health care profession. While the majority in each health care profession favored expansion, more administrators (42 percent), and oncologists and internists (27 percent) were reluctant to agree. Nurses (92 percent), more than any other professional caregiver group, felt the need to expand hospice services.

Professional caregivers who did not want hospice services expanded said that current services should be examined first (44 percent), already available programs should be publicized (22 percent), hospice costs too much (15 percent), existing services cover the need (11 percent), and hospice philosophy can be practiced by everyone without formal programs (7 percent).

Reasons why hospice should not be expanded were cross-tabulated by health care profession. Almost half of the total responses received (48 percent, 13 respondents) were from physicians. The comments most often made by oncologists, internists, and other doctors were that current services should be examined first and that hospice costs too much. Nurses and administrators responding to the question felt that existing programs should be publicized. A majority of

health care professionals (80 percent) also felt that new programs should be developed.

Respondents who indicated a need for expansion of hospice services were asked whether they thought present programs should be expanded, and 99 percent responded yes. While the majority of nurses supported development of new programs, one-fourth of this group stressed the need for better utilization of existing services, the need for more public awareness, and the need for more physician endorsement.

Nurses who were positive about expansion of hospice services felt that the expansion of present programs and the development of new programs were not feasible unless funding levels were increased. The coordination of extensive volunteer support would also be needed.

	Number ^{a/}	Percent
Cost	31	33
Doctor resistant to hospice idea	22	23
Limited availability outside metro area	15	16
Limited resources ^{b/}	11	12
Lack of information about hospice programs	7	7
Problems with patient's family	2	2
Other	7	7
Totals	95	100

^{a/} Number of responses
^{b/} The limited resources specifically mentioned were volunteers, lack of hospice beds, and lack of funding.

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

	Oncologists and Internists		Other Doctors		Nurses		Administrators		Social Workers	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	30	73	67	84	100	92	7	58	23	82
No	11	27	13	16	9	8	5	42	5	18
Totals	41	100	80	100	109	100	12	100	28	100

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.

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.

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

While the majority in each health care profession favored expansion, more administrators (42 percent) and oncologists and internists (27 percent) were reluctant to agree. Almost all (99 percent) felt the present program should be expanded, compared to 80 percent who felt that new programs should be developed.

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