Review of Applied Urban Research 1984, Vol. 12, No. 05

Center for Public Affairs Research (CPAR)

University of Nebraska at Omaha

Follow this and additional works at: https://digitalcommons.unomaha.edu/cparpubarchives

Part of the Demography, Population, and Ecology Commons, and the Public Affairs Commons

Recommended Citation
https://digitalcommons.unomaha.edu/cparpubarchives/500

This Article is brought to you for free and open access by the Center for Public Affairs Research at DigitalCommons@UNO. It has been accepted for inclusion in Publications Archives, 1963-2000 by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.
Health Care Professionals' Views of Omaha Hospice Use

By Carole M. Davis, M.S.W.
Marjorie J. Corrigan, Ph.D.
Susan Stensland, A.C.S.W.

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...
Almost always (83 percent) of the oncologists and internists reported referring patients to hospice programs. However, only 30 percent of the doctors had done so.

The majority of health care professionals surveyed viewed hospice as a humane and positive method of caring for the terminally ill. Physicians’ responses indicated that they made hospice referrals because of their desire to provide more support (44 percent) and more personal care for the patient (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 health care profession of the reasons for making referrals to hospice programs.

The majority of health care professionals surveyed were satisfied with hospice programs. A total of 91 percent (22 respondents) were most frequently satisfied with hospice. Social workers (44 percent) and nurses (44 percent) were least satisfied. Table 5 presents the cross-tabulation by health care profession of satisfaction with hospice programs.

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 social work professionals 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 three-fourths (73 percent) of the oncologists and internists reported referring patients to hospice programs. However, only 30 percent of the doctors had done so.

Respondents who indicated a need for expansion of hospice services were asked whether they thought present programs should be expanded and, if so, 99 percent responded yes. While the majority of nurses supported development of new programs, one-third of this group said that 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 for the terminally ill expressed the need for improved services and more training. The coordination of extensive volunteer support would also be needed.
TABLE 7
NEED FOR EXPANSION OF HOSPICE SERVICES IN OMAHA
(BY HEALTH CARE PROFESSION)

<table>
<thead>
<tr>
<th>Oncologists</th>
<th>Other Doctors</th>
<th>Nurses</th>
<th>Administrators</th>
<th>Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No.  %</td>
<td>No.  %</td>
<td>No.  %</td>
<td>No.  %</td>
</tr>
<tr>
<td>Yes</td>
<td>30  73</td>
<td>67  84</td>
<td>100  92</td>
<td>7  58</td>
</tr>
<tr>
<td>No</td>
<td>11  27</td>
<td>13  16</td>
<td>9  8</td>
<td>5  42</td>
</tr>
<tr>
<td>Totals</td>
<td>41  100</td>
<td>80  100</td>
<td>109  100</td>
<td>12  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.

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.

Floyd Waterman, Director—Center for Urban Education
Murray Frost, Research Coordinator
Jack Ruff, Coordinator of Housing Research and Community Service
David R. DiMartino, Donald F. Norris, Senior Research Associates
Wilda Stephenson, Senior Community Service Associate
Carole M. Davis, Community Service Associate
Rebecca Fahrlander, R. K. Piper, Research Assistants
Marian Meier, Editor
Tim Himberger, Data Base Coordinator
Joyce Carson, Betty Mayhew, Loni Saunders, Clerical

The University of Nebraska—An Equal Opportunity/Affirmative Action Educational Institution