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Geriatric, Ethics, and Palliative Care: Tending to the Mind & Spirit

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GERIATRIC, ETHICS, AND PALLIATIVE CARE: TENDING TO THE MIND & SPIRIT

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The purpose of this paper was to examine the outcomes from the William Randolph Hearst Scholars Program (HSP) conducted at Maine Medical Center, Portland, Maine from September 2005 to September 2006. The HSP was an interdisciplinary (nursing, rehabilitation therapies, social work, clergy, pharmacy, physicians, respiratory therapy, physician's assistant) educational opportunity (12 months, 50 hours of education) with the goal of improving the quality of care for older adults in an acute care medical setting. The focus group participants (21 out of 39 Hearst

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Scholars) participated in a 1.5-hour focus group immediately following completion of the program. After analyzing the data, the results revealed an overarching theme of empowerment in four specific topical areas: knowledge, connection, barriers, and hopeful trends, with specific themes emerging from each topic. This demonstrated the importance of the HSP for the participants.

Aging in the United States is one of the major public health challenges of the 21st century (Center for Disease Control, 2007). The older adult population is the fastest growing segment of the United States. Currently there are 35 million older adults. As the baby boom generation ages, the number of older adults is expected to double by 2030 (Topp, Boardley, Morgan, Fahlman, & McNevin, 2005). In addition, during this time frame, inpatient acute care admissions are expected to increase by 78% (National and Local Impact on Long-Term Demographic Change on Inpatient Acute Care, 2002).

This paper highlights the focus group evaluation of the William Randolph Hearst Scholars Program (HSP) conducted at Maine Medical Center from September 2005 to September 2006. The purpose of the HSP was to provide education for an interdisciplinary group of employees at the hospital. The educational opportunity focused on learning and devising better ways to offer elder care in an acute medical setting with a goal of improving the quality of care for older adults. The HSP was designed as a series of monthly seminars that met over the course of 12 months for a total of 50 hours. Educational methods included presentations by national, community, and hospital experts; case discussions; interdisciplinary collaboration; and change initiatives.

DESCRIPTION OF THE PROGRAM EVALUATION

The focus group participants were 21 out of 39 Hearst Scholars (14 registered nurses, 1 clergy, 1 physical therapist, 1 occupational therapist, 2 social workers, 1 physician assistant, 1 pharmacist; 19 women and 2 men) who participated in one of four focus group interviews. Medical doctors and respiratory therapists participated in the HSP but not the focus groups. The focus groups were conducted between October 3 and October 11, 2006 at the medical center. Each session was held for 1.5 hours and was tape-recorded; in addition, written notes were taken. The following research question guided the focus group: What values if any, did the HSP have on participants' self-efficacy in their ability to improve the quality of elder care?

The focus group used a semistructured interview format. An interview guide assured consistency across the focus groups

(see Appendix), and a flexible session structure permitted follow-up questions, probes, and group discussion. The program evaluator led the focus group and took written notes for three sessions. During one focus group, a graduate research assistant took written notes. Prior to the start of the session, the program evaluator elicited the informed consent, explained the purpose of the focus group, set ground rules, and encouraged the participants to introduce themselves. The medical center and the university's institutional review boards approved the program evaluation.

DATA ANALYSIS

The program evaluator reviewed the participants' responses using analytic induction to provide a context for understanding (Krueger, 1994). After each session the program evaluator, and on one occasion the research assistant, reviewed the focus group discussion to clarify responses. Additionally, once the tape recordings were transcribed by an independent contractor, the program evaluator and research assistant compared the transcripts, notes, and memos of the sessions in an effort to establish the trustworthiness of the data. To further triangulate the analysis and strengthen the validity of the data, one member of a focus group confirmed the findings. After verifying the data, the program evaluator conducted a crosscase analysis that included analytic coding for the data within and across all data. The goal was to establish conceptual patterns and categories. Lastly, the program evaluator and colleague reviewed the findings to confirm the program evaluator's interpretations.

Table 1. Overarching theme of empowerment

Empowerment			
Knowledge	**Connection**	**Barriers**	**Hopeful trends**
Resources	Empathy and compassion	Impediments and facilitators of change	Holism
Communication	Growth	Time limitations	Interdisciplinary treatment and knowledge
Need	Energy	Visibility	Nondrug approaches to care
	Action/ movement	Hierarchal and bureaucratic systems	Learning community

Table 2. Knowledge

Theme	Description
Resources	Increased knowledge of all available resources (e.g., people, written materials, agency, community) and how to use these resources.
Communication	Communication based on the idea of respect and wanting social and institutional improvement.
Need	An urgent need to be educated on the issues of aging to meet the demands of current and future populations.

Table 3. Connection

Empathy and compassion	The starting point for connection begins with empathy and compassion for others.
Growth	Personal and professional growth through connection.
Energy	More enthusiasm, curiosity, and zest for work life.
Action/movement	Ability to take action and move forward with initiatives.

Table 4. Barriers

Impediments and facilitators of change	Change is important and needed, but stressful, difficult, slow, and not always supported.
Time limitations	Staff lacked time to fully engage in the learning process.
Visibility	Promoting and spreading the word of the benefits and outcomes of the HSP is needed.
Hierarchal, patriarchal, and bureaucratic systems	Hierarchal, patriarchal, and bureaucratic systems are a barrier to improving quality of care.

Table 5. Hopeful Trends

Holism	Treating the patient as a whole person rather than a set of symptoms.
Interdisciplinary treatment and knowledge	Collaborating with various disciplines across the MMC campus.
Nondrug approaches to care	Understanding the issues related to polypharmacy and encouraging approaches to decrease the use of medications.
Learning community	Hopes that the HSP participants can meet to discuss initiatives, provide support, and continue learning.

FOCUS GROUP FINDINGS

After analysis of the transcripts and written notes, the data revealed an overarching theme of empowerment (Table 1) in four specific topical areas: (a) knowledge (Table 2), (b) connection (Table 3), (c) barriers (Table 4), and (d) hopeful Trends (Table 5). After analysis of the data, specific themes within each topic were identified.

OVERARCHING THEME

Empowerment

Empowerment emerged as an overarching theme that embraces all of the topical areas (knowledge, connection, barriers, and hopeful trends). The HSP participants reported a culture that allowed them to feel more confident in making decisions, identifying problems, creating solutions, and taking action for improved patient care. In addition, they were empowered to speak up when communicating with physicians and administrators. One participant stated, "I am more educated, and as a result, I feel I have more courage." Another commented, "The HSP was a step up in my knowledge base in geriatric medicine, I feel better educated all around." Yet another noted, "I feel well-informed and as a result feel more confident and comfortable sharing information with others; it has boosted my self-confidence." One stated, "I feel I am at a very different place professionally than I was a year ago. I have grown in such a significant way." For the most part, the participants felt that participating in the HSP has led a sense of empowerment, which leads to enhancing the quality of care.

Knowledge

In all of the focus groups, participants identified the positive experience of either gaining new knowledge or being validated for current knowledge. The following themes highlight the participants' experiences.

Resources

In every discussion, the participants commented on the resources available to them after participating in the HSP. All of the groups talked at length about the wealth of information provided by the

speakers, the usefulness of the readings and notebook, the delight in realizing their colleagues at the hospital were valuable resources, and how important it was to understand the community resources available. One member of the discussion commented, "I have referred to the reading materials and my notes from the lectures and have shared this knowledge with my co-workers." Another, referring to the internal speakers and planning committee, "We have such a wealth of knowledge; it is nice to know I can just pick up the phone and call if I need information." One participant highlighted their colleagues as resources and stated, "We have established just a wonderful learning community, who are all great resources. I plan on using my colleagues as resources more than I did prior to this experience." Overall, the participants felt team building occurred, which increased the educational experience.

Communication

The four focus groups confirmed that the educational experience enhanced their communication skills by focusing on respect and wanting improvement in communication with patents, family members, colleagues, physicians, and administrators. Many participants commented on an increased ability to communicate regarding end-of-life and palliative care concerns. One participant, in a tearful voice, shared a series of conversations she had had with a family member regarding end-of-life care for her father. The participant stated, "I could not have had this conversation last year, gotten to the root of the problem if I had not attended the HSP. The program enabled me to ask questions, listen, and share my knowledge with the family." Another member commented on her ability to provide feedback to a physician upon the physician's request. She stated, "I would have never been able to communicate authentically to this doctor if I had not trusted the knowledge and skills learned during the lectures." One nurse commented that she already felt very assertive in her communication but noted, "This experience has made me a better listener, and I feel I am gentler with the patients and more focused on the present moment. The HSP has changed how I communicate with the patients." Another nurse really appreciated the importance of professional language to replace derogatory statements used and noted, "We have replaced the term wigging out to cognitively changing, and it made me feel nice because the technicians are modeling me and now using more appropriate terminology too." Most groups commented on the need to continually work on communication issues, but felt the HSP was a good start.

Need

All four focus groups commented on the need for geriatric education due to the growing aging population in Northern New England and across the country. Many participants pointed out the need for geriatric education on all units and across all disciplines. One of the rehabilitation therapists noted that previously he did not feel therapy was appropriate for end-of-life or palliative care but realized through the HSP, "Coming from the patient's perspective that they still have goals and wishes, therapy can still assist them, they still want the dignity to get up and go to the toilet by themselves, therapy can make them safer, so end-of-life is more comfortable." In addition, in every focus group there were participants that commented on how valuable were education on normal aging, dementia, depression, and delirium, ethics, end-of-life/palliative care, pain, and polypharmacy. One nurse noted, "It opened my eyes, that not all older people are confused and incontinent." One nurse manager stated, "The HSP program helped me to understand the issues related to polypharmacy and the need to critically think about medication use and the need for nondrug approaches to treatment. In addition, I understand how medications can often cause delirium and the importance of understanding the complexity of treating the geriatric patient." Overall, all the groups valued the experience and pointed out the need for continued education regarding treatment of our geriatric population.

Connection

Connection with others was an important topical area as the themes that emerged from the focus groups pointed to interconnectedness; that is, if one occurs, the others may follow. It is interesting to note that the majority of participants were women, who are viewed in this culture to be more empathetic and compassionate. In addition, participants' comments suggest that the existing organizational culture may limit needed relational connections.

Empathy and Compassion

Empathy and compassion are central to all relationships. Connection occurs when we turn towards others, listening and acknowledging their feelings in an empathetic and compassionate way. The majority of focus groups members stated an increase in the ability to connect with patients, family members, colleagues, and themselves, leading to more job satisfaction. One nurse noted, "Empathy and compassion opens up

communication.'' Another nurse commented, ''I realize I need to be empathetic and compassionate, with not only the patients I treat, but with my colleagues and ultimately to myself.'' However, another participant had an different viewpoint stating, ''I feel like the HSP was preaching to the choir; the members of HSP all understand this; I was wishing others who would really benefit from this training could have been there.'' Another colleague noted, ''I think the physicians, surgeons, residents who were not there should participate in yearly empathy and compassion training. This was the missing link.''

Growth

Many of the groups held discussions around growth. Connecting with others in an empathetic and compassionate educational environment promoted personal and professional growth. A nurse manager stated, ''The HSP has helped me to really define what course of graduate education I would like to pursue.'' Another nurse noted, ''The program has encouraged me to read and learn on my own. I am more curious as a result.'' One participant commented, ''I feel committed to more learning and would participate in other educational experiences offered.''

Energy

All the focus groups referred to an increase in energy and, as a result, pointed out that these positive feelings occurred by being in connection with others. Participants commented on having more enthusiasm, excitement, motivation, and interest for their work. One participant stated, ''I felt I had so much enthusiasm for our change initiative, even though I knew it would be a lot of work, and there were many road blocks.'' Many participants commented on how affirmed and energetic they felt just by being in a group of interested, engaged professionals. The majority stated the belief that they were really making a difference in patient care as a result of being involved with this learning community.

Action

The focus group data suggests the ability to take more action on behalf of patients and families was enhanced because of experiencing empathy and compassion. This lead to increased energy and growth through being connected to others. To specifically illustrate, many

participants spoke about being a better advocate, sharing opinions, persevering, and reaching out for help and support.

BARRIERS

Overall, the participants were extremely positive about their experience with the HSP; however, a few barriers were identified. The identification of these barriers may assist the planning committee in anticipating and overcoming obstacles, thus encouraging participation in the future.

Change

The majority of the focus groups commented that change is good, important, wanted, and needed, but stressful, difficult, challenging, and not always supported—leading to numerous constraints. One nurse pointed out, "Working in a group was stressful; agendas got in the way; others claiming my ideas; I did not feel valued." Another participant stated, "Change is hard; the process is slow." Another nurse stated, "Change is good; I like change; but change is difficult; even if you are enthused, you have to go through so many hoops." Another nurse pointed out, "We felt we really had to have administration buy into our idea to have any impact; it was finding the right pathway." A staff nurse commented on the mixed messages given: "My manager said she was supportive of my initiative, wanted the project completed, but kept picking it apart." Overall, there was a consensus that change was valued, but constraints occurred, and support was needed to work through the barriers. To illustrate this point, one participant stated, "I think it would be beneficial to continue to meet with a facilitator on a monthly basis to support each other with our change initiatives."

Time Limitations

All the focus groups strongly voiced the limitation of time. They stated there was not enough time to read the materials, process the information, work on the change initiatives, and even attend the focus group meeting. One rehabilitation therapist said, "My colleague really wanted to attend the focus group, but she was so busy, she could not get away." Another woman stated, "There was no time to meet to work on the change initiative, considering people's schedules and lives." One nurse commented, "I wish we would have had more time to discuss and process the information we learned

during the lectures.'' Yet another participant recommended, ''I wish we could have spent time with the speakers; talking with them would have been great.'' One participant had a positive view of barriers noting, ''Even though I did not get to read all the materials thoroughly before each presentation, I know I have the articles and handouts and can read when I do have time.'' Generally, there was agreement that despite the time limitations, all participated to the best of their abilities.

Visibility

Visibility was mentioned in most of the focus groups—visibility meaning knowledge and understanding from employees of what specifically the HSP was accomplishing. One nurse noted, ''I felt I was always explaining to my coworkers what and where I was going.'' Another participant stated, ''I had to educate my supervisor; she had returned from maternity leave and did not know what the HSP was all about.'' Still another pointed out, ''This was such a wonderful program; I wish more people could have benefited from it, but nobody seemed to know.'' A nurse suggested, ''I hope the planning committee presents the findings to the hospital or wider community as people need to know what we have accomplished.'' Generally, there was a sense that more needed to be done to increase the visibility of the HSP and the outcomes.

Bureaucratic, Patriarchal, and Hierarchal Systems

Bureaucratic, patriarchal, and hierarchal systems are barriers to improving quality of care as they produce a culture that values, believes in and sets norms that do not enhance quality care. Systems structured in this fashion decrease empowerment, knowledge, and connection.

Participants in all the focus groups pointed out that the decision-making model [one of the educational sessions presented to complete the change initiative] heightened their sense of the bureaucracy. One participant commented, ''I felt like layer after layer between where I was and were I wanted to go, there had to be a simpler, a more straightforward way to get there.'' Another participant had an idea for a very simple project, but ran into so many barriers that she just gave up. She stated, ''It just became too hard, facing another roadblock for everything I asked.'' Yet another participant reflected, ''I felt it was hard to get everyone on board so I could initiate change.'' A nurse pointed out, ''I had to deal with some initial resistance from my coworkers and manager; nobody seemed to support my ideas.''

Some observations made by participants seem gender-specific and suggest some underlying cultural issues. One woman noted, "The hospital is a paternalistic institution and I think nurses, in particular, are the ones who suffer." The comment suggests that participants may be more likely to breakout of patterns of oppressed group behavior given empowering educational opportunities. However, not only women noted the need for empowerment. One male nurse suggested, "We need these types of experiences for continued growth." Therefore, an analysis of the agencies' systems may be warranted to create a culture that empowers employees.

HOPEFUL TRENDS

Hope and excitement for trends, or "tipping points," as one participant stated, was a topical area that was addressed in the majority of focus groups. This last area will be called hopeful trends to highlight the participants' hopes.

Holism

There was discussion on the concept of holistic treatment of patients. Many felt hopeful; one participant noted, "It was nice to know that there may be a shift in how we think about the patient, more holistic, like they are not just a bunch of symptoms, but people, just like us." One nurse stated, "I appreciated one of the physician's presentations where he talked about knowing his patients personally in order to treat them." The HSP appeared to reaffirm participants' knowing that holistic care is important. One nurse reported an example of how her thoughts and beliefs had been validated: "Just having experts report that we need to stay focused on the essence of the person, see them as individuals, rather than a diagnosis was important for me."

Interdisciplinary Knowledge and Treatment

Most of the participants commented on the value and need for interdisciplinary knowledge and treatment. One nurse suggested, "I think most of the interdisciplinary interactions occur informally, in the hallway you run into somebody and begin a discussion. Of course, I would not have known these people if not for the HSP—an interdisciplinary connection was made." Another nurse stated, "I had no idea all these interdisciplinary resources were available; I feel more comfortable asking questions and making referrals." Another

participant pointed out, "Treating older adults is complex; the chronic illnesses, medications make interdisciplinary work needed and appreciated. I feel we get better outcomes from interdisciplinary treatment." One nurse discussing the importance of interdisciplinary knowledge, noted, "Despite what was presented, we can all learn from each other; it was good to have all the disciplines there, no matter what was being discussed." Another nurse reported, "I had no idea how much knowledge and information other disciplines had. I learned a great deal from interacting with the social workers, pharmacist, and chaplain during the HSP." From a review of the focus group transcripts and written notes, it appears the participants felt interdisciplinary knowledge and treatment was essential in treating the clinically-complex older adult. In addition, the participants felt that building an interdisciplinary team increased quality of care.

Nondrug Approaches to Care

A number of participants commented on the appreciation for nondrug approaches to care as a result of the issue with polypharmacy in older adults. All focus group participants commented on the change initiative to decrease the use of Ambien following an increase in the use of nondrug approaches such as back rubs, soothing music, dimming lights, and Sweet Dreams tea. In addition, one participant stated, "I would like to think that this hospital has avoided falls for our elder patients, due to an increase in information we have gained and a decrease in the use of medications." Another nurse noted, "Alternative ways of treatment are so important, we started using activities during the evening to decrease disturbing behaviors, trying to avoid overmedication." One participant stated, "We need to advocate for our patients by decreasing the use of medications. Making referrals for therapy, spiritual counseling, or social work services might be a start, in addition to promoting alternative treatments like Reiki." Another colleague continued the discussion by stating, "An interdisciplinary approach to care is so important, the resources we have available, like the HELP program [A program that works with older adults in the hospital] are vital." Many participants commented on the need for better understanding of complimentary and alternative approaches to care and wanted to learn more.

Learning Community

Generally, the Hearst Scholars pointed out a need to meet to discuss initiatives, provide support, and continue learning. These ideas

emerged throughout all the discussions. Many participants commented on how the community generated support. One participant noted the helpfulness of support: "I have more support around me because of the HSP. I know I can ask questions, and I know who to ask these questions to; it is very comforting for me to have this support." A feeling among all was that a supportive cohort group was established between the Hearst Scholars, and a sadness that it was ending was apparent.

Many scholars discussed the concept of a learning community and the need for continued education. A participant stated, "I feel we created a learning community; I hate to see that ending." A nurse manager noted, "I would hate to see this fizzle away, we need to connect and continue to cheerlead." A nurse commented, "The planning committee made everyone feel special, they were really respectful, it was a great program." A participant noted, "There is such momentum going, it would be worthwhile to continue to share information, get together, and evaluate what we are doing." Another participant responded passionately, "I hope we can at least get together so the planning committee can share the final results with the group. I would really like to hear." A colleague agreed and all members of one focus group concurred, "We are all interested in a presentation on the final outcomes."

DISCUSSION AND RECOMMENDATIONS

The results highlight the benefits of providing interdisciplinary education for health care workers. Based on the HSP evaluation, the purpose of providing interdisciplinary education with a focus on enhancing the quality of care in a tertiary setting was met. The learning was highlighted in the focus group report through an attitude of empowerment, increased knowledge, enhanced connection, and hopeful trends.

Recommendations

1. The Imperative for an Organizational Focus on Clinical Education in Geriatrics

The population of older adults is growing rapidly, and as people age they develop and live with chronic health conditions that require medical attention. Hospitals have a moral imperative to act with conviction and compassion to meet the needs of this aging population.

1.1 Create interdisciplinary opportunities for educational development for employees and physicians. Examples of critical roles that

drive development: (a) clinicians and other staff: ownership, skills, capacity, experiences, and recognizing potential, (b) management: collaborative, supportive leadership, (c) organization: create educational structures, sustainable tools, resources, and employee friendly systems for increasing knowledge.

1.2 Involve physicians in all educational opportunities.

1.3 Support interdisciplinary learning communities for employees. Employees need meaningful interactions with other professionals, validation from others for their thoughts, feelings, skills, and abilities.

2. The Imperative to Create a Culture of Connection

The body of research represented in this report suggests a need to develop an organizational culture that connects and empowers employees.

2.1 Construct a group culture focused on teamwork and participation.

2.2 Assemble a culture of development based on risk taking and change.

2.3 Promote authentic communication. Authenticity promotes strong, active initiators and responders within relationships.

2.4 Create empathetic and compassionate environments that provide empowered, energetic professionals who have courage to take action, leading to individual and organizational growth.

3. Recognize and Move to Overcome Barriers

Change cannot occur if the culture of the organization does not recognize barriers and develop strategies to overcome.

3.1 Clinicians and other staff need support, recognition, flexibility, and time to initiate change.

3.2 Consider the impact of patriarchal, hierarchal, and bureaucratic systems on employee development and patient outcomes.

3.3 Work with administration to promote the visibility of the Hearst Scholars Program and future educational programs.

3.4 Establish realistic expectations of time.

4. An Imperative for Hope

Hope is a motivational construct and allows people to believe in positive outcomes. The construct allows people to develop goals and

energy to pursue those goals. Hope is built by being in connection with others and is purposeful. Therefore, it is important to recognize what feels hopeful to the Hearst Scholars to improve the quality of care.

4.1 Support and education that empowers people to recognize patients as whole beings; people with a mind, body, and spirit.
4.2 Provide education and support efforts for nondrug approaches to treating older adults.

5. Collaborate to Disseminate Final Outcomes

5.1 Collaborate with participants to present findings to the hospital community.
5.2 Brainstorm venues for dissemination of findings from change initiatives.
5.3 Partner with researchers to disseminate findings of focus group data.

6. Initiate Follow-Up Evaluation Plan

6.1 Initiate a follow-up plan for evaluation that might include collecting clinical cases, e.g., examples of what the participants are doing differently as a result of the HSP.

CONCLUSION

The findings suggest that the HSP was an enormous success. The participants were impressed with the caliber of the speakers, thrilled to be involved, but noted the need for more time to process the information and opportunities to interact with the presenters. Overall, the overarching theme of empowerment and the topical areas of knowledge, connection, barriers, and hopeful trends surfaced from review of the material—demonstrating the importance of these topics for the participants. The vast majority of participants would recommend such programs to colleagues and would participate again if given the opportunity. Additionally, they all hoped the planning committee will collaborate to present the final outcomes with a plan for future

opportunities. All the focus groups applauded the planning committee for their hard work in organizing and delivering this program.

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APPENDIX

Focus Group Questions for Participants

Questions:

1. Describe how the scholars' program has affected the quality of care at Maine Medical Center, i.e., what are the clinical outcomes?
2. Describe how the scholars' program has affected your satisfaction with your job, e.g., are you more aware of the available resources, has the decision-making model been helpful, has exposure to an interdisciplinary approach to education affected your job, have you worked with an interdisciplinary group since and, if so, how has the experience been for you?
3. How effective was the change initiative project in your learning and professional growth? Any concerns or comments regarding the change initiative project?
4. Please explain how your treatment interventions, approaches, and (or) clinical practices have changed due to your participation in the scholars program.
5. Express how the scholars' program has affected your thoughts about ethics, compassion, and empathy towards the patients you serve.
6. Has the scholars' program impacted your skills in communicating with patients, families, and caregivers?

7. **Has the scholars' program enhanced your understanding of the concept of providing care to the mind, body, and spirit?**
8. **How has the scholars' program enhanced your understanding of the issues and concerns for providing end-of-life care?**
10. **Is there anything else you would like to say or add to this discussion?**

Possible probing questions:

- **Can you elaborate on that further?**
- **Could you give me an example of what you mean?**
- **Would you say more about that?**