

African Region

Region of the Americas

Bridging the global palliative care gap through community nursing

A needs assessment of global home healthcare nurses' roles, satisfaction, and barriers to palliative care provision

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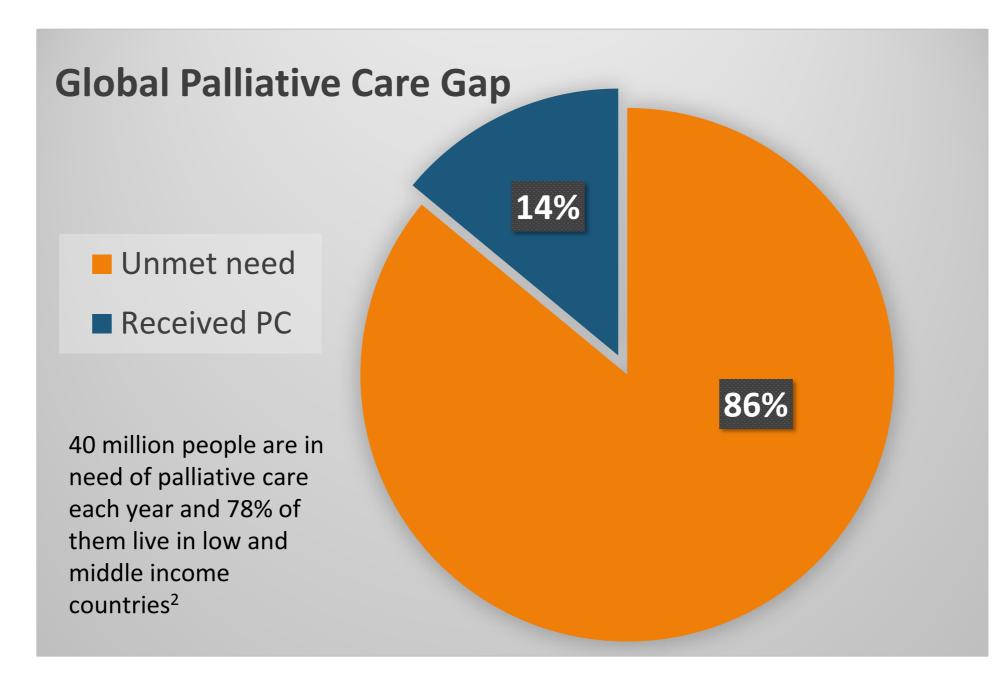
Background

World Health Assembly urges members to build palliative care (PC) capacity as an ethical and public health imperative.¹

Nurses provide PC services in many settings, including the home, and may be the only healthcare professional able to access disparate populations. Identifying current nursing services, resources, satisfaction with, and barriers to nursing practice are essential to build global PC capacity for tens of millions.

South-East Asia Region

European Region



Aim

Home Health Nurse Needs Assessment

Duties

- ☐ Satisfaction/barriers to care
- ☐ Community resources available
- ☐ Barriers to educational opportunities
- ☐ Desired learning methods

Results

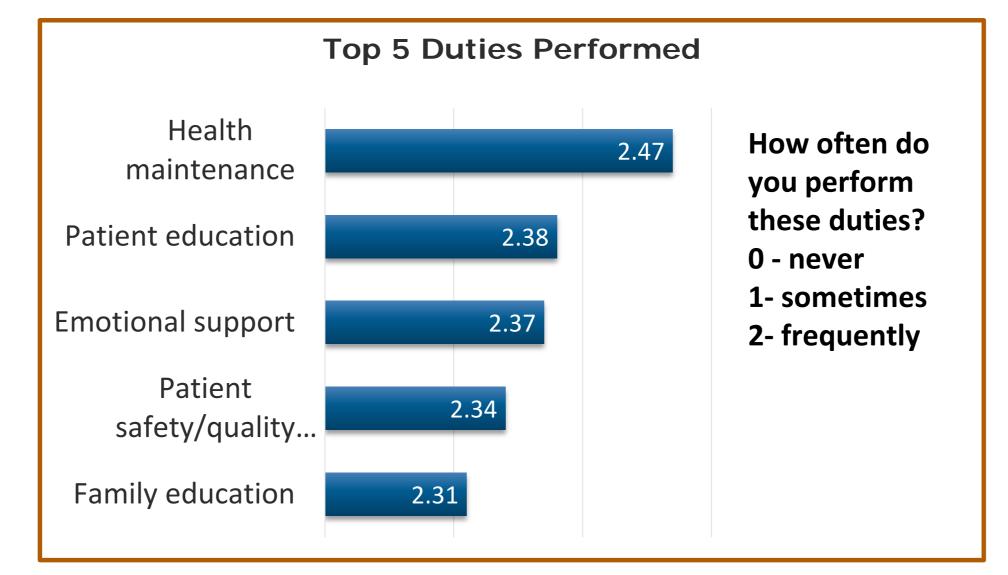
Eastern Mediterranean Region

Western Pacific Region

	Usable	Sample	PCD	World Bank
Countries by WHO	Surveys	(%)	Level	Income
Regions (N=29)	(N=532)			Group
				(FY2016)
	Africa	n Region		
Cameroon	15	2.82%	3A	Low-middle
Rwanda	3	0.56%	3A	Low
	Region of t	he Americas		
Argentina	20	3.76%	3B	High
Brazil	9	1.69%	3A	Upper-middle
U.S.	19	3.57%	4B	High
Eastern Mediterranean Region				
Afghanistan	13	2.44%	1	Low
Egypt	16	3.01%	3A	Low-middle
Iran	60	11.28%	3A	Upper-middle
Iraq	7	1.32%	3A	Upper-middle
Jordan	47	8.83%	3B	Upper-middle
Lebanon	17	3.20%	3A	Low-middle
Morocco	13	2.44%	3A	Low-middle
Palestine	20	3.76%	2	Low-middle
Saudi Arabia	5	0.94%	3A	High
Sudan	11	2.07%	3A	Low-middle
Syria	1	0.19%	1	Low-middle
UAE	1	0.19%	3A	Low-middle
	Europea	an Region		
Cyprus	33	6.20%	3B	High
France	15	2.82%	4B	High
Israel	21	3.95%	4A	High
Kazakhstan	11	2.07%	3A	Upper-middle
Spain	16	3.01%	4A	High
Turkey	46	8.65%	3B	Upper-middle
	South-East	Asia Region		
India	17	3.20%	3B	Low-middle
Indonesia	1	0.19%	3A	Low-middle
		acific Region		
Australia	15	2.82%	4B	High
China	18	3.38%	4A	Upper-middle
Japan	46	8.65%	4B	High
Philippines	16	3.01%	3A	Low-middle

Average Respondent

Female (81%), 38 years, 14 years experience, Bachelor's degree, works full time, conducts ~14 home visits weekly





Methods

- Cross-sectional survey design
- ☐ Validated 74-item needs assessment
- ☐ Distributed globally (Nov 2017-May 2018) to community home health nurses through MECC
- ☐ Voluntary, anonymous, 10-15 minutes
- ☐ Approved by Billings Clinic IRB

Data Analysis

- Descriptive statistics
- ☐ Factor analysis
- ☐ Country differences by Palliative Care Development & WHO income levels^{3,4}

Discussion

- ☐ *First* global survey of community home health nurses
- ☐ Infrastructure & workforce needed to make community-based PC a reality
- ☐ Gaps in nurse satisfaction in
 - developing vs developed countries:
 - care for the patient/family
 - patient communication
 - emotional-spiritual support provision

☐ Barriers to care:

- excessive caseloads
- inadequate staffing
- lack of policy and guidance
- insufficient funding
- lack of access to end-of-life measures

Take Home Points

- ☐ Home healthcare nurses are on the **frontline** of public health.
- ☐ The majority of patients who need home-based PC live in low-middle income settings.
- ☐ PC services must be a public health priority.
- ☐ Nurses should be well-resourced to deliver PC.
- ☐ Educational opportunities can mobilize nurses to increase PC access to improve patient, family, and country outcomes.

References:

- 1. World Health Organization, 2014. Strengthening of palliative care as a component of comprehensive care throughout the life course (67th World Health Assembly, wha 67.19). Retrieved from: http://apps.who.int/medicinedocs/documents/s21454en/s21454en.pdf
- 2. Palliative care fast fact sheet. WHO, 2018. (Retrieved from: http://www.who.int/mediacentre/factsheets/fs402/en/
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- 4. World Health Organization. World Bank Income Groups Geneva, Switzerland: WHO; 2018 [cited 2018 July 10]. Available from: http://www.who.int/healthinfo/global_burden_disease/definition_regions/en/