

In-Home Hospice Nursing: Work and Life Experiences Through the Model of Human Occupation (MOHO) Lens

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Literature Review

Hospice: Concept of care which provides comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented care (Martens, 2009, p. 145).

- ❖ **Stress and Anxiety:** All nurses deal with stress and anxiety; not unique to hospice. (Peters et al., 2012; Peters et al., 2013).
- ❖ **Professional Compassion Fatigue (PCF), Compassion Satisfaction, and Burnout:** PCF is the “cost of caring.” Burnout is “emotional exhaustion, depersonalization, and reduction of personal accomplishments.” PCF and burnout are concerns for this workforce, as caring for the terminally-ill is a complex and challenging task (Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2011; Jenaro, Flores, & Arias, 2007, p.80). Compassion satisfaction in healthcare professionals comes from the emotional rewards of caring for others.
- ❖ **Emotional Challenges and Resilience:** Coping strategies are used to deal with emotional challenges and contribute to remaining in this field of nursing. (Ablett & Jones, 2007; Ingebreten & Sagbakken, 2016).

Impact:

- Literature suggests that hospice and palliative care professionals change and grow personally through serving patients with terminal illnesses.

Application to OT: Knowledge pertaining to nurses’ volition, habituation, and personal causation would benefit occupational therapists, as they also work in the hospice and palliative care field (AOTA, 2015). There is a lack of research about occupational therapists’ personal experiences in hospice care.

Purpose

Aim: To understand life experiences, attitudes, and strategies associated with one’s ability to care for hospice patients and how working in hospice care affects the everyday lives of nurses.

Research questions:

- How do the interests, values, personal causation (motivation), habits, and roles of in-home hospice nurses affect their occupational performance in caring for the terminally-ill?
- In what ways does working as an in-home hospice nurse affect important habits and life roles performed outside of the workplace?

Methodology

Inclusion Criteria:

- Having at least a licensed practical nursing certificate; at least 18 years of age; employed as an in-home hospice nurse

Participants and Sampling Procedures:

- 3 female in-home hospice/home health care nurses, ages 61-64
- Convenience Sampling

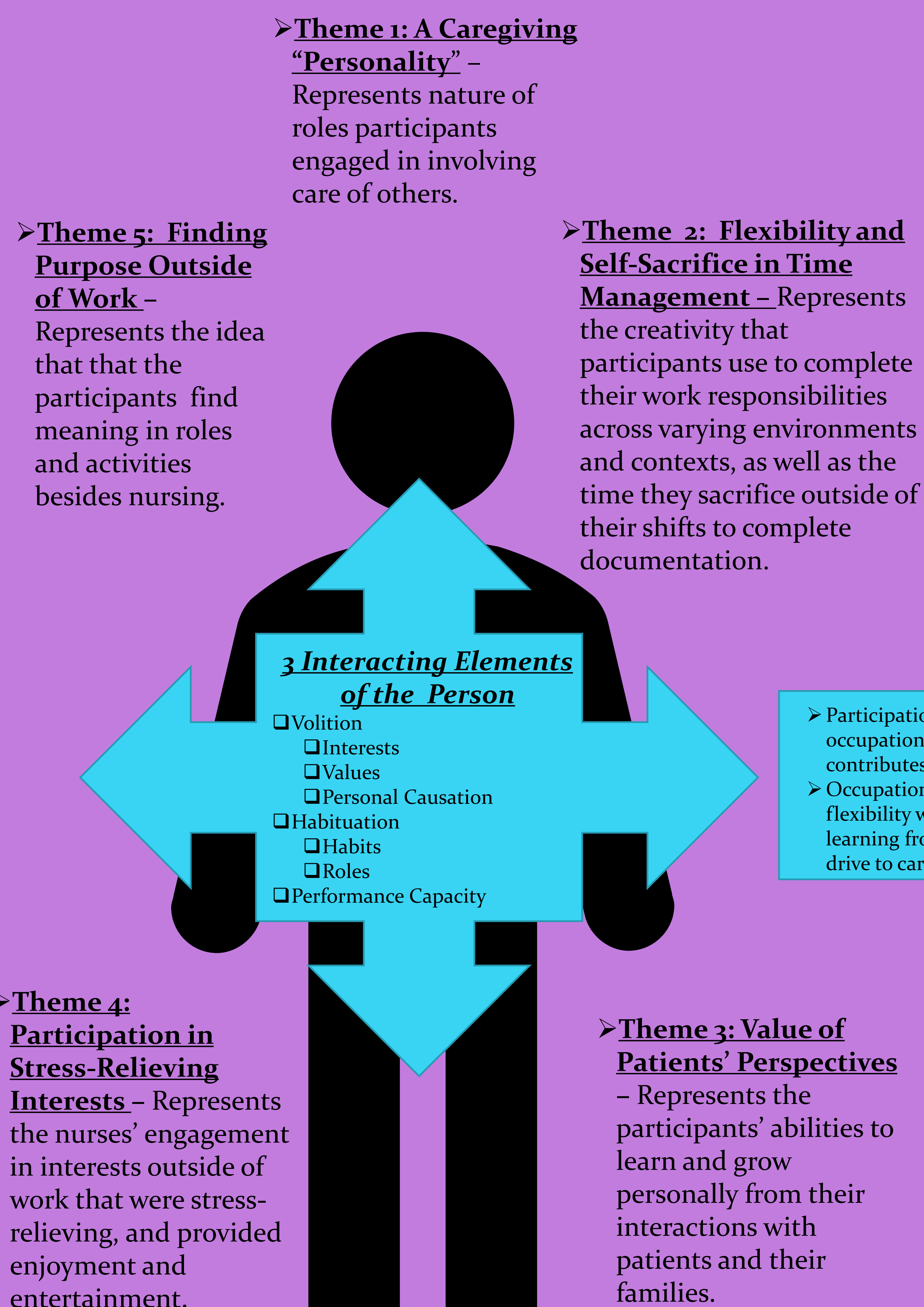
Measure:

- Semi-structured interviews using a modified version of the *Assessment of Occupational Functioning Collaborative version (AOF-CV)*.
- Probing questions were adopted from Tunnah, Jones, and Johnstone (2012).

Methods and Analysis:

- Qualitative design
- Active reading, coding, and developing themes of transcripts. (Taylor, 2017).
- Member-checking

Results



Environment

- Rural, small town. Patients are distributed across a large geographical area.
- Central office where nurses and other members of hospice team meet in the mornings.
- Nurses drive personal vehicles to travel between patients’ homes.
- Care is provided in patients’ homes; family is often present.

➤ Participation in a variety of meaningful occupations, both inside and outside of work, contributes to an occupational balance.

➤ Occupational performance is enhanced by flexibility with routines, value placed on learning from one’s patients, and an internal drive to care for others.



Photo Credit: Hearts for Hospice and Home Health

Identity

Adaptation

Competence

Acknowledgments

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Discussion

- Factors related to the participants’ volition, habituation, and performance capacity enable them to successfully work as hospice care providers with little negative impact on other meaningful life roles.
- Engagement in meaningful, purposeful occupations outside of nursing limit PCF, burnout, and stress.
- Time spent documenting was major barrier to participation in occupations outside of work.
- Environments fostered a sense of occupational identity within the community.
- Flexibility, time-management, and decades of nursing experience contribute to occupational competence.
- Many assessments used in studies of hospice and palliative care professionals are quantitative in nature and do not provide a holistic view.
- Appropriate MOHO Assessments
 - **Occupational Self-Assessment (OSA):** self-perception of occupational competence and the impact of the environment on occupational performance.
 - **Occupational Performance History Interview (OPHI-II):** explores a client’s history of work, play, and self-care performance and impact of illness, disability, and other trauma on one’s life.

Conclusion

- MOHO: well-suited for studying in-home hospice care professionals
- Provides framework for understanding the interaction between internal characteristics and the environment.
- Knowledge of how nurses deal with work-related stress can be utilized by OTs to understand their own perceptions of hospice care because they have worked in hospice longer than OT.
- More occupation-based studies of hospice care professionals would be beneficial as hospice care needs increase with an expanding older adult population.

Limitations

- Homogenous sample of in-home hospice nurses limits transferability to other practice settings.
- Lack of researcher triangulation; only 1 researcher analyzed data. Therefore, bias may be present.

References

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