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

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Literature Review

- Stress and Anxiety: All nurses deal with stress and anxiety, not unique to hospice.

- Time spent documenting was a major barrier to participation.

- Lack of researcher triangulation; only one researcher analyzed the data.

- 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 OTs.

- More occupation-based studies of hospice care professionals would be beneficial since care needs increase with an expanding older adult population.

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.

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

- Measures:
  - Semi-structured interviews using a modified version of the Assessment of Occupational Functioning Collaborative version (ACF-C-IV)
  - Probing questions were adopted from Tunnah, Jones, and Johnstone (2012).

- Methods and Analysis:
  - Qualitative design
  - Active reading, coding, and developing themes of transcripts.

Results

Theme 1: A Caregiving Role

- "Personality" represents nature of roles participants engaged in daily lives.

- "Habits," "Values," and "Personal Causation" as important habits and roles of in-home hospice nurses.

Theme 2: Flexibility and Self-Sacrifice in Time Management

- The creativity that participants use to complete their work responsibilities across various environments and contexts, as well as the time they sacrifice outside of work to complete documentation.

Theme 3: Value of Patients’ Perspectives

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

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

Theme 4: Participation in Stress-Relieving Interests

- Represents the nurses' engagement in interests outside of work that were stress-relieving and provided enjoyment and entertainment.

Theme 5: Finding Purpose Outside of Work

- Represents the idea that the participants find meaning in roles and activities besides nursing.

- Relieving stress and anxiety.

- Identity, competence, adaptation, and context.

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 a 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.

- More occupation-based assessments.


- Occupational Performance History Interview (OPHI III): explores a client's history of work, play, and self-care performance and impact of illness, disability, and other life trauma on one's life.

Limitations

- Homogenous sample of in-home hospice nurses limits transferability to other practice settings.

- Lack of researcher triangulation; only one researcher analyzed data. Therefore, bias may be present.

References


Additional References: Courtney Schauer, schauerc@etown.edu.

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