

EXPLORING PSYCHOSOCIAL CARE PROVISION FOR PALLIATIVE CLIENTS LIVING IN A RURAL AND REMOTE CONTEXT

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AIM OF THE RESEARCH

Aim One: To explore how psychosocial care provision is addressed in rural and remote communities of Queensland from the perspective of health workers and palliative clients themselves .

Aim Two: To understand the role of social work within the rural and remote context as the discipline does stake a claim over the psychosocial domain.

Primary Question: How is psychosocial care provision being undertaken for palliative clients living in rural and remote areas of Queensland?

Secondary Questions:

- How do rural and remote service providers perceive their role in providing psychosocial care to palliative clients?
- How do contextual factors impact on provision of psychosocial care?
- What are the perceived barriers and enablers to social work referrals?
- What have been the experiences for rural and remote palliative clients and their carers of psychosocial care?



BACKGROUND TO RESEARCH

In 2009 began working with palliative clients in a rural hospital
Health reform was underway with the palliative care sector being impacted

Palliative care falls under the sub-acute category within the National Health Reform Agreement

Spent considerable time addressing psychological, emotional, social and practical needs.

Clients also wanted to discuss their spiritual and cultural beliefs

Became curious about how psychosocial needs were being met in other rural and remote communities



CHALLENGES TO SERVICE DELIVERY

Distance

Queensland covers an area of 1,727,000 sq km's

The need to travel to see specialists

There is no after hours care

Reduced healthcare provider input

Limited practical support

Economic issues

Limited skilled workforce (Hardy, Maresco-Pennisis, Gilshenan & Yates, 2008; White, 2007).

Rural dwellers are at risk of an inferior treatment outcome

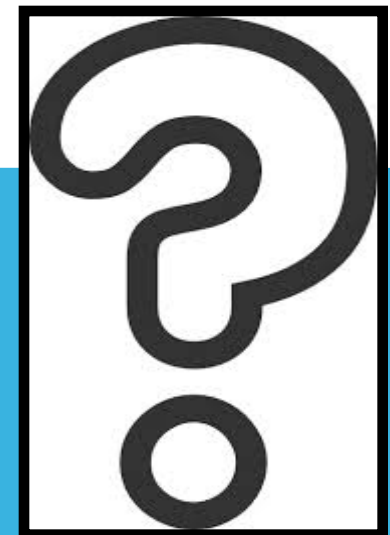
Endorsed Government Policy stipulates all Australians have a right to equitable access to quality palliative care (Commonwealth of Australia, 2010)



LOCATING SOCIAL WORK ACTIVITIES IN RURAL AND REMOTE QUEENSLAND

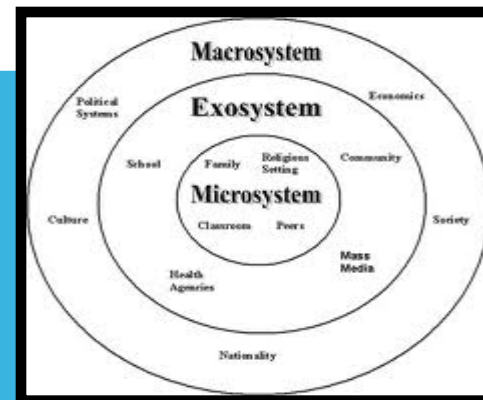
An extensive search in the databases revealed no literature on social work activities regarding psychosocial care provision for palliative care clients living in rural and remote areas of Queensland.

Evidence from the literature indicates that in many communities nurses have to meet these needs despite this being part of their training (Hegney, McCarthy, Rogers-Clark & Gorman, 2002).



THEORETICAL FRAMEWORK

- Research was underpinned by a Human Rights and Ecological Systems framework
- As with all critical perspectives, a human rights framework places social structures as the culprit for individual problems
- This critical view can be adopted to highlight how structural forces such as government health policy marginalize and impact minority groups
- Bronfenbrenner's ecological model conceptualizes the various systems and how they impact the palliative client living in a rural community



METHODOLOGY



DETERMINING RURAL AND REMOTE

By utilising the Rural, Remote, Metropolitan Areas (RRMA) Classification (2004), sites were identified as 'rural' or 'remote.'

Population less than 5,000 (Rem2)	8 communities
Population more than 5,000 (Rem1)	2 communities
Population less than 10,000 (R3)	9 communities
Population between 10,000 – 24,999 (R2)	3 communities
Population between 25,000 – 99,999 (R1)	2 communities

Total: 24 communities



METHODOLOGY

A qualitative study

A five week research expedition was planned

24 towns visited all over Queensland

38 participants interviewed

Recruitment and Sample

Eligibility criteria (over 18 years and able to consent)

Participant Group One: Qld Health Social Workers

Participant Group Two: Blue Care nurses

Participant Group Three: Community Workers

Participant Group Four: Palliative Clients and Carers/Spouses



SAMPLE CHARACTERISTICS

Queensland Health Social Workers

- 10 female social workers
- 1 male social workers **n = 11**

Only one social worker was a new graduate, the rest of the group ranged from 3-20 years experience

Blue Care nurses

- All nurses were female – ranging from 7-26 years experience **n = 10**

Community Workers

- 2 Queensland Health nurses (female)
- 2 Residential Aged Care nurses (female)
- 1 HACC nurse (female)
- 6 HACC Support Workers (females) interviewed as one group
- 1 Hospice social worker **n = 12**

Palliative Care Clients and/or Carer

- 3 Palliative Care clients (Males aged between 60-70)
- 2 spouses/carers **n = 5**

TOTAL 38

PARTICIPANTS

ETHICAL CONSIDERATIONS

- Ethical clearance was obtained from three ethical committees
- Emotive topic
- Capacity to offer consent
- Identification issues
- Confidentiality



THE TYRANNY OF DISTANCE



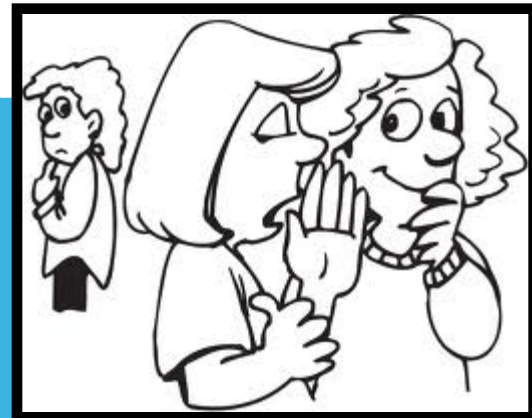
DATA ANALYSIS

- Interviews were transcribed
- QSR Nvivo program to place into nodes
- Thematic analysis to determine prominent themes
- 23 nodes (prominent themes)



RESULTS

- Psychosocial needs were met in an inconsistent manner throughout rural Queensland with significant dependency on available staff and their calibre of skills and experience
- The three month eligibility criteria in current health policy impacted service and caused concern to health care providers
- Negative perceptions of social work skills by other professionals influenced referrals in many rural communities
- There were no consistent policies or structures regarding on-going bereavement follow-up
- There was disparity between what the palliative care clients identified as important psychosocial issues and what health practitioners focussed
- Palliative care clients spoke mostly of psychological and spiritual concerns above all else along with practical issues



CONCLUSION

The research informs implications and recommendations for:

HEALTH POLICY:

Understaffing is an issue

Funding to be allocated for assured availability and access to skilled staff

Needs assessment to be conducted which considers Queensland's geography and demographic

The three month eligibility policy needs review

Bereavement follow-up is a major concern and needs urgent addressing

EDUCATION AND TRAINING FOR HEALTH PRACTITIONERS

Program of Experience in the Palliative Approach (PEPA) a recommendation for all health professionals

An employee requirement for new social workers having interactions with palliative clients

Loss and grief training

UNIVERSITY CURRICULUM

Universities with a school of human services and social work should incorporate PCC4U resources within their curriculum

Loss and grief theory and counselling should also be taught at the university level

NATIONAL STANDARDS AND COMPETENCIES DOCUMENT

A National Standards and Competencies document for social workers to be written and endorsed by the AASW for social workers working in specialist palliative care teams and an accompanying document for the generalist social worker. It will provide a framework that articulates the scope of social work practice and guidelines.

The End.....



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