

AWARENESS OF HOSPICE & PALLIATIVE CARE AMONG HEALTHCARE PROFESSIONALS

ABOUT

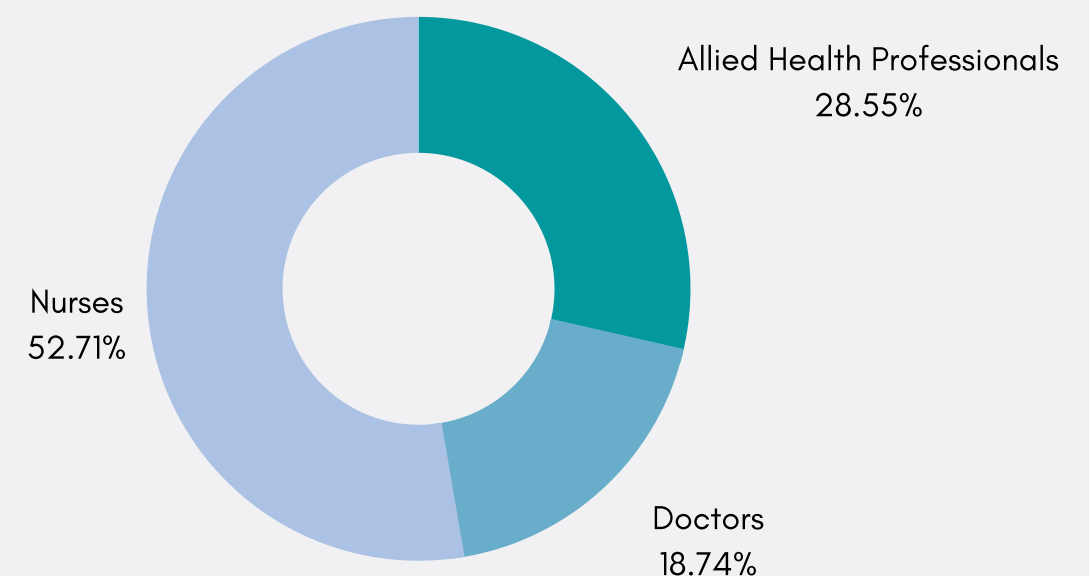
This study among healthcare professionals (HCP) aimed to understand their current familiarity with and attitudes to hospice and palliative care, and their experiences in palliative care training and advance care planning (ACP).

METHOD

Data from an online survey conducted from August to October 2020 was analysed.

SAMPLE

We received responses from 2326 healthcare providers in Singapore.



MAIN STUDY FINDINGS

- Positive trends include increase in general awareness of hospice & palliative care and broad receptivity towards palliative care and ACP, although this can still be improved
- In terms of palliative care support and ACP, there appears to be a tension between what Healthcare Professionals (HCP) would want for patients and themselves in some cases
- Training in palliative care can still be enhanced. This hopefully brings greater confidence and timely access to services by patients, and minimises barriers and misconceptions
- Beyond education, we need a paradigm shift in both mindset and institutional culture that palliative care is everyone's business

IN-DEPTH RESULTS

Q1: FAMILIARITY WITH HOSPICE & PALLIATIVE CARE

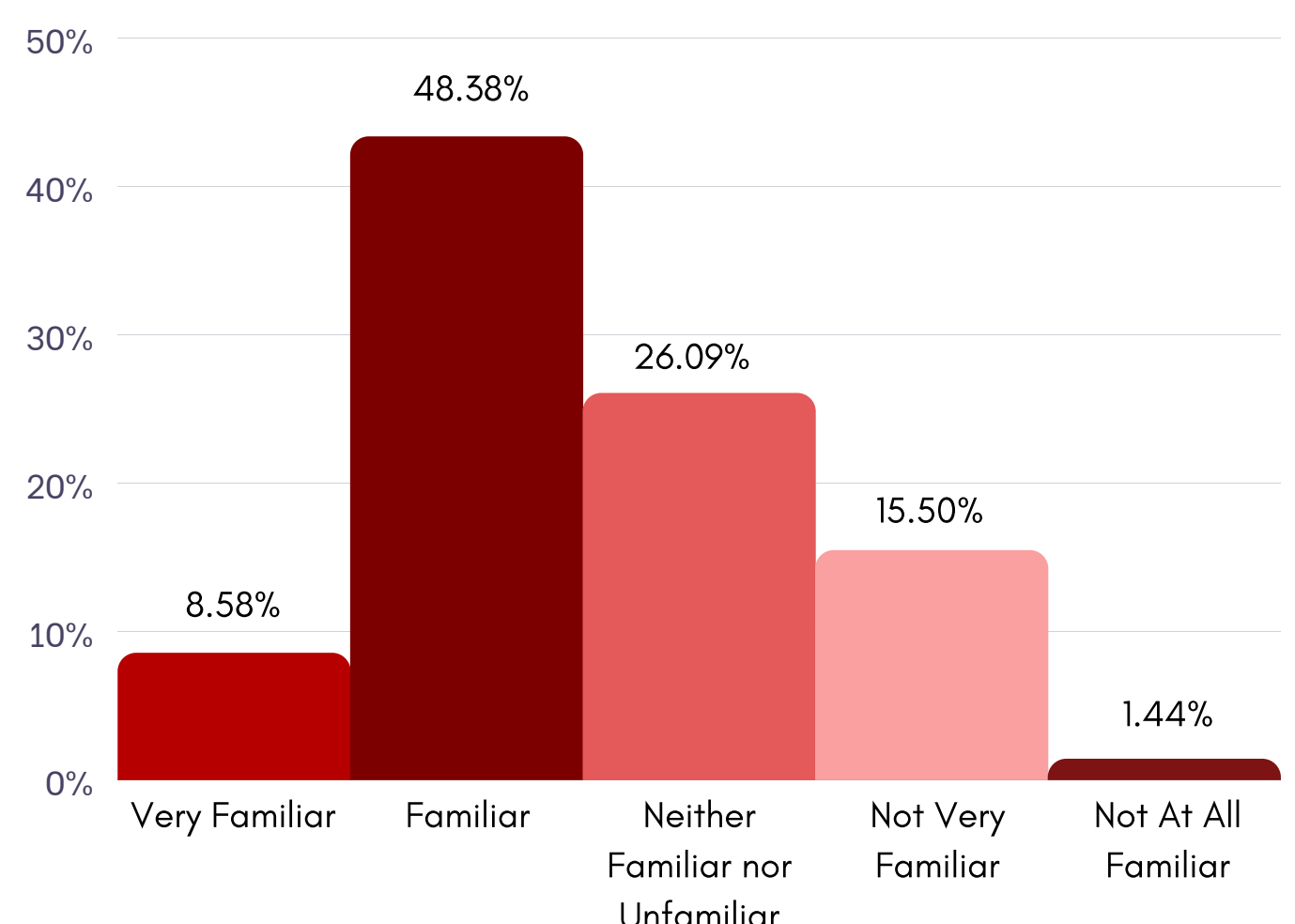
RESULTS

Familiarity with services and the process of referral was not always high. This is problematic, as there may not always be appropriate nor timely referrals when indicated.

REFERRAL PROCESSES

46.37% of the total respondents were familiar with hospice and palliative care **service providers and referral processes** in Singapore.

HOW FAMILIAR ARE YOU WITH HOSPICE AND PALLIATIVE CARE? (GENERAL AWARENESS)



Q2: EXPERIENCES & ATTITUDES TO TALKING ABOUT DEATH

RESULTS

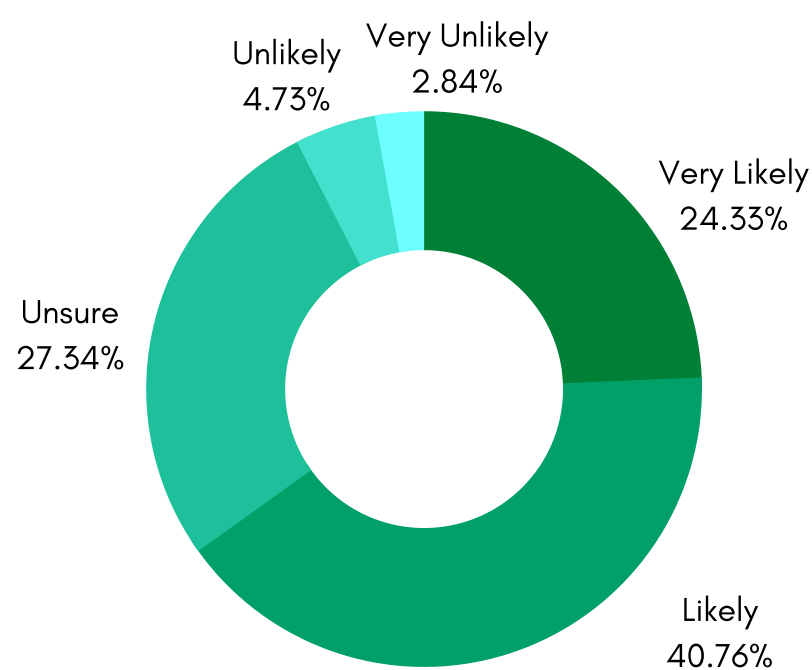
A significant number of HCPs have not done any personal anticipatory care planning. Additionally, about 7% reject hospice & palliative care entirely. Barriers and misconceptions about palliative and hospice care among HCPs may affect how they promote care planning in particular and palliative care in general for the patients and families they care for.

TOP 3 PERSONAL PRIORITIES AT THE END OF LIFE

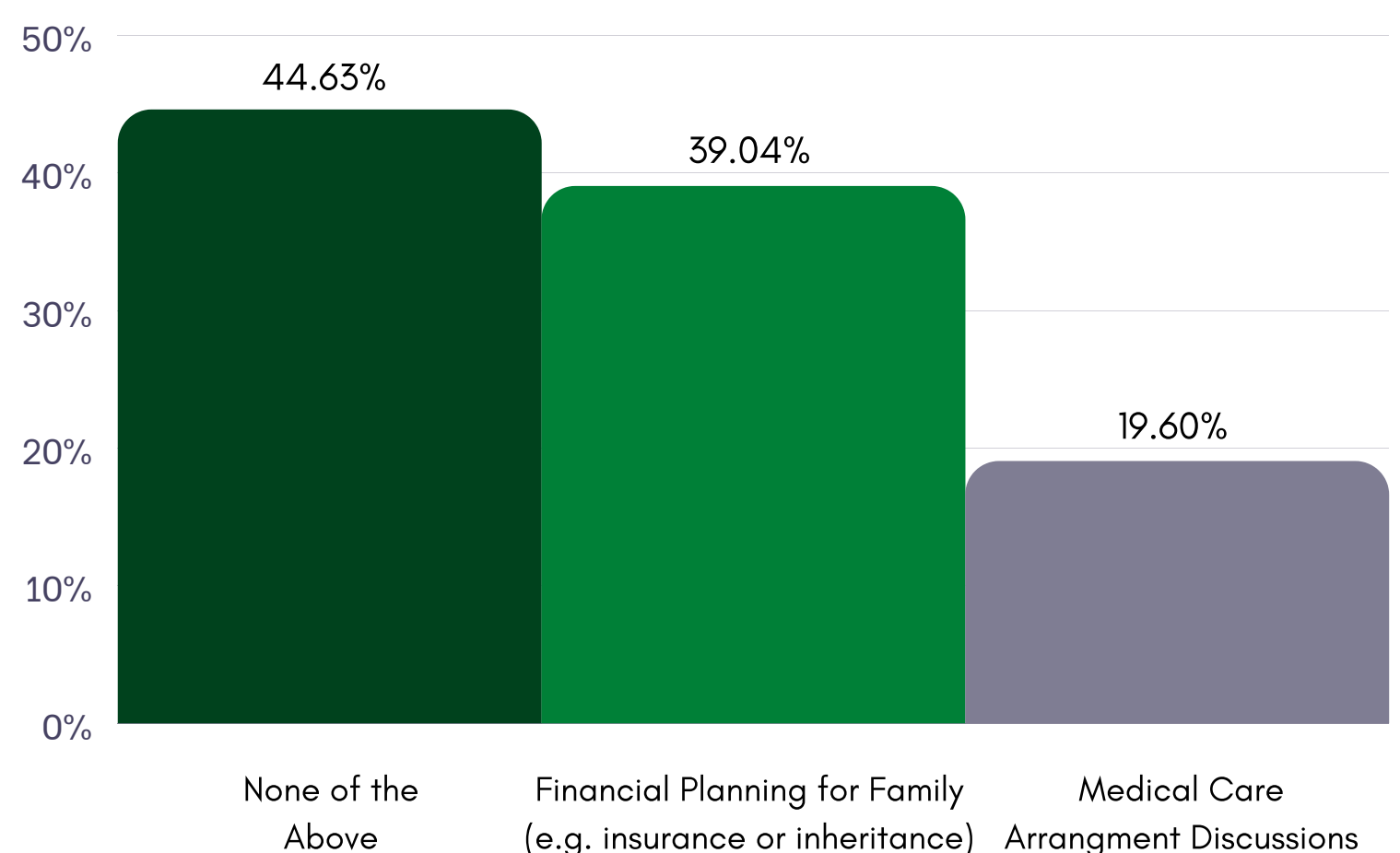
- To not be a burden to my family members / loved ones **69.95%**
- To have my pain and other symptoms well-controlled **61.09%**
- To be surrounded by loved ones **40.63%**

Whilst one of the priorities of the HCPs is not wanting to be burden, a significant proportion have not performed nor intend to perform anticipatory care planning in case of serious illness.

LIKELIHOOD OF RECEIVING HOSPICE & PALLIATIVE CARE FOR ONESELF AT THE TERMINAL PHASE OF AN ILLNESS



COMPLETION OF PERSONAL ANTICIPATORY CARE PLANNING INSTRUMENTS IN EVENT OF SERIOUS ILLNESS



Q3: EXPERIENCES & VIEWS TOWARDS PALLIATIVE CARE TRAINING

RESULTS

Healthcare professionals require **continual and targeted training** to prepare them to care for patients with life-threatening illnesses. Only half of those HCP surveyed felt they had sufficient training to do the job.

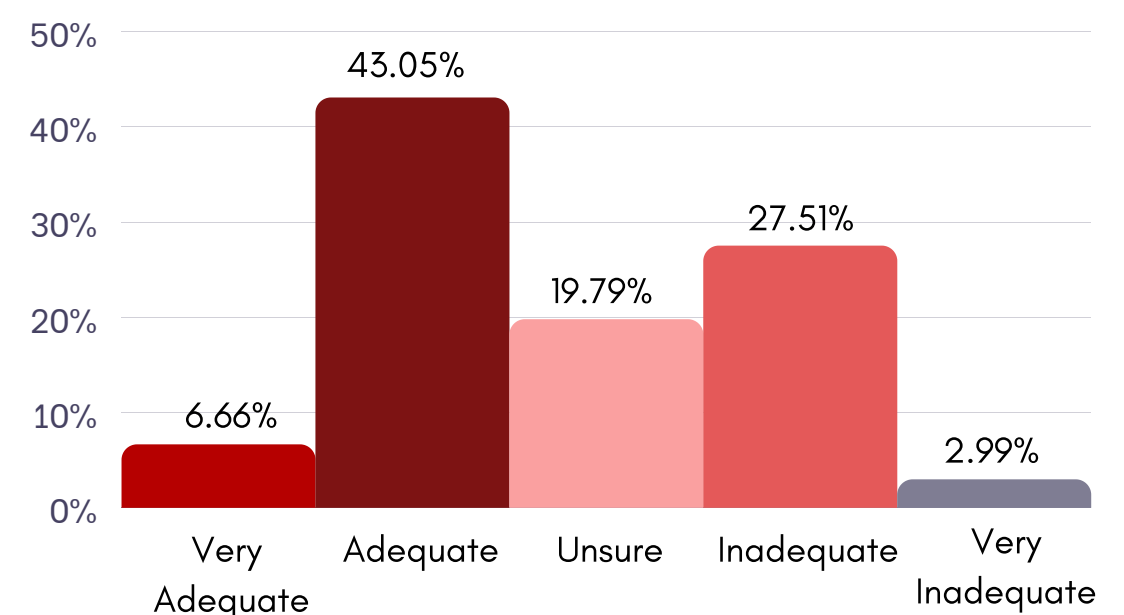
PRE-SERVICE TRAINING ON HOSPICE AND PALLIATIVE CARE DURING MEDICAL / NURSING / SOCIAL WORK EDUCATION?



Areas of low confidence:

- Communicating sensitively about palliative care with patients and families
- Providing information about pain and symptom management
- Assessing psychological issues
- Recognising patients with palliative care needs
- Managing ethical dilemmas at the end of life

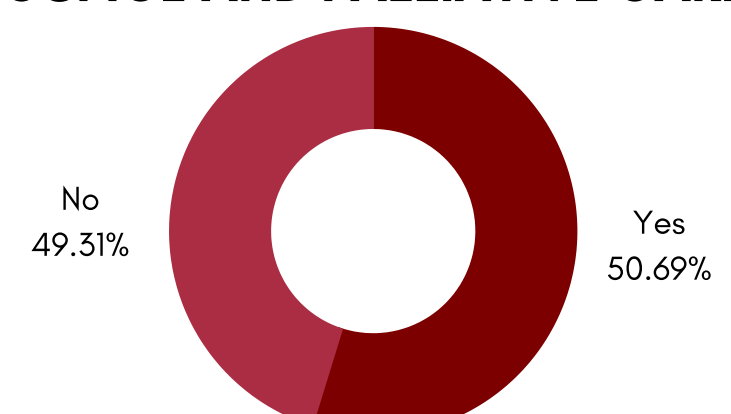
ADEQUACY OF TRAINING



TYPES OF TRAINING ATTENDED

	Postgraduate Programme	Certification courses	Online training	Talks / workshops	In-house training	Clinical postings / attachments
Allied Health Professional	4.99%	10.73%	17.63%	58.63%	69.74%	19.93%
Doctor	20.63%	16.74%	10.51%	38.53%	50.20%	61.48%
Nurse	11.35%	7.57%	14.38%	45.39%	68.23%	33.29%
Total	11.96%	10.26%	14.25%	46.82%	64.63%	36.47%

DID YOU RECEIVE ANY IN-SERVICE TRAINING ON HOSPICE AND PALLIATIVE CARE?

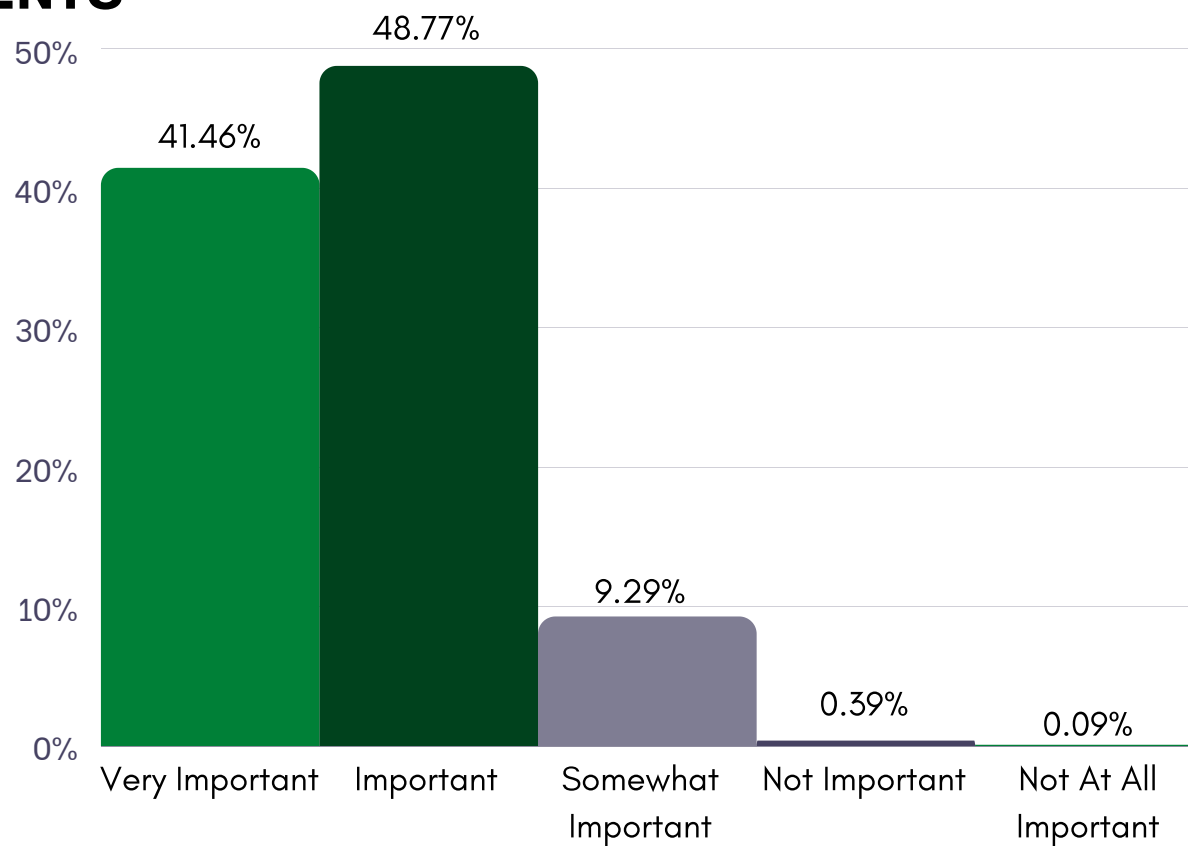


Q4: EXPERIENCES IN ADVANCE CARE PLANNING

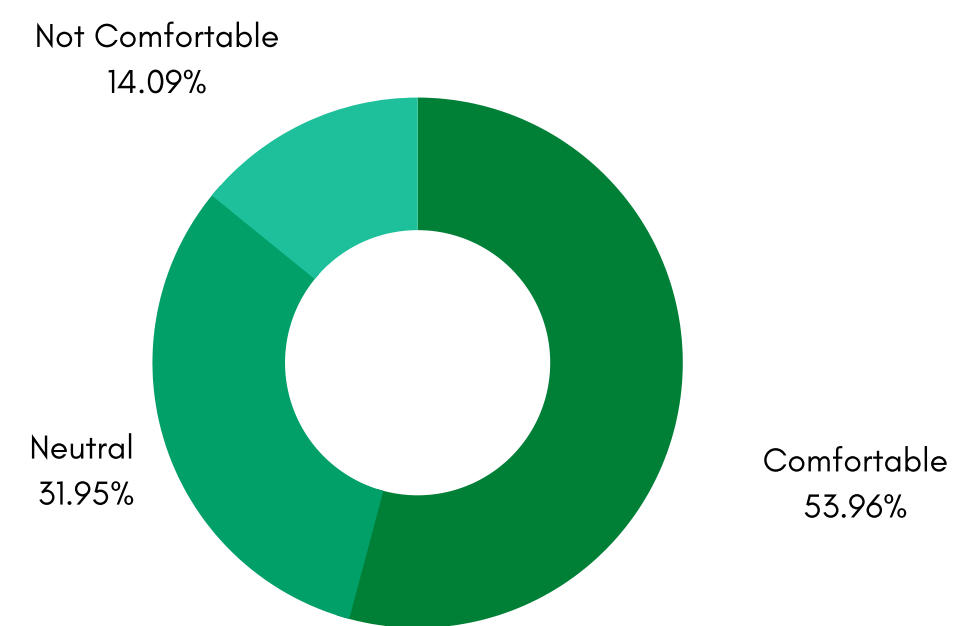
RESULTS

The results highlight the need for building institutional cultures and support systems in ACP facilitation, even post ACP facilitation training. While HCPs recognise the importance of ACP and generally feel confident (among those who are trained), attention to structural issues are also critical for its successful application.

IMPORTANCE OF ADVANCE CARE PLANNING (ACP) FOR PATIENTS



COMFORT LEVEL WITH ACP FACILITATION WITH PATIENTS (AMONG HCP WHO RECEIVED PRIOR TRAINING IN ACP)

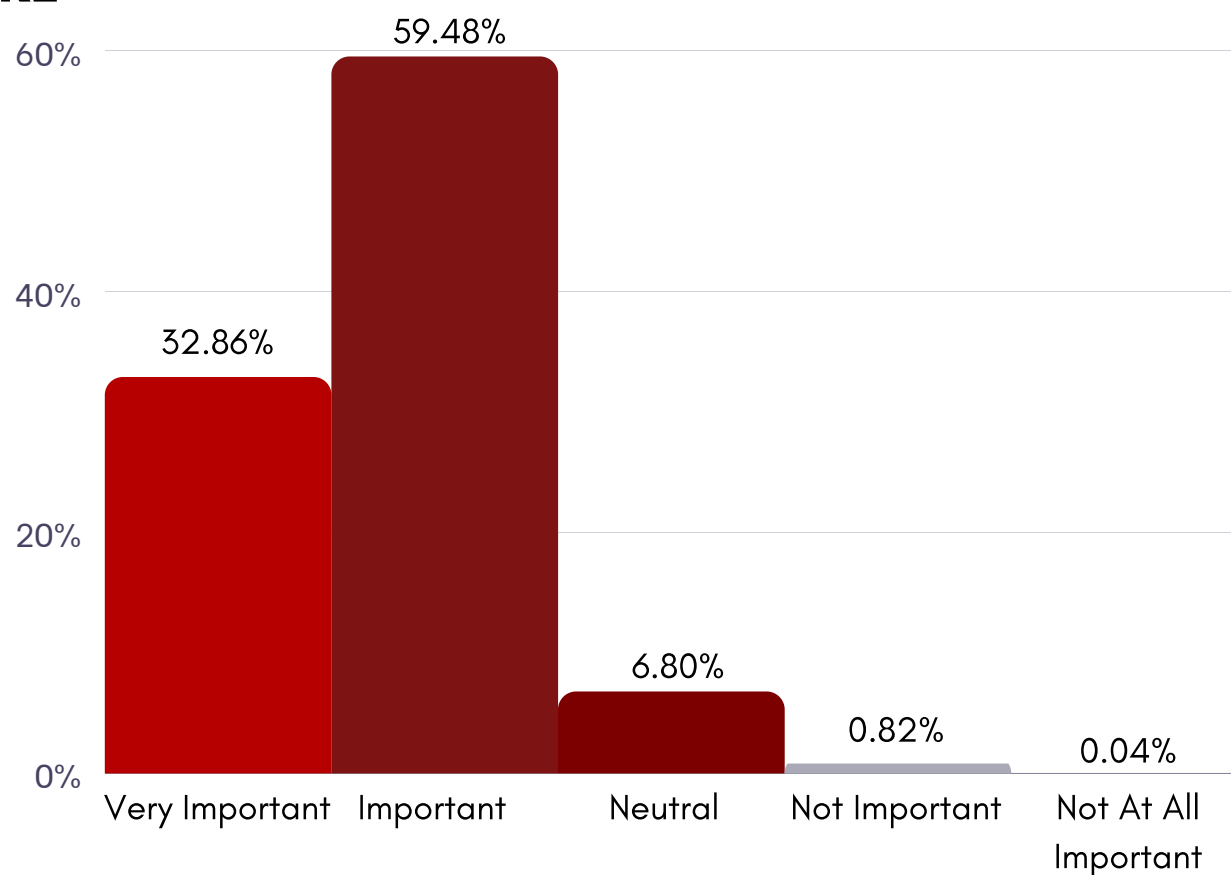


Q5: ATTITUDES & PERCEPTIONS ON HOSPICE & PALLIATIVE CARE

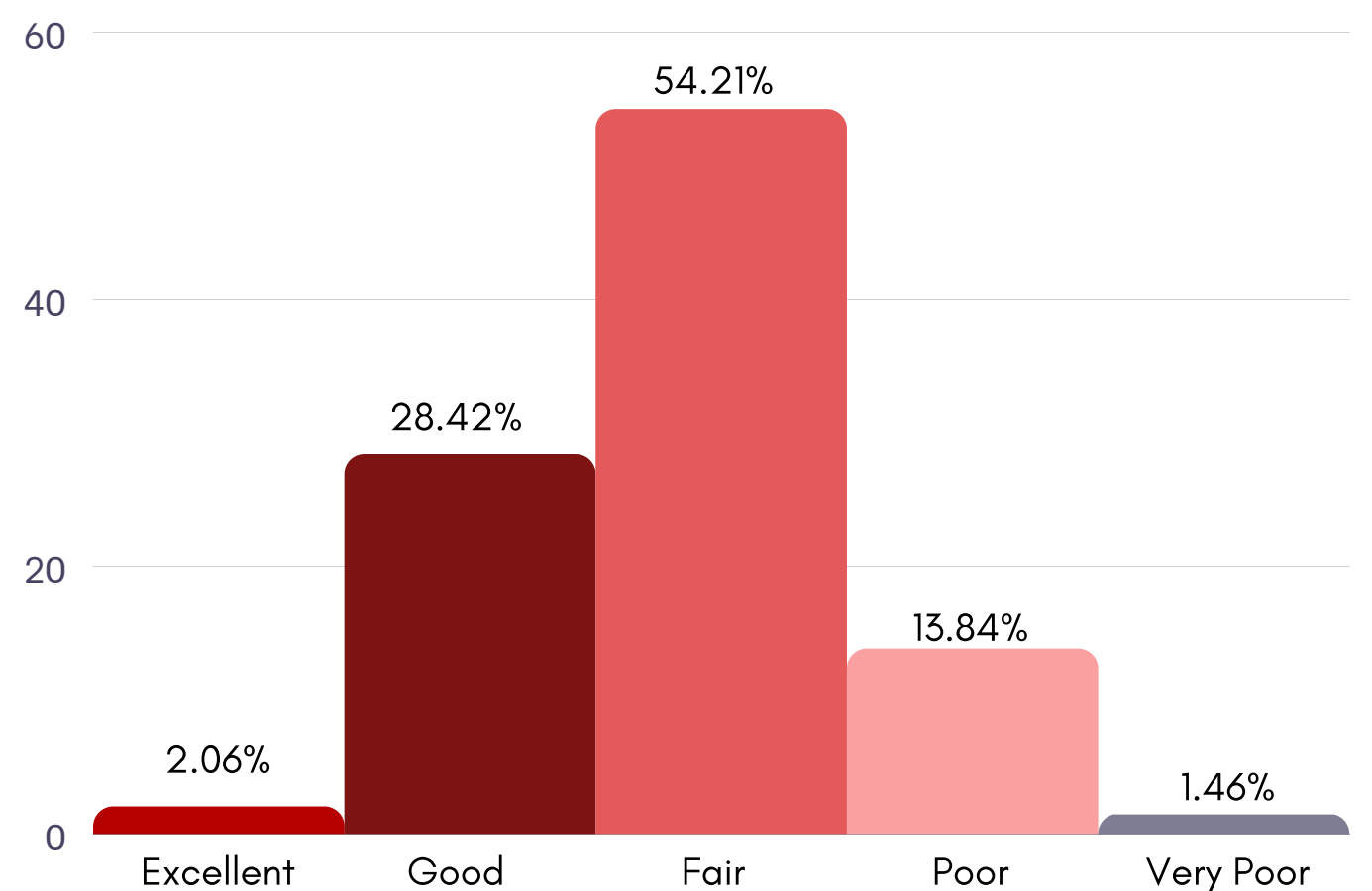
RESULTS

Awareness and understanding must improve. HCPs need to be equipped with basic knowledge through training, particularly among allied health workers. Persons with advanced illness is everyone's business, not just the responsibility of the palliative care workers. Informational gaps and misconceptions around costs also need attention.

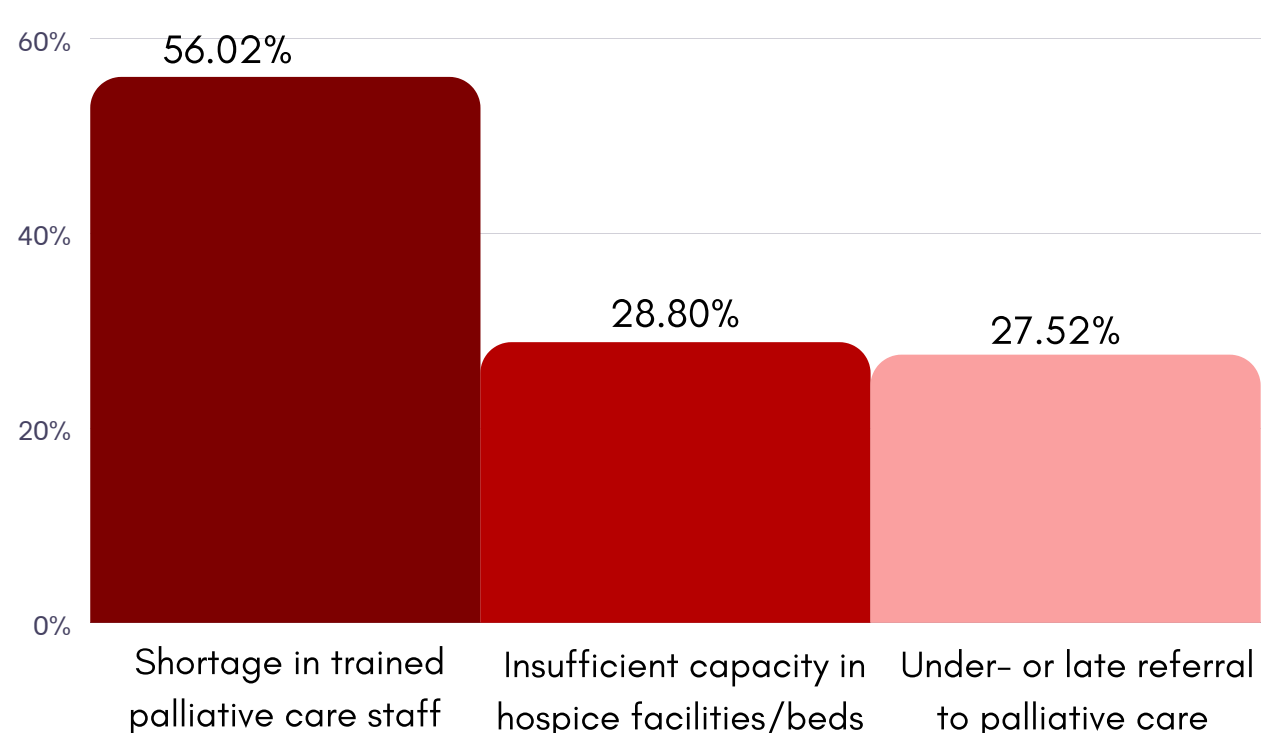
IMPORTANCE OF AWARENESS OF HOSPICE & PALLIATIVE CARE



PERCEIVED LEVEL OF UNDERSTANDING OF HOSPICE & PALLIATIVE CARE



WEAKNESSES OF CURRENT HEALTHCARE SYSTEM IN SUPPORTING THE TERMINALLY ILL



TOP 3 CONCERNS RAISED BY PATIENTS & THEIR FAMILIES

1. The cost of hospice and palliative care **56.63%**
2. Uncertainty about what hospice palliative care entails **36.61%**
3. Caregiving arrangement for home-based palliative care **28.22%**