OBJECTIVES
The objective of this study was to determine the perspectives of case managers and other key stakeholders on the provisions of end-of-life care for older people in acute and long-stay care facilities in Ireland.

DESIGN IMPLICATIONS
Single rooms may be considered for residential facilities for the elderly.

Dying well: Factors that influence the provision of good end-of-life care for older people in acute and long-stay care settings in Ireland


Key Concepts/Context
The authors surmise that in Ireland, care for older people, as they get closer to end-of-life (EoL), is usually provided in a healthcare facility – acute care hospital, nursing home, or long-stay care. They refer to extensive literature which indicate that EoL care is impacted by staff’s familiarity and knowledge of the patient and their family, care delivery, the physical environment, and resources. In this study the authors explore whether the above factors were also relevant in the context of EoL care in Ireland. Three factors emerged as crucial to imparting good EoL: the philosophy behind the care, knowledge about the patient, and the physical environment. Good EoL was a determinant of ‘dying well.’

Methods
The methodology involved a grounded theory approach. Semi-structured interviews were conducted with 33 staff members from six acute and long-stay care facilities. Purposive sampling was done to recruit participants. Interviews lasted between 45 to 60 minutes per participant. They were recorded, transcribed, and analyzed using Atlas Ti, a computerized data analysis package. The data was subjected to three levels of coding, divided into categories and sub-categories, and finally put together in a core category.

Findings
The study found there were three distinct factors that influenced good EoL:

1. Philosophy, culture, and organization of care
2. Knowing the person
3. Physical environment and resources
Imparting good EoL resulted in the outcome of ‘dying well.’

Philosophy, culture, and organization of care: According to the participants,

- There were two categories of thought pertaining to the philosophy of care:
  - That physical comfort and dignity of the patients was the focus of their stay. There was a general belief that patients did not like any discussion regarding dying and death
  - Preparing a patient for dying and the resultant individualized care was important.
- Where staff were concerned, some organizations arranged counselling for their employees, while there were no such provision in other facilities.
- Organizational routines, like staffing, limited staff members from spending extended one-on-one time with the patients.

Knowing the person: Participants considered ‘knowing the person’ as critical to determining quality EoL care. Knowing one’s patient

- Provided an insight into a patient’s care wishes when communication became impossible
- Gave the staff the ability to differentiate between behavior patterns

Physical environment and resources: Participants expressed that the physical environment was important to EoL care.

- Single rooms were significant to the patient and their family in the context of upholding privacy and dignity.

Limitations

The authors identified the following limitations to this study:

- The participants who were chosen to participate in the study were among the ones who were highly motivated and enthusiastic caregivers.
- The number of study sites was few.