

A Guide to Occupational Therapy's Role in Hospice Care: Promoting Participation at the End-of-Life

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BACKGROUND

Dying is often associated with decline, which impedes participation in everyday activities and meaningful occupations.¹ End-of-life may include many functional challenges: waning independence and energy levels, a lack of caregiver training or support, loss of social roles or identity, pain, fear for safety, emotional withdrawal, and confusion.^{2,3,4,5}

As a result of these functional changes, occupational therapy (OT) is a crucial aspect of high-quality end-of-life care. The primary role of hospice OT is to deliver person-centered care through the adaptation and modification of activities and environments that enable terminally ill patients to achieve desired outcomes and enhance participation in their daily lives.^{6,7} Secondary outcomes include quality of life, comfort, and dignity.^{8,9} However, OT is an underutilized resource in hospice care.¹⁰

LITERATURE REVIEW

Systemic Barriers to OT in End-of-Life Care:

OT students and practitioners feel underprepared to utilize a non-rehabilitative approach and adapt to the psychosocial needs present during the dying process.^{10,11,12}

Interprofessional hospice disciplines have a limited understanding of OT's unique expertise and scope of practice.¹³

Lack of a standardized outcome measure.¹⁴

Hospice billing structures that consider OT an auxiliary service.¹⁵

Model for Occupation-based Palliative Care¹⁶:

1. Valued occupation is central to OT practice
2. Valued occupations provide a sense of *doing, being, becoming, and belonging*¹⁷
3. Balanced engagement affirms life and prepares for death
4. Occupational performance and functional status change from early to end stages of terminal illness
5. Influence of a safe and supportive environment

GOAL

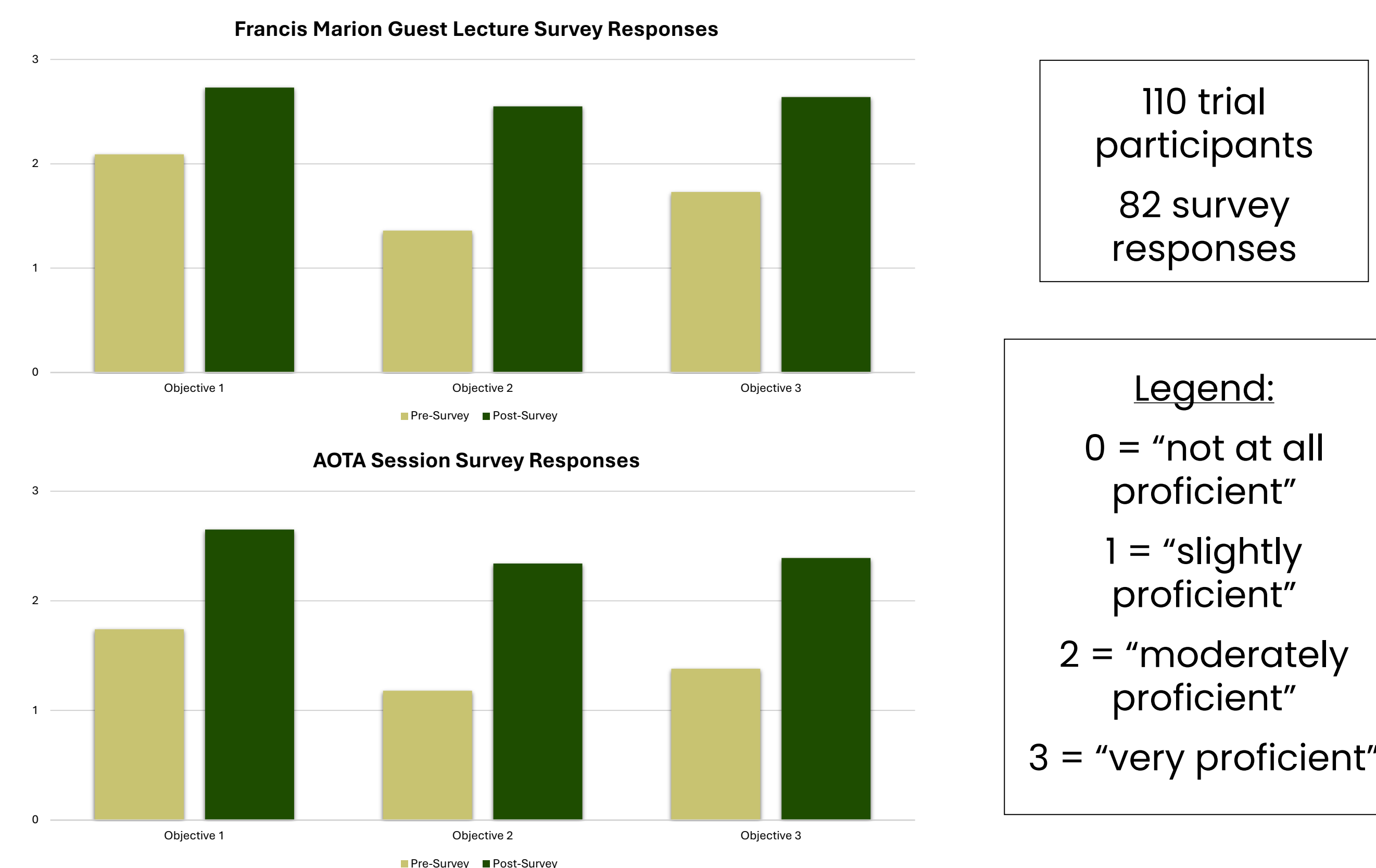
Purpose: Improve understanding, practice implementation, and advocacy efforts related to occupational therapy's scope of practice in hospice care.

METHODS

Issue	Limited intraprofessional and interprofessional understanding of OT's distinct value in end-of-life care
Objectives	Amplify multidisciplinary understanding of OT's role in hospice care and promote site-based and national advocacy efforts regarding OT's value as a member of the hospice team
Activities	<ol style="list-style-type: none"> 1. Clinical Shadowing <ul style="list-style-type: none"> - 120 observation hours of OT practice in hospice 2. Death Doula Training <ul style="list-style-type: none"> - 40-hour training to inform psychosocial interventions 3. Educational Program Development <ul style="list-style-type: none"> - Needs assessment, literature review, and construction 4. Program Trials <ul style="list-style-type: none"> - Guest lecture at Francis Marion University OT program - American Occupational Therapy Association Conference 5. Data Collection <ul style="list-style-type: none"> - 82 responses on a virtual self-report pre- and post-survey to determine the effectiveness of the program

OUTCOMES

Data collection included quantitative Likert-scale data from pre- and post-surveys in which participants were asked to rate their proficiency regarding 3 key learning objectives:



Data collection also included qualitative narrative responses asking how the participant might apply the content to their future practice:

"In acute care, it's easy for us to discharge OT orders because someone is going home on hospice. I don't want to be the standard. I think there's a lot of room for intervention acutely and preparing the family for going home."

"I will be able to advocate for OT's role in EoL care other than just environmental modification and adaptive equipment."

"I would love to educate our students more."

DISCUSSION

Occupational therapy practice in end-of-life care focuses on enhancing quality of life and meaningful participation rather than rehabilitation.^{6,18} Due to this shift in practice approach, OT students and practitioners require methodical education to support patient outcomes of autonomy, comfort, dignity, caregiver education, and legacy-building at the end of life.

Participants significantly improved their self-rated proficiency across all learning objectives following both program trials.

The educational programs designed as a product of this capstone experience resulted in immediate quantifiable impacts in the understanding and practice beliefs of OT practitioners and students. Deliverables, including the presentation slides, an advocacy handbook, and an advocacy handbook, reinforced the effectiveness of the program trials.

Anticipated impacts of the capstone include greater advocacy, increased involvement of OT in end-of-life services, improved patient outcomes, and ongoing interprofessional education and sustainability initiatives through continued collaboration with capstone partners and professional communities.

CONCLUSION

The purpose of this capstone project was to develop educational programs on OT's role in hospice care. The capstone was developed in response to barriers preventing OT's inclusion as a member of the hospice team, specifically the limited understanding regarding OT's distinct role and value in end-of-life care. Program trial results showed improved understanding, practical application, and advocacy, with long-term impacts expected in expanding OT's role and visibility in end-of-life care.

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REFERENCES

