

# Hospice & Palliative Care: What are the Preferred Communication Channels for Older Adults Seeking Information About End-of-Life Decision Making?



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## INTRODUCTION

As the “baby boomer” generation ages, this group will face an increase in disease burden while simultaneously living longer. These factors place the U.S. economy at risk as a result of an expected increase in health care costs if the U.S. continues to rely on a traditional medical model. An alternative medical model, encompassing palliative and hospice care services for individuals with chronic conditions and for those who are nearing the end of their lives, could reduce health care costs for society and improve quality of life for sick and dying individuals.

This project focused on the importance of palliative care and hospice services in the U.S. health care system. A health promotion theory focusing on the acquisition of knowledge of palliative and hospice care services for older American adults was proposed; this theory could be used to develop a health promotion intervention in the future.

To gather the data necessary to inform the selection of a health promotion theory, a research project was conducted to examine older adults’ attitudes about palliative and hospice care as well as their preferences pertaining to where they would feel most comfortable obtaining information about palliative and hospice care. The main goal of this study was to determine the communication channels whereby seniors prefer to obtain information about palliative and hospice care.

## METHODS

- To complete this project, surveys were conducted with community-dwelling adults over the age of 65. Participants were recruited through direct contact via email, and through volunteers from an independent-living facility for older adults in Metro Atlanta. Seniors were surveyed through either paper or online surveys consisting of the same questions. The surveys used multiple choice, yes-no, and Likert scale questions to inquire about participants’ knowledge of palliative care and hospice services, as well as their preferred communication channels for learning about palliative and hospice care.
- Perceived health status was measured using a Likert scale with five choices: poor health, fair health, good health, very good health, and excellent health. Communication channels were described by a list of eight choices, including the option for the resident to write in his/her own preference that was not on included the list. The eight listed choices were: doctor or nurse; television; family; religious official; friends; social worker; Internet; and “other.” Participants were permitted to select as many communication channels as they wanted. Analyses were performed to correlate participants’ gender and perceived health status with the preferred communication channel. All data were analyzed in SPSS; correlational findings are reported in the results.

## PARTICIPANT CHARACTERISTICS

Twenty subjects (15 females = 75%; 5 males = 25%); All participants were over the age of 65.

Regarding perceived health status:

- 15% (n =3) reported perceived health status as “excellent”
- 25% (n = 5) reported perceived health status as “very good”
- 40% (n = 8) reported perceived health status as “good”
- 10% (n = 2) reported perceived health status as “fair”
- 10% (n = 2) reported perceived health status as “poor”

## RESULTS

		Doctor/Nurse by Gender	Social Worker by Gender	Family by Gender
Man	Count	3	4	4
	% within Q1	100.0%	100.0%	100.0%
	% within Q3	23.1%	30.8%	44.4%
	% of Total	23.1%	30.8%	44.4%
Woman	Count	10	9	5
	% within Q1	100.0%	100.0%	100.0%
	% within Q3	76.9%	69.2%	55.6%
	% of Total	76.9%	69.2%	55.6%
Total	Count	13	13	9
	% within Q1	100.0%	100.0%	100.0%
	% within Q3	100.0%	100.0%	100.0%
	% of Total	100.0%	100.0%	100.0%

## MAIN FINDINGS

- The communication channels of doctor/nurse and social worker emerged as the most popular communication channels.
- 65% of participants (66% of females and 60% of males) conveyed that they would like to receive information about palliative care and hospice from a doctor or nurse; 65% of respondents (56% of females and 80% males) indicated that they would like to receive information from a social worker.
- The third most popular communication channel was family members, with 45% of respondents (33% of females and 80% of males) choosing this channel.
- The majority of participants rated themselves as having good health.
- Among respondents whose preferred communication channel was family, the majority were men (4 out of 5 male respondents). Only five out of the fifteen female respondents selected “family” as a preferred method of communication.

From these analyses, it can be concluded that the majority of women preferred communication about palliative care and hospice through a social worker or doctor/nurse. The majority of men preferred communication with social workers and family members, however men did choose the communication channel of doctor/nurse as their secondary preferred channel.

## PUBLIC HEALTH IMPLICATIONS

In an effort to help seniors gain more information about palliative and hospice care options, a health promotion intervention focusing on increasing knowledge was selected as the most appropriate option to address the research question. People are most receptive to the acquisition of knowledge if it is delivered through a communication channel that they perceive to be trustworthy and reliable. Thus, it can be inferred from the data that female participants in this study believe that the communication channels of doctor/nurse and social worker are most trustworthy. Male participants believe that the communication channels of social worker and family are most trustworthy.

The combination of an aging population, increase in chronic disease, and unstable health care system places the United States in a precarious economic and socially responsible position. An increase in training opportunities for medical providers and social workers regarding provider-patient communication about end-of-life options could lead to an improvement in patient understanding of palliative and hospice care, as well as increase patient initiative to access these programs.

Increasing patients’ knowledge of palliative and hospice care services is but one step toward increasing the development, implementation, access to, and use of palliative and hospice care services in the U.S. health care system. In order to affect the greatest impact, changes on all system levels must occur.