

Abstract Title for 2017 International Nursing Research Congress:

Gaps in Palliative Care Provision in Saskatchewan, Canada: Learning from Palliative Care Management

Abstract:

This study is part of an ongoing project to develop a working knowledge about the long-standing uneven development and delivery of palliative care in Saskatchewan, Canada; subsequently providing a foundation for continuing study and facilitating practical improvement of palliative care programs. The results are based on the current stage of this project, the analysis of longitudinal survey data which were collected from the management personnel of palliative care in each health region in 1998, 1999 and 2002. The three surveys are composed of both close-ended and open-ended questions, therefore both quantitative and qualitative analysis are conducted.

Saskatchewan holds the greatest proportion of Canadian farmland at 38 percent (Farm Credit Canada, 2015), and in 2011, 33 percent of its population lived in rural areas in 2011 (Statistics Canada, 2011a). There are 205 First Nations Reserves in Saskatchewan, and by 2011, 16% of the Saskatchewan population identified themselves as having North American Aboriginal origins (Statistics Canada, 2011b). Among the 27,000 immigrants who arrived in the province between 2006 and 2011, 80% came from a non-Western country, and 6.3% of the Saskatchewan population in 2011 were visible minority (Statistics Canada, 2011b). The results in this study have shown that 1) the disproportion of palliative care services among health regions and between rural and urban areas have been persistent from 1998 to 2002; 2) there has been no significant improvement in terms of the undersupplied and/or understaffed services in vast majority of the health regions throughout the survey period, for example, pain/symptom management, physician and nurse support, and designated funding are the top three on the list; 3) there have been several prominent concerns regarding the palliative care system, such as, lack of palliative care training programs or clear guidance for nurses and physicians, ineffective communication between facilities as well as communities due to geographic distance, and a lack of functional collaborations within palliative care team or advisory committee. Nevertheless, the analysis is also able to identify some primary strategies adopted by the palliative care management to improve palliative care in their regions, for instance, organizing activities to enhance community involvement and public awareness, establishing an information center to collect resources from all health regions, and developing systematic networks for palliative care support with other health regions especially the resourceful metropolitan health regions.

Despite the rich information obtained from the current study, some major knowledge gaps can be identified: for example, surveys were only designed to target the palliative care management personnel thus perspectives from palliative care providers, patients and their family caregivers have been largely ignored; the differences between rural/remote and urban areas especially in terms of palliative care accessibility and portability are not directly addressed; information related to culturally-diverse health practices in palliative care has been missing in all current surveys. Therefore, a new study is in the process of development, to update knowledge on palliative care services in Saskatchewan in comparison with the current three survey results, and

to fill the knowledge gaps by using mixed methods (collecting data through survey questionnaire and semi-structured interview), expanding the research population, and adding more explicit questions regarding palliative care accessibility and portability, the cultural diversity of patients, as well as health professionals' ability to provide culturally-safe services for palliative care patients.

In general, the current study provides the knowledge base and inspiration for a new study, which is not only comparable with the current longitudinal data but also able to generate critical new information which has been neglected in the current data. Upon completing this project, both the current and new study would provide practical knowledge to inform health professionals regarding the current situation and prominent issues regarding palliative care in Saskatchewan, and to allow health policy makers to develop feasible educational and service programs to enhance accessibility, portability, and cultural-safety in palliative care delivery to meet the professional and public demands.

References

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