

Oral Abstracts

BOS1b: ACP and Culture 1

BOS1b.001 SUPPORTING CLINICIANS TO ADOPT A CULTURALLY CONSIDERATE APPROACH TO ADVANCE CARE PLANNING CONVERSATIONS WITH PATIENTS

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10.1136/spcare-2023-ACP.1

Background Disparities exist in ACP engagement rates among culturally diverse communities. To address this, we developed an online learning course to help healthcare providers apply a culturally considerate and safe approach and appropriate communication skills when conducting ACP conversations with culturally diverse patients, particularly patients with a Chinese or South Asian background.

Methods The course was developed using information from literature reviews, and focus groups with members of the Chinese or South Asian communities. The target audience is any healthcare provider that may have ACP conversations with their patients. Basic ACP information and cultural safety knowledge are considered prerequisites. Three modules were developed:

1. Evolution of ACP: a refresher module about ACP.
2. Culturally Safe Care: how culture can impact care, with an overview of cultural safety. This module applies to all cultures.
3. Culturally safe ACP with Chinese and South Asian communities: bringing together the lessons of the previous two modules in the context of ACP with members of Chinese and South Asian communities.

The course is evaluated through a survey following course completion.

Results Healthcare providers that completed the evaluation survey were predominantly Nurses (42%) and Social Workers (36%) and did not identify with either the South Asian or Chinese Community (73%). Over 90% of respondents agreed the course was clear and well written, the content was easy to understand, it met their learning needs, and increased their knowledge on how to conduct culturally safe ACP. 97% of respondents thought the information could be applied in practice, and 85% said they are likely to recommend the course to a friend/colleague. Respondents requested expansion to cover additional cultures.

Conclusion Using the learnings from the course in ACP conversations, healthcare providers can help their culturally diverse patients to get care aligned with their values, beliefs and wishes.

BOS1b.002 JAPANESE NURSE'S PERSPECTIVES ABOUT DEATH AND DYING AND END OF LIFE DECISION MAKING

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Background Japan has experienced rapidly ageing as the world's oldest population. The number of elderly people aged 65 or older accounts for 29% of the population. There are

complex cultural issues in end of life decision making in Japan including disclosure of diagnosis, providing treatment, Informed consent and Government policies including advance care planning. To explore and understand Japanese nurses' cultural perspectives on death and dying, religious beliefs, personal beliefs and professional experiences towards end of life decision making.

Methods Recruited 18 nurses from the large organizations in Tokyo, Hokkaido, Nagoya, Niigata, Kouchi across Japan. Semi structured audiotaped interviews of up to 60 minutes. Interviews conducted face to face or online and transcribed verbatim for analysis. Braun and Clarke Six step process for thematic analysis (2006).

Results Nurses wanting the patient to have a peaceful and good death. Patients and family having emotional conflicts and values with interpersonal relationships. The decision makers at end of life care. Ineffective communication. Cultural influences on decision making. Perspectives of death and dying grounded in Japanese culture.

Conclusion There was a hidden secret which is one of the reasons in Japanese culture. Results showed that connected all cultural aspects to make a decision difficult. The results identified the need to investigate nurses' role in providing individually focused and quality care, which adopts cultural aspects. Understanding nurse's perspectives about end of life decision making were the key to implementing patient centered care. This cultural approach can be used and adapted in future research on patients and health professionals in primary healthcare.

BOS1b.003 MY LIFE CHOICES PROJECT – ATTITUDES AND PERCEPTIONS ON ADVANCE CARE PLANNING AMONG CHINESE-SPEAKING OLDER AUSTRALIANS LIVING IN SYDNEY

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10.1136/spcare-2023-ACP.3

Background Current literature indicate that awareness and uptake of ACP are low among the Chinese-speaking community in Australia. There is a lack of evidence from the community-based Chinese Australians' perspectives. This study aimed to characterise the attitudes and perceptions of ACP among older Chinese-speaking Australians living in Sydney.

Methods This qualitative study inductively explored participants' lived experiences to identify significant events and social and cultural factors that influence their values, attitudes, and perceptions of EOL decision-making and ACP. Chinese-speaking participants aged 65 or over, and carers aged 18 and older, were recruited purposively from the metropolitan communities of Sydney. Data were collected through semi-structured one-to-one interviews conducted in Mandarin, Cantonese or English. Data were transcribed and translated into English before coding. Coded data were analysed thematically.

Results Twenty Chinese-Australian participants were recruited (female: male, 14:6). Participants typically preferred to make health-related decisions autonomously. They grounded their decisions on past experiences of illnesses and EOL decision-making of loved ones, personal values, and perceived needs. Family dynamics and intimacy of relationships are influential

in deciding the role and responsibility of their family members in ACP. Although these participants were open to ACP, they perceived the needs to do so only when encountering significant changes in one's health condition or upon admission into residential facility or hospital.

Participants who were female, widowed or divorced and living alone were found to value autonomy in decision-making, and display a high affinity to ACP.

Conclusion The Chinese-speaking older Australians recruited in this study were observed to be open to ACP. Healthcare professionals should avoid cultural stereotyping and allow their patients from any cultural backgrounds to decide how they prefer to approach ACP. Past experiences and family dynamics could be considered as part of ACP discussions.

BOS1b.004 THE CREATION OF AN EASY READ ADVANCE CARE PLANNING WORKBOOK

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10.1136/spcare-2023-ACP.4

Background As one of the largest and most diverse health authorities in Canada, Fraser Health Authority's (FHA) Regional Advance Care Planning (ACP) Team is privileged to facilitate hundreds of education sessions and workshops for the public each year. We are committed to equity and are constantly striving to meet the varying needs and abilities of our communities and community partners.

Methods Innovative Approach

Results In collaboration with community partners, this team co-created a picture based, simplified Easy Read Advance Care Planning Workbook. It supports people who may process information differently. Target audiences include:

- People living with brain conditions such as Dementia, Huntington's disease, ALS, Parkinson's disease, or tumors
- People living with impairments from health events such as aphasia from Stroke or other limitations from Brain Injury
- People living with disabilities
- People with limited English literacy (when translation is not available)

This is a first of its kind inclusive resource which includes simultaneous caregiver and support persons with guidance to assist others through the ACP process.

Conclusion In this oral presentation, participants will:

- Discuss the importance and challenges of creating an inclusive workbook that meets the diverse needs and abilities of various underserved populations
- Review key steps and significant stakeholders involved in an inclusive equity-focused process
- Begin to explore ways to adapt this workbook into your country or community.

BOS1c: Patient Empowerment in ACP

BOS1c.001 IS SELF-EFFICACY ASSOCIATED WITH READINESS TO ENGAGE ADVANCE CARE PLANNING AMONG MEDICAL UNIVERSITY STUDENTS IN TAIWAN?

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10.1136/spcare-2023-ACP.5

Background Medical university students' self-perceived confidence and readiness to initiate advance care planning (ACP) discussion will influence their future clinical practice on delivering patient-centred care and honouring patient autonomy. This study aims to explore the association between medical university students' self-efficacy in medical decision-making and their readiness to engage ACP in Northern Taiwan.

Methods A cross-sectional questionnaire survey was conducted to collect demographic data, self-perceived healthy status (11-item 0–100 scale, higher the better), self-efficacy (5-item Decision-making Participation Self-Efficacy, DEPS scale) and ACP engagement readiness (4-item ACP engagement survey). Medical university undergraduate and postgraduate students over 20 y/o were invited to complete the survey twice with a one-week interval for answering research questions and also validating translated scale. Descriptive analysis and multiple linear regression were conducted.

Results One hundred students completed the survey. The majority were single (62%) females (80%) with average of 34.6 ± 12.8 years old. Students reported having good health above average (mean (SD): 76.9 ± 16.2) and high self-efficacy in medical decision-making (mean: 18.8/25), but moderate readiness for ACP engagement (mean: 11.4/20). Better self-efficacy ($p=0.036$) and older age ($p=0.017$) were significantly associated with higher readiness on ACP engagement (adjust $R^2=.15$, $p=0.008$). DEPS scale and ACP engagement survey were proved to have acceptable internal reliability (ICC= 0.64 and 0.73, respectively).

Conclusion Mature medical university students with higher self-efficacy in decision-making were found to be more prepared to engage ACP. This finding highlights the importance to embed training in senior students' curricula to improve their confidence in initiating challenging conversations with patients and assisting them in making difficult end-of-life care decisions in practice.