

NURSES' AND CARE WORKERS' PERSPECTIVES ON “DYING IN RESIDENTIAL HOMES” FOR LONG STAY CARE HOMES' RESIDENTS WITH SEVERE MENTAL ILLNESS: A QUALITATIVE STUDY IN HONG KONG.

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Introduction

Long Stay Care Homes (LSCHs) in Hong Kong provide lifelong residential care to people with severe mental illness (SMI). Following amendments to the Births and Deaths Registration Ordinance (Cap. 174) and the Coroners Ordinance (Cap. 504) effective 3 June 2024, terminally ill residents can legally die in place rather than being transferred to hospitals. Despite this policy shift, little is known about the readiness of LSCH frontline staff to provide palliative and end-of-life care. This study explored the perspectives, experiences, perceived barriers, readiness, and support needs of LSCH frontline staff regarding the implementation of dying in place.

Methodology

A descriptive qualitative design using semi-structured individual interviews was adopted. Sixteen frontline staff from three LSCHs were recruited via convenience and snowball sampling. Interviews, conducted in Cantonese between March and April 2026, lasted about 50 minutes and were analyzed using content analysis.

Figure 1: Characteristics of participants

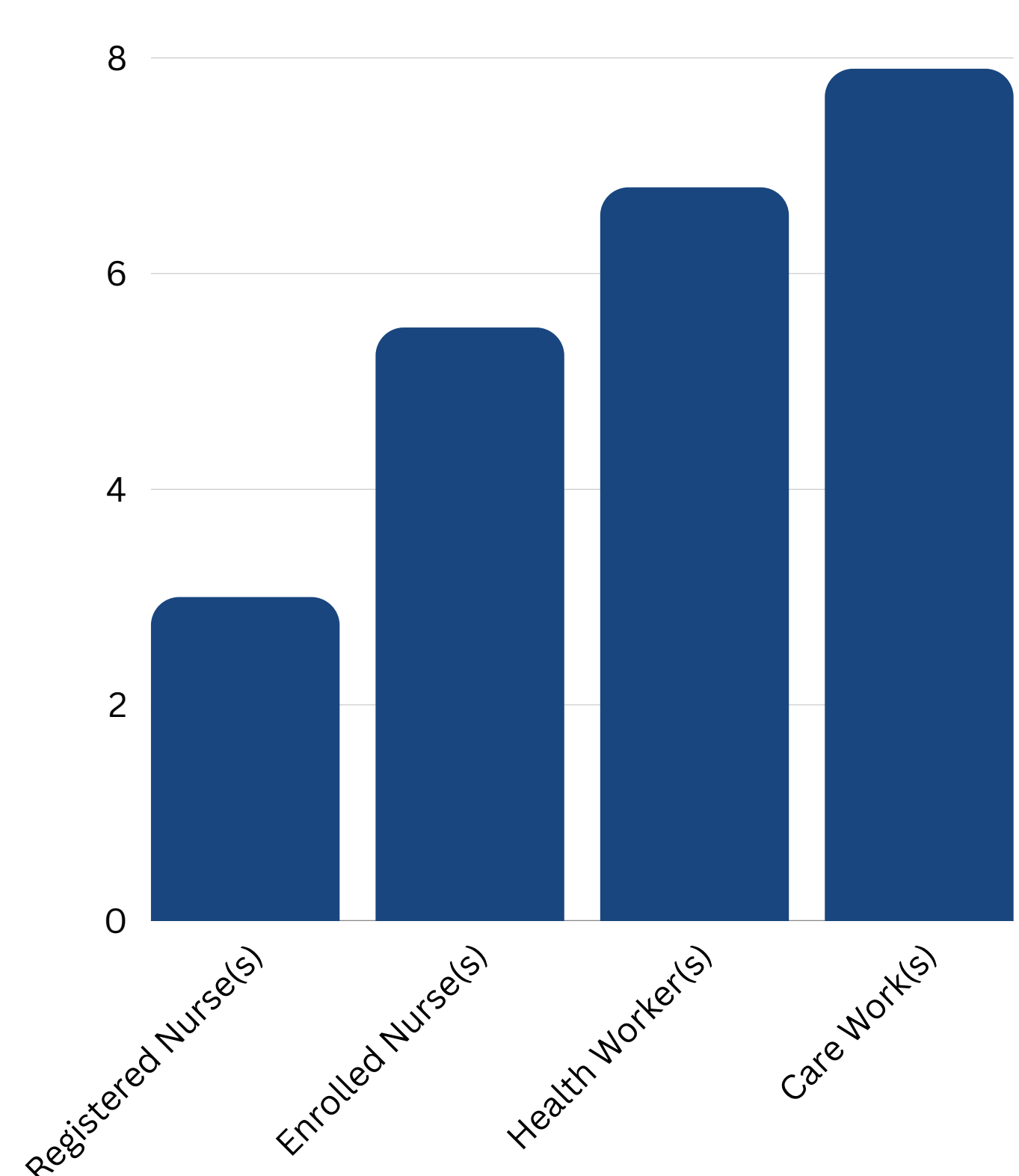
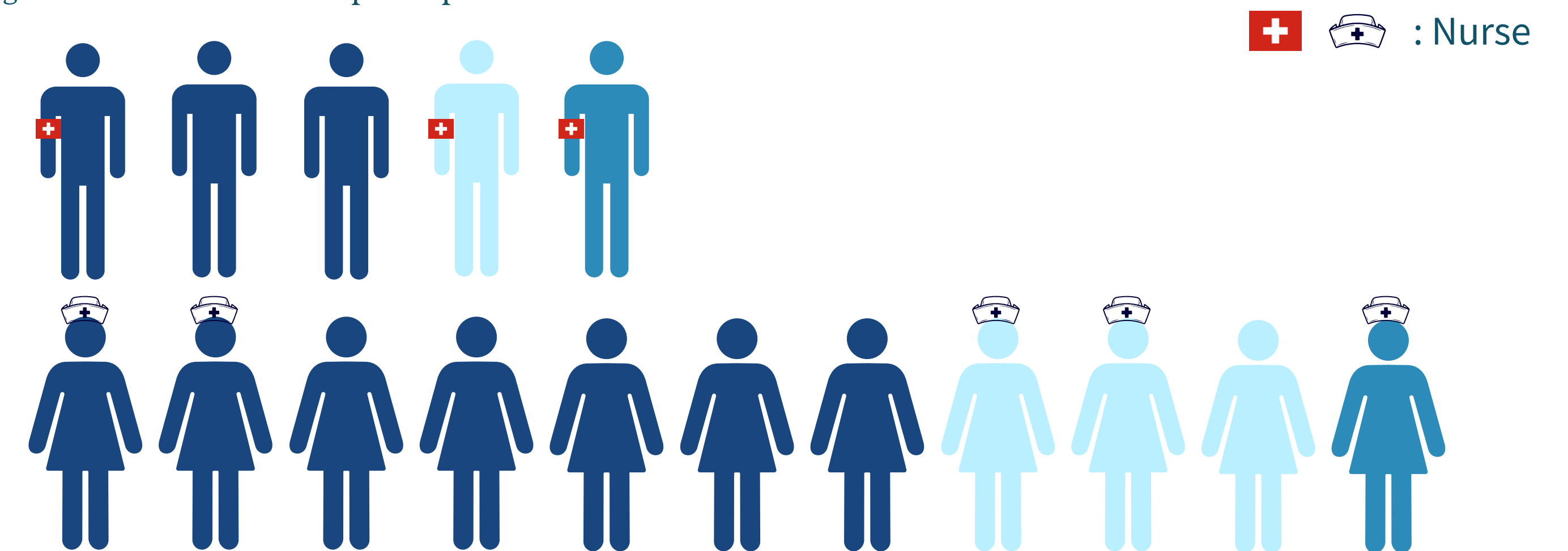


Figure II: Average confidence to provide end-of-life care (0 = Not confident, 10 = Very confident)

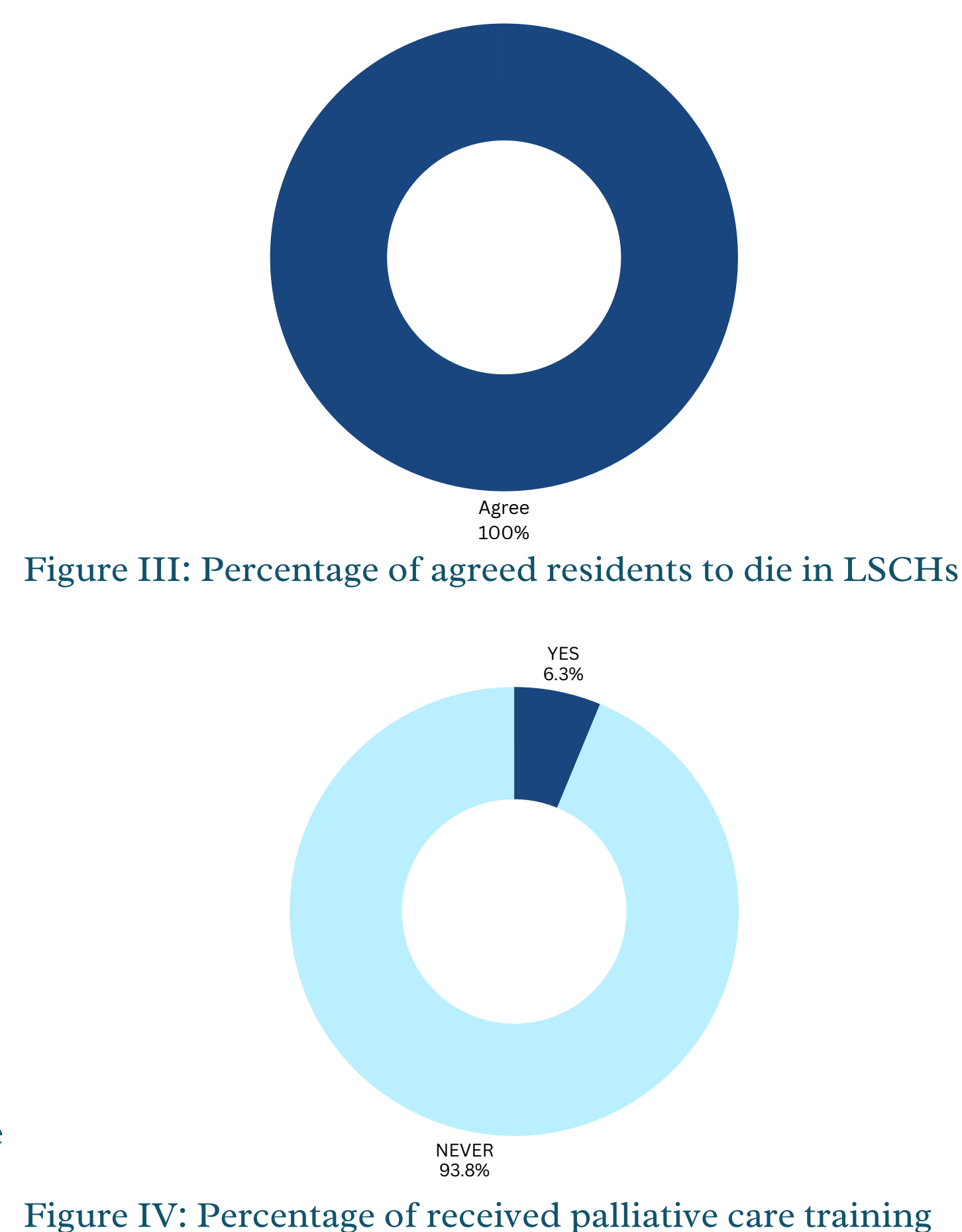


Figure III: Percentage of agreed residents to die in LSCHs

Figure IV: Percentage of received palliative care training

Results

Four themes were identified: (1) redefining a good death, with LSCHs viewed as residents' only true home and “dying in place” understood as central to dignity; (2) professional role extension, from primarily psychiatric rehabilitation to broader palliative, end-of-life, and after-death care; (3) legal, clinical, and moral challenges, including fear of legal liability, limited medical resources, and concerns about body storage and after-death logistics; and (4) emotional impact on frontline staff.

Conclusion

Frontline staff in LSCHs broadly welcome the dying-in-place policy and view it as ethically consistent with residents' autonomy and dignity, yet report substantial gaps in palliative care knowledge, legal clarity, infrastructure, and organizational guidance. Addressing these practice-policy gaps will require targeted palliative care education for frontline staff, clear operational and legal protocols for pre-death and after-death care, strengthened leadership and governance, and structured emotional and ethical support to sustain staff resilience when implementing dying in place for people with SMI in LSCHs.

References

- Health Bureau. (2018). Strategic review on mental healthcare. The Government of the Hong Kong Special Administrative Region. https://www.healthbureau.gov.hk/download/press_and_publications/otherinfo/180500_mhr/e_mhr_full_report.pdf
- Government of Hong Kong Special Administrative Region. (2024a, April 5). Choice of dying-in-place facilitated. https://www.news.gov.hk/eng/2024/04/20240405/20240405_220823_749.html?type=tickerAPA
- Government of Hong Kong Special Administrative Region. (2024b, April 5). Coroners Ordinance (Amendment of Schedule 1) Notice 2023 (Commencement) Notice and Births and Deaths Registration Ordinance (Amendment of Second Schedule) Notice 2023 (Commencement) Notice gazetted. <https://www.info.gov.hk/gia/general/202404/05/P2024040500638.htm?fontSize=1>
- Hong Kong e-Legislation. (n.d.). Laws of Hong Kong: Cap. 174 - Mental Health Ordinance. <https://www.elegislation.gov.hk/hk/cap174>
- Hong Kong e-Legislation. (n.d.). Laws of Hong Kong: Cap. 504 - Coroners Ordinance. <https://www.elegislation.gov.hk/hk/cap504>