



EDUCATIONAL AND SUPPORTIVE NEEDS OF CRITICAL CARE NURSES IN PALLIATIVE AND END OF LIFE CARE

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INTRODUCTION

PALLIATIVE CARE (PC)

- Emphasizes quality of life, prevention, and alleviation of suffering during range of stages of illness (World Health Organization, 2011)
- “The individual’s choices and decisions regarding care are paramount” (National Hospice and Palliative Care Organization, 2009, para. 1)

END OF LIFE (EOL) CARE

- Overlapped by PC; may envelope a span of time prior to death, from hours to months (U.S. Department of Health and Human Services, 2008)

IMPORTANCE OF CONTINUING EDUCATION

- Professionals who provide care and support to patients nearing end of life may be, or feel, unprepared to do so (Field & Cassel Eds., 1997)
- Recent statewide needs assessments have revealed specific areas of educational need and inadequate supportive resources (Schulman-Green et al., 2010)
- Nurses spend the majority of time with patients, and improving quality care is a social justice based goal within the collaborative field of social work (National Association of Social Workers, 2004)
- A limited number of health care professionals (i.e. nurses) may have been exposed to EOL care training during formal education or lack confidence in their knowledge (Schlairet, 2009; Schulman-Green et al., 2010)

HIGHLIGHTED EDUCATIONAL NEEDS

COMMUNICATION

- Multiple significant patient/family outcomes are related to inadequate EOL communication with health care providers (Boyle et al., 2005)

GRIEF, LOSS, BEREAVEMENT:

- Literature recognizes need for expanded education related to grief and bereavement (Brown & Wood, 2009)

CULTURAL/SPIRITUAL CONSIDERATIONS:

- Willingness to appreciate variance in beliefs may result in improved outcomes for patients and stronger sense of trust (Giger et al., 2006)

SUPPORTIVE NEEDS

- Recent literature review found strong recommendations to pursue impacts of grief in different areas of nursing practice (Brown & Wood, 2009)
- Support managing stress while providing PC has been identified by nurses as a priority area (Fillion et al., 2005)

PURPOSE

- Determine the educational and supportive needs of primary caregivers providing palliative and end of life care at a community hospital
- Study responds to anecdotal needs/ experiences of nursing staff; recognized as priority by Critical Care (CC) administration and PC clinical coordinator

RESEARCH QUESTIONS

- What are nurses’ levels of confidence related to competencies in providing palliative and EOL care?
- What are areas of needed emotional or organization support related to providing quality palliative and EOL care?

METHODS

PARTICIPANTS / AGENCY SETTING

- Convenience sample of Critical Care nurses (n=49)
- Agency is non-profit hospital; semi-urban area
- Area residents primarily Caucasian (49%) or Hispanic/Latino (40%); Approximately 9% live below poverty line (U.S. Census Bureau, 2010)

MEASURES

- Anonymous, self-administered survey; 5 main sections:
- Content adapted from core competencies in EOL care (American Association of Colleges of Nursing, 2000) and an EOL framework of emotional/organization support (Clarke et al., 2003)
 - Section 1 (16 items); statements assess confidence in core competencies in EOL care
 - Confidence in competencies measured in 2 ways:
 - Composite measure of Confidence in 17 areas (5 point Likert Scale; 5=Strongly Agree/High Confidence, 1 =Strongly Disagree/Low Confidence)
 - Self-rated overall confidence score (single Likert rating)
 - Section 2 (6 items); potential supportive needs
 - Training methods (1 item)
 - Demographics (6 items); Work History (4 items)

DESIGN AND PROCEDURE

- Written survey of about 15 minutes; received approval from California State University, Northridge Institutional Review Board
- All CC nurses encouraged to participate, but voluntary
- 2 informal focus groups conducted following completion to further explore expressed needs

DATA ANALYSIS

- Analyzed using Statistical Package for the Social Sciences (SPSS) 19
- Frequency and descriptive statistics used to describe participants and investigate outcomes related to educational and supportive needs
- Independent T-Tests and Pearson’s *r* used to explore relationship between demographic information and confidence levels

Descriptives: PC/EOL Competencies; Self-Reported Confidence Levels/Levels of Agreement (5=High Confidence/Strongly Agree, 1=Low Confidence/Strongly Disagree)

| Competencies in PC/EOL Care | N | Min | Max | Mean | SD |
|--|----|-----|-----|------|-----|
| Effectively describe PC to patient | 49 | 2 | 5 | 3.53 | .84 |
| Effective communication with patient | 49 | 1 | 5 | 3.67 | .85 |
| Effective communication with patient’s family | 49 | 2 | 5 | 3.76 | .75 |
| Effective communication with multi-disciplinary care providers | 49 | 2 | 5 | 3.78 | .80 |
| Use EBP tools/ measures | 48 | 1 | 5 | 3.77 | .81 |
| Provide pain/symptom management | 48 | 2 | 5 | 4.19 | .74 |
| Assist patients cope with grief/loss | 48 | 2 | 5 | 3.65 | .84 |
| Assist families cope with grief/loss | 47 | 2 | 5 | 3.70 | .91 |
| Cope with own grief/loss | 49 | 2 | 5 | 3.81 | .81 |
| Aware of diverse cultural beliefs/customs | 49 | 1 | 5 | 3.51 | .96 |
| Aware of diverse spiritual beliefs/customs | 49 | 2 | 5 | 3.47 | .84 |
| Comfortable applying legal principles | 49 | 2 | 5 | 3.78 | .96 |
| Comfortable applying ethical principles | 49 | 2 | 5 | 4.02 | .83 |
| Assess patient’s physical needs | 49 | 2 | 5 | 4.10 | .62 |
| Assess patient’s psychological needs | 49 | 2 | 5 | 3.59 | .76 |
| Assess social needs | 49 | 2 | 5 | 3.45 | .82 |
| Assess spiritual needs | 49 | 2 | 5 | 3.60 | .80 |

RESULTS

EDUCATIONAL NEEDS:

- Respondents are *most* confident regarding:
 - Providing pain/symptom management (M=4.19, SD=.70)
 - Assessing physical needs (M=4.10, SD=.62)
 - Applying ethical principals (M=4.02, SD=.83)
- Respondents are *least* confident regarding:
 - Assessing social needs (M=3.45, SD=.82)
 - Awareness of cultural and spiritual beliefs/customs related to death /dying (M=3.51, SD=.96; M=3.47, SD=.84 respectively)

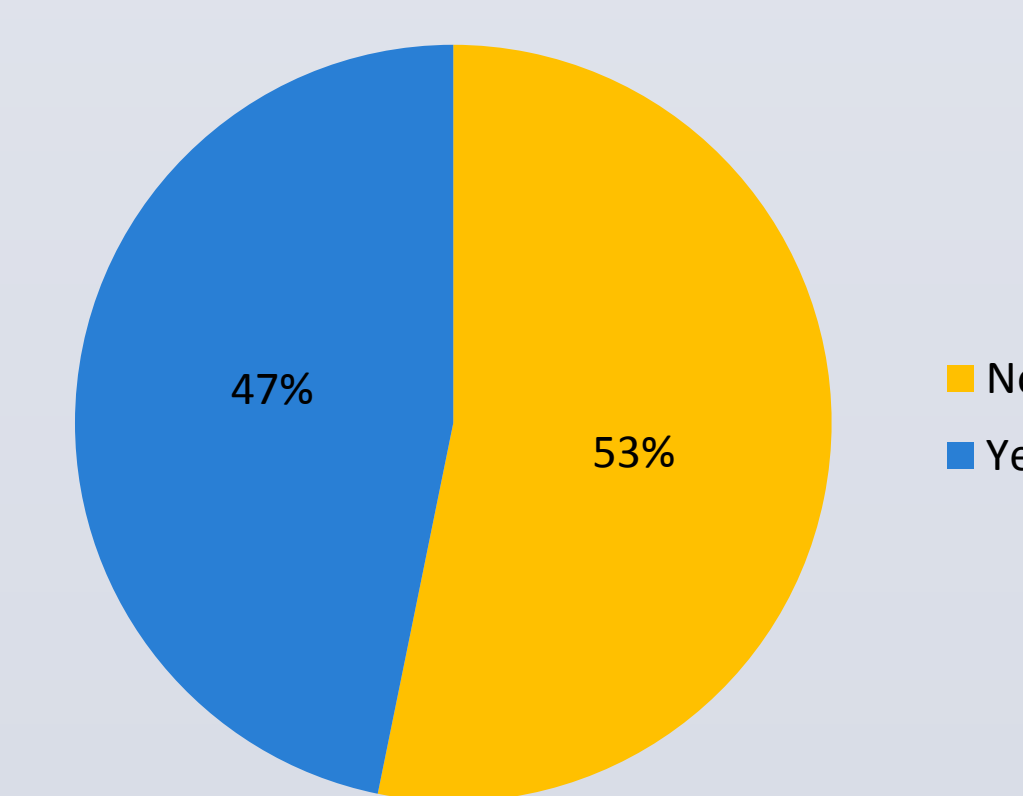
SUPPORTIVE NEEDS:

- Top needs expressed by nurses:
 - Learning skill sets from PC members, social work, or spiritual care staff (M=4.29, SD=.74)
 - Help managing stress when caring for patients near EOL (M=4.04, SD=.74); Identifying self-care resources (M=3.92, SD=.77)

ADDITIONAL INFORMATION / FINDINGS:

- Survey had high response rate of 76%
- Mean overall confidence level in providing palliative care was 3.6 (SD=.84)
- Composite measure of confidence in providing palliative/EOL competencies was highly positively correlated with overall measure of confidence (r=.68, n=44, p=.000)
- Nurses who had received EOL/PC training during nursing education were significantly more confident in core palliative/EOL competencies (M=3.89, SD=.58) than those who hadn’t (M=3.56, SD.47; t (41)=2.06, p < .05, two tailed).

PC/EOL Training in Nursing School



DISCUSSION

EDUCATIONAL NEEDS

- Priority areas for continuing education/training may focus on assessment of social needs and awareness of cultural/spiritual beliefs and customs related to death/dying
- Nurses’ confidence levels did not drop below “neutral” in this section, perhaps due in part to high exposure to EOL care experiences in CC
- History of PC/EOL training in employment was not correlated with nurses’ confidence levels; level of training may have been insufficient

SUPPORTIVE NEEDS

- Findings support previous studies indicating nurses consider support in managing stress a priority (while providing PC) (Fillion et al., 2005)
- Above re-occurring theme regarding stress management support may have system wide/organizational implications related to burn out and/ or employee health.

QUALITATIVE RESPONSES

- “I would like to know **key words** or **terminology** when talking with patients and their families about palliative care.”
- I always want to say or do the right thing for each family when a loved one is dying. Each family is unique and the **more tools or training** we have would be beneficial.”

Interest in Areas of Support (5=Strongly Agree; 1= Strongly Disagree)



LIMITATIONS

- Convenience sample; relatively small, specialty group; 1 location
- Needs assessment survey has not been tested for reliability/validity
- Measure’s design may have elicited more neutral responses, despite use of anonymity to decrease social desirability bias

CONCLUSIONS AND IMPLICATIONS

- Critical Care nurses:
 - need and want additional training and support
 - seek appropriate, culturally competent language to use with dying patients and their families
- Large correlation between single confidence and composite measure in this study potentially offers SW leaders/ health care managers efficient tool in time-limited situations in obtaining good baseline confidence measure in providing palliative/EOL care
- As interdisciplinary team members, social workers must continue to participate as active leaders in PC and EOL care training, research, and policy development

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