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End-of-Life Care Educational Needs of Acute Care Nurses

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Problem: With the increasing number of high acuity patients suffering from lifethreatening illnesses in acute care facilities, it is imperative that nurses be competent to care for dying patients and their families. However, nurses may be unprepared for this role (Arbour & Wiegand, 2014), with deficits in education/knowledge and communication skills identified as barriers in providing quality EOL care (Johnson & Gray, 2013; McCourt, Power, & Glackin, 2013). Despite the barriers, successful EOL conversations with patients and families are associated with improved medical care at EOL (Anderson et al., 2016; Milic et I., 2015; Rajamani et al., 2015). Others have found similar results, leading to decreasing length of stay, increasing Do Not Resuscitate orders, shifting goals of care to comfort, and earlier hospice referrals (Bischoff, et al., 2013; Norton, et al., 2013; Stein, et al., 2013).

Although hospice and palliative care nurses are specially trained in delivering care at the EOL, many acute care nurses frequently provide care for the same patient population but may not have the skills, competencies, and education in how to do so. To counter these shortfalls, EOL nursing education has been shown to positively influence EOL work-related stress in nurses (Udo, Danielson, Henoch, & Melin-Johansson, 2013) and increased confidence and decreased powerlessness in communication (Udo, Melin-Johansson, Henoch, Axelsson, & Danielson, 2014). Nurses who perceive themselves as more prepared and better able to provide EOL care reported higher compassion satisfaction scores, lower compassion fatigue scores, and lower burnout scores (Todaro-Franceschi, 2013).

Purpose: Research examining EOL nursing care has focused particularly on the experience of nurses in specialty areas, especially oncology, critical care, and palliative care. Few researchers have studied acute care nurses who work with patients who are at EOL outside of specialty units (Gagnon & Duggleby, 2014). According to the Academy of Medical-Surgical Nurses (2014), medical-surgical nurses are the largest group of practicing nursing professionals. Considering the valuable role these nurses have in EOL care, the purpose of this study was to explore the preparation and competencies for EOL care as perceived by acute care bedside nurses and to determine their EOL care educational needs and desires.

Methods: Two-hundred seventy-nine nurses from 10 acute care units working with patients at EOL at three hospitals in southwest Virginia were asked to participate in this descriptive, cross-sectional, quantitative study. Nurses from ICU, palliative care, and oncology units as well those in management positions were excluded. Fifty-five nurses completed the End of Life Care – Educational Needs Survey, measuring nurses' perceptions of knowledge/skills, attitudes/beliefs, competency and desire for education on 23 EOL topics. The survey response rate was 19.7%.

Results: Although the attitudes/beliefs of nurses of EOL care were very positive (=4.22), less than 50% of nurses described themselves as competent in 21 of 23 EOL

topics. Fewer rated themselves as competent in overall skill (40.7%) and overall knowledge (33.4%) in EOL care. Attitudes/beliefs scores were positively correlated with the competency scale scores (r=0.42, p<0.01), overall knowledge competency scores (r=0.35, p=0.01), and overall skills competency scores (r=0.28, p<0.05). Nurses with higher attitudes/beliefs scores were also more likely to have higher total knowledge scores (r=0.59, p<0.001), subjective knowledge scores (r=0.38, p<0.01) and objective knowledge scores (r=0.51, p<0.001). Those who had completed EOL education/training in the last five years had higher scores on the competency scale (r=0.43, p<0.001), overall knowledge competency scores (r=0.56, p<0.001), and overall skills competency scores (r=0.43, p=0.001). While only 29.1% had formal EOL instruction in their initial nursing education program, these nurses had higher scores for subjective knowledge (t=4.48, df=43, p<0.001) and competency scale scores (t=2.03, df=44, p<0.05). At least 80% of the nurses indicated a desire for education on all EOL topics in the survey. Conclusions: The results indicate that, although nurses have positive attitudes/beliefs about EOL care, they perceive a significant deficit in EOL knowledge/skills and competencies in providing care to patients. The need for EOL education is remarkably evident and is underscored by the nurses' desire for comprehensive continuing education. It is therefore paramount that nurses' EOL education needs be considered met to provide quality care to patients at the end of life.

Title:

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Abstract Summary:

Although nurses provide care for patients at end-of-life (EOL), they may be unprepared for this role. In this session, we will explore acute care nurses' perceived preparation and competencies for EOL care and discuss the EOL educational needs for nurses working in the acute care setting.

Content Outline:

- 1. Introduction
- 1. Significance of problem
- 1. Terminally ill patients where they die & who cares for them
- 2. Acute care nurses in care of patients at EOL vs. specialty nurses
- 2. EOL Nursing Competencies what do they need for quality of care?
- 1. Pain & Symptom Management
- 2. Communication
- 2. Research Study
- 1. Description of Research Study
- 1. Subjects of study
- 1. RNs, LPNs
- 2. Exclusions

- 2. Hospitals
- 1. Unique facility types
- 2. Services provided, including Palliative
- 3. Survey Design
- 1. KSAs
- 2. Educational Needs
- 2. Results: Experience of Acute Care Nurses in study
- 1. Nursing Perceptions
- 1. Attitudes & beliefs
- 2. Knowledge & skills
- 2. Demographics
- 1. Education & recency
- 2. Age / Experience / Comfort
- 3. Hospital / Availability of Palliative Services
- 3. Educational Needs
- 1. Specific topics identified
- 2. Preferred learning format
- 3. Prevalence of need
- 3. Relationships of Results to Prior Research
- 1. Lack of knowledge and education
- 2. Role of EOL communication skills
- 3. Identified means of Educating Nurses
- 1. ELNEC course
- 2. Continuing Education
- 3. Threading across undergraduate curriculum
- 3. Implications for Practice
- 1. Improved Quality of Care for patients at EOL and families
- 2. Improved Nursing Satisfaction and Confidence

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Author Summary: Dr. Wendy Downey has worked in acute care for more than 25 years, with the majority of those years spent in cardiac leadership and more recently in hospice. As an Assistant Professor at Radford University, she now teaches students at both the undergraduate and graduate level and is able to share her passion for end-of-life care in preparing patients and families for a good death.