



# **Determination of End-of-Life Care Educational Needs: A Survey of Perceived Preparation and Competency of Acute Care Nurses**

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# Purpose of Research Study

To explore the preparation and competencies for end-of-life (EOL) care as perceived by acute care bedside nurses and to determine their EOL care educational needs and desires.





# Research Questions

1. To what extent do acute care nurses perceive that they are prepared to address the needs of patients at the end-of-life?
2. What characteristics of acute care nurses are associated with end-of-life competencies?
3. Which end-of-life care core competencies do nurses believe are most important for nursing continuing education?

# Methods

Design: Quantitative; descriptive, cross-sectional study using a self-report survey

Sample: Acute care bedside nurses (RN & LPN) caring for patients at EOL

Excluded: ICU, palliative care, oncology, and managers

Instrument: The End of Life Care – Educational Needs Survey, *adapted* (Schlairet, 2006)

# Methods: Instrument

## **The End of Life Care – Educational Needs Survey**

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Section A: Attitudes/Beliefs, Knowledge/Skills related to EOL nursing care

Section B: EOL Education Focused Information

Section C: Competency Scale (23 EOL topics)

Section D: Overall Knowledge Competency & Overall Skill Competency

Section E: Demographics

Section F: Open-Ended Question

# Results

**Participation:** 55 subjects

19.7% response rate

## Demographics:

- Registered nurse (93.9%)
- Female (92.3%)
- White (89.8%)
- Mean age: 41 years
- Highest degree: Baccalaureate degree (42.9%)
- Initial nursing education: Associate's degree program (65%)



DNP Nursing Research Study  
End of Life Care Educational Needs Survey

Survey Dates: July 6 – August 16, 2015

Are you a RN or LPN  
working primarily on a Med-Surg or PCU unit?  
**Please consider participating in this 10-15 minute survey!**

Considering the valuable role acute care nurses have in EOL care,  
the purpose of this study is to explore the preparation and competencies for  
optimal end-of-life care as perceived by acute care bedside nurses.

The survey will be available **July 6 - August 16, 2015** from the following link:  
<https://www.surveymonkey.com/s/EOLNursingCareEducationalNeeds>  
For your convenience, the link will also be available  
from the Nursing Survey page on the hospital intranet site.

This study is being conducted by Wendy Downey, MEd BSN RN  
of Case Western Reserve University. If you have any questions about the survey,  
please call 540-230-7258 or email wrd25@case.edu.

# Results

## RQ #1: Perception of Preparation and Competencies

**Table 1**

*Mean Scores for Individual EOL Attitudes/Beliefs Questions*

Question	N	Mean	SD
Want to participate in education	54	4.59	0.53
Education useful in work setting	55	4.51	0.26
Desire to improve EOL knowledge/skill	55	4.49	0.61
Have the knowledge to provide EOL care	55	4.33	0.67
Have a role in EOL care	55	4.25	0.70
Interested in delivery of quality EOL care	55	4.25	0.67
Respect & advocate for care preferences	55	4.13	0.80
Caring for patient not responding to treatment	55	3.84	1.00
Comfort talking about death/dying	55	3.56	1.10
Total		37.94	3.75

# Results

**Table 2**

*Mean Scores for Individual Objective Knowledge Questions*

Question	N	Mean	SD
<b>Cultural factors &amp; communication</b>	55	4.44	0.50
<b>Grief</b>	54	4.43	0.69
<b>Adjuvant analgesics</b>	53	4.19	0.65
<b>Progression of disease &amp; EOL goals</b>	55	4.18	0.86
<b>Interdisciplinary approach</b>	55	4.16	0.74
<b>Drugs &amp; respiratory depression</b>	55	3.84	0.98
<b>Hydration/nutrition</b>	54	3.78	0.86
<b>Drowsiness &amp; sedation</b>	55	2.49	0.94
<b>Total</b>		29.96	2.38



# Results

**Table 3**

*Mean Scores for Individual Subjective Knowledge Questions*

Question	N	Mean	SD
Knowledge to provide quality care	54	3.70	0.79
Formal EOL instruction in initial nursing education	55	2.76 ★	0.96
Continuing EOL education in last five years	55	2.65 ★	1.25
Medicare Hospice Benefit	54	2.63	0.94
Total		11.77	2.76

# Results

## Perceived Competency in EOL Care:

In 91% of the competency scale questions, **less than 50% of nurses perceived themselves as competent.**

**Table 4**

*Mean Score and Percentage of Subjects Rating Perceived Overall Skill and Overall Knowledge Competency Level as “Competent” (4) or “Very Competent” (5)*

Topic	N	Mean	SD	% $\geq 4$
Overall Skill	54	3.37	0.90	40.7
Overall Knowledge	54	3.20	0.94	33.4

# Results

## RQ #2: Nurse Characteristics Associated With End-of-Life Competencies

- Higher Attitudes/Beliefs scores
- Higher Knowledge/Skill scores
- EOL Continuing Education in last five years
- Formal EOL instruction during initial nursing education
- More comfortable in talking about death/dying

Higher perceived competency with years of experience, but not related to age

# Results

## RQ #3: EOL Continuing Educational Needs

Type of instruction needed: Comprehensive (63.6%)

Preferred learning format:

- Classroom (56.4%)
- Video (45.5%)
- Hands-On (41.8%)
- Online (34.5%)

Barriers:

- Availability (43.5%), Time (40%), Scheduling (38.2%)

Reasons for desiring education:

- To enhance performance for specific job/role (83.6%)

**Table 5**

*Ranking of Subjects' Desire for Education on 23 EOL Content Area Topics By Percentage*

Topic	N	%
<b>EOL Ethical/Legal Issues</b>	51	94.1
<b>State/Local Laws &amp; Regulations</b>	51	94.1
<b>EOL Symptom ID/Management</b>	49	93.9
<b>Psychosocial, Spiritual, Grief/Bereavement</b>	49	93.9
<b>Alternate/Non-drug EOL Therapies</b>	49	93.9
<b>Patient/Family EOL Advocacy</b>	51	92.2
<b>Conflict Management</b>	51	92.2
<b>Cultural Issues &amp; EOL Care</b>	51	92.2
<b>Patient/Family EOL Decision Making</b>	50	92.0
<b>Interdisciplinary EOL Care Concepts</b>	50	92.0
<b>EOL Nursing Care Management</b>	50	92.0
<b>Patient/Family EOL Communication</b>	48	91.7
<b>EOL Pain Management</b>	50	90.0
<b>EOL Quality Care</b>	50	90.0
<b>EOL Professional Issues for Nurses</b>	50	90.0
<b>Continuity/Coordination of EOL Care</b>	50	86.0
<b>EOL &amp; Patient Assessment</b>	50	86.0
<b>Special Populations</b>	50	84.6
<b>Time of Death Care</b>	50	84.0
<b>Medicare Hospice Benefit</b>	49	83.7
<b>EOL Legislative Issues</b>	52	82.7
<b>Advance Directives at the EOL</b>	49	81.6
<b>EOL Research</b>	50	80.0

# Discussion

- There are perceived competency deficits in the core domains of clinical competence in EOL care

(Institute of Medicine, 2015; National Consensus Project, 2007)

- Pain and symptom control

(Bloomer, et al., 2013; Singer, White & Coyne, 2011)

- Communication skills specific to EOL care

(Isaacson, M.J., & Minton, M. E. (2018); Almack et al., 2012; Aslakson et al., 2012; Institute of Medicine, 2015)

- Lack of knowledge is one of the greatest barriers to providing quality EOL care

(McCourt, Power, & Glackin, 2013; Crump, Schaffer, & Schulte, 2010)

# Discussion

- Despite deficit knowledge, nurses have a positive attitude towards EOL care

(DLitt el Phil, & Labrague, L.J., 2019; Dunn, Otten, & Stephens, 2005).

- Need and desire for comprehensive EOL nursing education is evident

(Montagnini, M., et al., 2018; Becker, C., Wright, G., & Schmit, K., 2017; Price, D.M., et al., 2017; Ferrell, B., Malloy, P., Mazanec, P., & Virani, R., 2016; Grant, M., et al., 2013; Johnson & Gray, 2013; Todaro-Franceschi, 2013; White & Coyne, 2011)

# Limitations

- Self-ratings
- Low response rate (n=55)
- Participation based on interest in topic
- Limited generalizability of the findings



# Implications for Future Research & Practice

## Practice:

- Annual EOL educational programs
- Annual skills competencies

## Future Research:

- Impact of an EOL educational interventions
- Relationship between perceptions of preparedness and measured competencies
- Threading of EOL care education across the undergraduate nursing curriculum and translation into practice

# Conclusion

- There is a significant deficit in acute care nurses' EOL knowledge/skills and perceived competencies in providing care to patients at EOL.
- The need and desire for comprehensive EOL nursing education has been made evident.
- Nurses should be provided ongoing EOL education in order *to provide quality care to patients at the end of life.*

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# Questions?

