END OF LIFE IN AFRICAN AMERICAN OLDER ADULTS
AN INTEGRATIVE LITERATURE REVIEW
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Background
African Americans, in general, do not prepare for the end of life. The Patient-Self Determination Act, the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT) and the Institute of Medicine's report Approaching Death: Improving Care at the End of Life all contributed to improvements in end-of-life care. End-of-life care is a broad term which describes attention and support given during the period leading to death. Advance directives are a mechanism to safeguard control over decision making. The purpose of this poster is to present a review of literature on end of life in African American older adults.

Methods
Literature searches were conducted for studies published between 2007 and 2014. Studies were included based on the following criteria:
(a) included African Americans
(b) participants 60 years of age or older
(c) end of life was addressed
(d) research-based
(e) published in the English language
Twenty-eight articles met these criteria using the following databases: CINAHL, Cochrane Library, Ovid MEDLINE, Pub Med, Psych Info, Web of Science and ancestry searches.
Keywords used: African American, Blacks, end of life & older adults

Findings
- African Americans use hospice and prepare advanced directives less often than Caucasians or other races.
- Focus is often on interment preparation versus symptom management care trajectory.
- African American decedents generally received more life-sustaining interventions than non-Blacks during hospitalization near the end of life.
- Among the many factors that may contribute to African American older adult end-of-life decision making, the following were most salient:
  1. Individual & family belief systems
  2. Culture & socialization
  3. Religion/spirituality
  4. History & mistrust

Conclusions
- Confluences of multiple factors contribute to African American older adult end-of-life decision making.
- Further research is needed in this area with an emphasis on strategies to improve this experience for older adults with cognitive impairment such as dementia using their family caregivers.
- Better understanding of end-of-life decision making processes in this population is needed for the development of culturally tailored end-of-life educational interventions.
- Improving this outcome may lead to better patient and family satisfaction with end-of-life care and subsequently improved quality of life for all involved.

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