

Title:

Promoting Healthy Work Environments: Improving RN Attitudes Towards End-of-Life Care

Sondra B. Lee, BSN, BSMBY

Clinical Professional Development and Education, DCH Health System, Tuscaloosa, AL, USA

Jeffery Wade Forehand, DNP

School of Nursing, Troy University, Troy, AL, USA

Judith L. St. Onge, PhD

School of Nursing, Troy University, Montgomery, AL, USA

Kristi A. Acker, DNP

Graduate Nursing, University of Alabama, Tuscaloosa, AL, USA

Session Title:

Poster Presentations

Slot (superslotted):

PST: Saturday, 18 March 2017: 7:30 AM-8:00 AM

Slot (superslotted):

PST: Saturday, 18 March 2017: 9:45 AM-10:15 AM

Slot (superslotted):

PST: Saturday, 18 March 2017: 1:30 PM-2:00 PM

Slot (superslotted):

PST: Saturday, 18 March 2017: 3:45 PM-4:15 PM

Keywords:

Communication Intervention, End-of-Life Care and Reducing Nursing Anxiety

References:

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Abstract Summary:

This presentation will discuss the results of an evidence-based communication intervention targeted at changing acute care nurses attitudes towards end-of-life care by reducing communication anxiety.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to recognize the impact that attitudes have on end-of-life communication, patient care, and the work environment.	I. Factors affecting nurse attitudes towards end-of-life communication • Experience • Environment • Knowledge/Skills • Emotional work • Collaboration issues II. Impact on patient and family outcomes III. How it affects the work environment
The learner will be able to value the impact of evidence-based interventions on communication and supporting a healthy work environment.	I. Outcomes data II. Impact of anxiety reduction on work environment

Abstract Text:

Purpose

The presentation intent is to disseminate the findings from a recent DNP Project aimed at changing acute care nurses attitudes towards end-of-life care by reducing the communication anxiety through the effects of an evidence-based communication intervention.

Background

Nurses are charged with providing quality end-of-life care for their patients. The aging baby boomer generation will create an increased number of patients and families approaching the end-of-life or dealing with life limiting illness. For example, in 2014, the percentage of the population age 65 and older was 14.5%. This number is expected to rise to 21.7% by 2040. In 2014 it was estimated that 80% of the population age 65 and older had multiple chronic conditions. This number is expected to continue to rise. Ultimately, this will translate into more end-of-life care issues in the acute care hospital setting. Furthermore, research suggest that over 80% of Americans would prefer to die at home, but the reality is that 60% die in acute care hospitals. Sadly, the few that die in hospice care were referred only in the last few weeks of life.

Literature has demonstrated that acute care nurses providing end-of-life care often feel inadequate, unsupported, and have dissonance that arises from the quality of care they were able to provide versus what they felt they should be delivering. This type of care especially challenges novice nurses. Many nurses feel anxious and unprepared to provide the type of care these patients need, especially when it comes to talking with patients and families about death and dying. These conversations are often the most difficult to have. Because behavior is impacted by attitudes, these attitudes have an effect on the care that is delivered. Research validates that anxiety negatively impacts attitudes towards these types of conversations and discussions and leads to decreased quality of care. The anxiety and negative attitudes also lead to increased stress in the workplace, which studies have shown can adversely affect physical and mental health of healthcare providers. Death anxiety has been shown to have a direct impact on outcomes in the workplace of nurses. It has been linked to burnout, decreased engagement, and absenteeism, especially in younger nurses. Nursing researchers support and encourage the use of evidence-based interventions aimed at increasing the knowledge, skills, and attitudes of nurses regarding end-of-life communication.

Project Description

The DNP Project aims to change nursing attitudes' positively, towards conversations with patients and families that are nearing or at end-of-life. The DNP Project was evaluated using a quasi-experimental one-group pretest posttest design completed between August and October of 2016. A random convenience sample was taken from registered nurses working in an acute care setting at a 787 bed regional medical center in the southeastern United States who voluntarily attended an evidence-based communication intervention on communication at end-of-life. The End-of-Life Nursing Education Consortium (ELNEC) communication module was used as the intervention. The ELNEC curriculum is evidence-based and uses the framework of the COMFORT curriculum for its communication module and was designed for nurses for end-of-life care. Exclusion criteria included anyone who was not a registered nurse providing direct patient care in the hospital setting or who was an advanced practitioner.

Methods

Prior to intervention implementation, Institutional Review Board approval was obtained. Demographic data collected included age, years of nursing experience, area worked, level of education, and history of previous end-of-life education. The tool used to collect data in this study was the Frommelt Attitude Towards Care of the Dying (FATCOD). Permission to use the tool was provided by the copyright owner. The FATCOD consists of thirty questions with a 5 point Likert type scale. The reliability and validity of FATCOD has been established numerous times. The Pearson coefficient was found to be $r = 0.90-0.94$. The content validity index (CVI) was 1.00 and the inter-rater agreement was 0.98. The End-of-Life Nursing Education Consortium communication module was used as the training intervention. This included videos and role play scenarios for participants to practice the communication techniques introduced in the content.

Results

To date a total of 118 participants have participated in the evidence-based intervention. The project is currently in progress. Data analysis and full results will be complete and available for presentation at the time of the conference.

Conclusion

It is anticipated that an impact on attitudes will be seen through improved responses on the tool. Improved end-of-life knowledge and communication skills will reduce nurse anxiety and improve attitudes towards end-of-life care and communication. By decreasing nurse anxiety in end-of-life care, workplace engagement will be supported. The positive attitude change and practice change would translate into positive patient outcomes and positive experiences for the nurses.