

Title:

Perceived Palliative and EOL Care Knowledge, Attitudes, and Behaviors Among Health Professionals

Deborah M. Price, DNP¹

Heather M. Smith, PhD²

Justin H. Oldfield, MD³

Jennifer Ann Zybert, SN⁴

Marcos Montagnini, MD⁵

Linda K. Strodtman, PhD⁴

(1)Department of Health Behavior and Biological Sciences, University of Michigan School of Nursing, Ann Arbor, MI, USA

(2)Clement J. Zablocki VA Medical Center, Milwaukee, WI, USA

(3)Department of Family Medicine, University of Michigan Health System, Ann Arbor, MI, USA

(4)School of Nursing, University of Michigan, Ann Arbor, MI, USA

(5)Medicine, University of Michigan, Ann Arbor, MI, USA

Session Title:

Perceptions of End-of-Life Care in the Nursing Profession

Slot:

E 11: Sunday, 29 October 2017: 4:15 PM-5:00 PM

Scheduled Time:

4:35 PM

Keywords:

Health Care Professionals, Hospital setting and Palliative care competency

References:

Anderson, W.G., Puntillo, K., Boyle, D., Barbour, S., Turner, K., Cimino, J, Moore, E., Noort, J., MacMillan, J., Pearson, D., Grywalski, M., Liao, S., Ferrell B., Meyer, J., Herman, H., Mitchell, W., & Pantilat, S. (2016). ICU bedside nurses' involvement in palliative care communication: A multicenter survey, *Journal of Pain and Symptom Management*, 51 (3), 589-596.

doi.org/10.1016/j.jpainsympman.2015.11.003

Montagnini, M. ; Smith, H. & Balistreri, T. (2012). Assessment of Self-Perceived End-of-Life Care Competencies of Intensive Care Unit Providers. *J of Palliative Medicine*, 15 (1): 29-36.

White, K.R., Roczen, M.L., Coyne, P.J., & Wiencek, C. (2014). Acute and Critical Care Nurses' Perceptions of Palliative Care Competencies: A Pilot Study. *The Journal of Continuing Education in Nursing*, 45 (6): 265-277.

Abstract Summary:

The results of the Palliative/End-of-Life Care Competencies Study completed at the University of Michigan Health System will be presented. Interventions implemented to address identified gaps in the provision of quality palliative care will be described.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will describe identified gaps in the provision of quality palliative/end-of-life care to hospitalized patients.	1. Study results will be described pertaining to perceived competencies in knowledge, attitudes and behaviors regarding the provision of competent palliative/EOL care within seven

	palliative/EOL care domains, with areas for improvement clearly identified. These palliative care domains include patient and family decision-making, communication with the team and with patient/families, continuity of care, practical support for patients and families, symptom management and comfort care, spiritual support for patients and families and emotional and organizational support for staff.
Participants will learn interventions which promote health professional competencies in the delivery of palliative care to hospitalized patients	2. Specific interventions will be described that were implemented in order to meet educational needs of health professionals as identified in the study. These include train-the-trainer programs, documentation changes, on site consultations, conferences/programs provided and staff support initiatives.
The learner will be able to identify strategies which promote collaboration and interdisciplinary involvement in the delivery of palliative care to hospitalized patients	3. Communication strategies and initiatives will be described which promote collaboration, interdisciplinary involvement, and clarification of roles.

Abstract Text:

Purpose: The purpose of this study was to complete a comprehensive, baseline assessment across health care disciplines to identify self-perceived deficits in providing competent palliative and end-of-life (EOL) care to hospitalized patients. The aims of this study were to assess health care professional's knowledge, attitudes, and behaviors regarding the provision of palliative/EOL care to hospitalized patients around seven palliative/EOL care domains. These palliative care domains include patient and family decision-making, communication with the team and with patient/families, continuity of care, practical support for patients and families, symptom management and comfort care, spiritual support for patients and families and emotional and organizational support for staff (Clarke, 2003).

Background/Significance: Quality palliative/EOL care is a dynamic process moderated by individual values, knowledge and preferences for care. Low perceived competence/discomfort can adversely affect palliative/EOL care provided to the dying. These skills are rarely natural and must be first assessed, then learned. The need to address complex illness care requires that clinical staff recognize the limits of their professional expertise and the need for collaboration across disciplines.

Methods: This descriptive study electronically surveyed participants using the End-of-Life Questionnaire (EOLQ) (Montagnini, Smith & Balistreri, 2012). The EOLQ consists of 28 specific questions on knowledge, skills and attitudes with subscale items related to seven domains of palliative/EOL care. There were 4 open-ended questions to ascertain issues deemed important by participants, and ten demographic items. Interdisciplinary professionals from 25 pediatric and adult hospital units participated in the study. Quantitative data analysis was descriptive and correlational in nature. Qualitative data analysis identified themes with sub-themes of participant concerns.

Results: Participants in the study ($N=1200$) included physicians, nurses, respiratory therapists, physical and occupational therapists, social workers, pharmacists, chaplains, and child-life health care professionals. Twenty-five nursing units participated averaging a 27% response rate. Quantitative data

analysis revealed that overall perceived competency in palliative/EOL care for all respondents was moderately high ($\bar{x} = 3.68$; $r = 1-5$). Subscale analysis revealed that self-perceived EOL competency behaviors were significantly lower compared to knowledge and attitude competencies ($p < .0001$). Perceived EOL Care competencies were significantly influenced by educational preparation ($p < 0.0001$), years in current practice ($p < 0.0001$), acuity level of unit population ($p < 0.0001$), role on treatment team ($p < 0.0001$) and physician specialty ($p < 0.0002$). Significant differences in individual and team behaviors were found for physicians, nurses, respiratory therapists, and social workers ($p < .05$). When team behaviors were compared according to nursing unit acuity level significant differences were found in attitude, knowledge and symptom management between adult ICU and adult acute care nurses ($p < .00001$). Qualitative analysis ($N=475$) identified 7 major themes with sub-themes:

1. *Communication* (59.6%) with sub-themes related to communication between patient/family and physician, between services and disciplines, between shifts and sooner palliative care team consultation;
2. *Decision-making* (50.1%) with sub-themes related to concerns regarding code status, transition/withdrawal of care and managing conflicts;
3. *Educational needs of patients and providers* (38.5%) with sub-themes related to patient/family education about the dying process, code status and definitions of comfort vs palliative care, as well as provider education regarding how to have realistic prognosis/EOL discussions, code status and EOL medications treatment;
4. *End-of-life Care needs* (31.8%) with sub-themes related to symptom management, family support and providing a peaceful environment;
5. *Ethical concerns* (17.1%) with sub-themes about futility of care, honoring wishes and managing family disagreements;
6. *Satisfaction of PC and EOL Care* (39%) with sub-themes recognizing patient/family and provider satisfaction with care given;
7. *Spiritual and Cultural Care* (19%) with sub-themes addressing staff understanding and sensitivity to family preferences.

Conclusions: This study provided baseline measurements and direction to new research initiatives in the provision of palliative/EOL care. The results indicated that educational needs related to the provision of competent palliative/EOL care may be different depending on the hospital unit acuity level, patient population, experience level of staff, and professional role. Interventions should be focused on improving communication, collaboration and decision-making behaviors between the disciplines and with the patients and family members, with earlier palliative care consultation and involvement when needed. The longer-term aims beyond this study are to 1) to educate all staff caring for patients with advanced illness about palliative and end-of-life care issues; 2) to improve end-of-life care planning for hospitalized patients including increased communication and collaboration with the community and clinic settings; 3) to develop health care providers abilities for initiating an earlier and more collaborative approach with the Palliative Care team regarding end-of-life issues in the acute setting; and 4) to provide direction to new research initiatives in the care of patients and their families who are facing life-limiting illness situations.