Enhancing Knowledge and Confidence of Acute Care Nurses Providing End-of-Life Care

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BACKGROUND

Kaiser Family Foundation survey showed 71% of Americans prefer to die at home (Hamel et al., 2017), but according to the Centers for Disease Control and Prevention, only 31.4% end up dying there (Olaisen, 2020).

More patients (35.1%) die in hospitals than in homes or skilled nursing facilities (Olaisen, 2020), underscoring the need for quality end-of-life (EOL) care in the acute care setting.

Compared to other clinicians, staff nurses spend the most time with dying patients and their families at the bedside (Manning et al., 2020).

There appear to be differences in nurses' perceptions of quality of death or what it looks like (Rees et al., 2020).

OBJECTIVES

Objective 1: To increase acute care nurses' knowledge in EOL care

Objective 2: To increase acute care nurses' confidence in their ability to assess and appropriately provide prescribed intervention to EOL patients

Objective 3: To promote increased use of the PAINAD assessment tool for nonverbal EOL patients

METHODS

Ethical Consideration

IRB approved in the target facility and MSU

Design, Setting, and Sample

Design:

Pre-post-interventional comparative study

Data collection immediately before and after the educational intervention

Recruitment period of 3 months

Setting:

A 541-bed tertiary, level I trauma center in the southwest US

Sample:

Inclusion criterion: bedside staff nurses in medical-surgical units, IMCs, and ICUs

Exclusion criteria: travel nurses, non-bedside nurses

The Educational Intervention

A 30-minute educational module on the facility's LMS with a link to the SurveyMonkey

Measurement Instruments

Knowledge Quiz:

Brief quiz based on CPGs developed by the National Coalition for Hospice and Palliative Care

The EOL Knowledge Scale:

Developed by authors to assess the participants' feelings regarding their overall knowledge of EOL care.

Five-item self-report instrument measured on a Likert scale, with a score of 5, meaning "very high or know nearly everything about the topic," and a score of 1, meaning "no understanding/knowledge"

The Confidence Scale:

Grundy C-Scale to measure confidence level

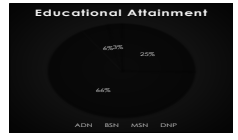
Internal consistency of Cronbach's alpha of 0.85 (Grundy, 1993)

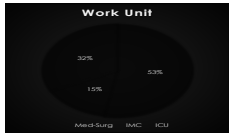
Five-item self-report on a Likert scale, with a score of 5 meaning "absolutely confident" and a score of 1 meaning "no confidence at all"

For access to Grundy C-scale, please scan QR code.

RESULTS

	Age	Yr as RN	Yr at UMC
	n= 58	N=68	n=35
Mean	42.76	14.41	6.64
SD	11.51	9.70	6.55
Median	43.00	13.00	4.00
Max	69.00	44.00	29.00
Min	22.00	1.00	0.30





Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PRE-Knowledge	68	1.00	12.00	6.66	3.57
POST Knowledge	68	9.00	15.00	12.08	1.79
PRE-Confidence	68	1.00	25.00	10.33	7.62
POST-Confidence	68	10.00	25.00	20.22	3.57
PRE-Knowledge Quiz	68	80.00	100	94.41	6.55
POST-Knowledge Quiz	68	80.00	100	98.08	4.32

Paired *t* test

	Mean	Std. Deviation	*t*	*df*	*p*
Pair 1 PRE-POST Knowledge	-5.42	3.52	-12.694	67	<.001
Pair 2 PRE-POST Confidence	-9.88	7.38	-11.036	67	<.001
Pair 3 PRE-POST Knowledge Quiz	-3.67	6.44	-4.70	67	<.001

CONCLUSIONS

Following the 30-minute educational intervention utilized in this project, acute care nurses' knowledge and confidence were significantly improved within this sample; confidence was even more so than knowledge.

REFERENCES

PATHWAY DESIGNATED