Original Article

Physicians' and Nurse Practitioners' Level of Pessimism About End-of-Life Care During Training: Does It Change Over Time?

Ann C. Long, MD, MS, Lois Downey, MA, Ruth A. Engelberg, PhD, Dee W. Ford, MD, MSCR, Anthony L. Back, MD, and J. Randall Curtis, MD, MPH

Division of Pulmonary and Critical Care Medicine (A.C.L., L.D., R.A.E., A.L.B., J.R.C.), Department of Medicine, Harborview Medical Center; Cambia Palliative Care Center of Excellence (A.C.L., L.D., R.A.E., A.L.B., J.R.C.), University of Washington, Seattle, Washington; and Division of Pulmonary and Critical Care Medicine (D.W.F.), Department of Medicine, Medical University of South Carolina, Charleston, South Carolina, USA

Abstract

Context. An enhanced understanding of trainee attitudes about end-of-life care is needed to inform interventions to improve clinician communication about dying and death.

Objectives. To examine changes in trainee pessimism about end-of-life care over the course of one academic year and to explore predictors of pessimism among residents, fellows, and nurse practitioners.

Methods. We used baseline and follow-up surveys completed by trainees during a randomized controlled trial of an intervention to improve clinician communication skills. Surveys addressed trainee feelings about end-of-life care. Latent variable modeling was used to identify indicators of trainee pessimism, and this pessimism construct was used to assess temporal changes in trainee attitudes about end-of-life care. We also examined predictors of trainee pessimism at baseline and follow-up. Data were available for 383 trainees from two training programs.

Results. There was a significant decrease in pessimism between baseline and follow-up assessments. Age had a significant inverse effect on baseline pessimism, with older trainees being less pessimistic. There was a direct association of race/ethnicity on pessimism at follow-up, with greater pessimism among minority trainees ($P = 0.028$). The model suggests that between baseline and follow-up, pessimism among younger white non-Hispanic trainees decreased, whereas pessimism among younger trainees in racial/ethnic minorities increased over the same period.

Conclusion. Overall, trainee pessimism about end-of-life care decreases over time. Pessimism about end-of-life care among minority trainees may reflect the influence of culture on clinician attitudes about communication with seriously ill patients. Further research is needed to understand the evolution of trainee attitudes about end-of-life care during clinical training. J Pain Symptom Manage 2016;51:890–897 © *2016 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

Key Words

Medical residency, internship, trainee, attitude, palliative care

Introduction

Although medical trainees feel that learning from dying patients is a valuable experience, engaging in end-of-life care is a daunting endeavor for many.[1] Feelings of sadness often accompany the care they provide to patients with serious illness, and the death of a patient may be associated with guilt or a sense of failure.[1,2] Trainees also may worry about the tension between supporting their patients' hope while still providing realistic and accurate information about their illness.[1,2] A trainee's attitude about end-of-life care may influence their communication practices,[3] and a negative outlook may affect their ability to address difficult topics such as dying and death with seriously ill patients. An understanding of trainee

Address correspondence to: Ann C. Long, MD, MS, Harborview Medical Center, 325 Ninth Avenue, Box 359762, Seattle, WA 98104, USA. E-mail: along11@uw.edu

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attitudes about end-of-life care is vital to the development of educational interventions to enhance communication skills, yet little is known about the factors that influence trainee attitudes about communication with dying patients.

Using data from a five-year randomized trial evaluating a training program designed to improve clinician communication skills,[4,5] we examined temporal change in individual medical resident and nurse practitioner attitudes about communication with dying patients. We focused our study on an attitude of pessimism, defined as "an inclination to emphasize adverse aspects, conditions, and possibilities or to expect the worst possible outcome."[6] We felt that this was an important attitude to study, given the potential for pessimism to impact a trainee's communication with patients who have serious illness. The ability to address negative attitudes about end-of-life care also may promote trainee wellness and attenuate provider burnout.[7] Finally, it may be possible to identify a pessimistic attitude toward communication about end-of-life care in the early stages of training and address this with an educational intervention. In addition to changes in trainee attitudes over time, we investigated associations between trainee characteristics and attitudes about communication with dying patients. Direct experiences with dying and death may improve attitudes about end-of-life care,[8] thus we hypothesized that pessimism for all trainees would diminish over time and that older trainees would be less pessimistic about talking about end-of-life care.

Methods

Study Design and Participants

Data for this study were drawn from baseline and follow-up surveys completed by internal medicine residents, subspecialty fellows, and nurse practitioners during the Improving Clinician Communication Skills trial.[5] Participants were recruited from the University of Washington (UW) and the Medical University of South Carolina between 2007 and 2012. Eligible trainees included all internal medicine residents, as well as fellows in pulmonary and critical care, oncology, geriatrics, nephrology, and palliative medicine subspecialties. Nurse practitioners and advanced practice nurses were eligible if they were in, or had recently completed, training programs that included care for adults with life-threatening or chronic illnesses.

Before the beginning of the academic year, trainees were contacted by mail or e-mail. Study materials included letters from the director of their training program and the investigators, a consent form, a refusal postcard, and a postage-paid return envelope. Three additional reminders were provided to nonrespondents using the following approach: 1) a second mailing at two weeks, 2) an e-mail reminder at four weeks, and 3) a phone contact at six weeks. After written consent was obtained, participants were randomized to usual education or an interprofessional simulation-based communication skills workshop. Randomization was stratified by study site, discipline (MD or ARNP/APRN), and year of training. Baseline surveys assessing attitudes toward end-of-life care were sent to participants at the beginning of the academic year, and follow-up surveys were sent at the year's end, after the intervention or control education period. For trainees who completed both preintervention and postintervention questionnaires, the average number of days between completion of the two questionnaires was 268 days (approximately nine months), ranging from 45 days to 420 days. Median elapsed time was 280 days. Human subjects approval was obtained from the institutional review boards at both institutions.

Developing a Pessimism Construct

To identify indicators of pessimism, we used trainee responses on surveys addressing their feelings about providing end-of-life care. This survey of trainee attitudes has been used in several other studies[2,9] but has not been validated. Trainees completed these surveys at the time of their enrollment, which coincided with the beginning of the academic year, and then at the end of the academic year during which they participated. The survey of trainee attitudes about providing end-of-life care includes 18 items (Appendix, available at jpsmjournal.com). Thirteen items are rated on a scale ranging from 1 (strongly disagree) to 4 (strongly agree), and the remaining items are scored on a scale from 1 (never) to 5 (always). Study personnel (A. C. L., R. A. E., J. R. C., and L. D.) reviewed the 18 items on the survey and identified those most likely to measure pessimism that might affect end-of-life care provided to patients and their family members. The following three items were selected: 1) there is little that can be done to ease the suffering of grief, 2) it is not possible to tell patients the truth about a terminal prognosis and maintain hope, and 3) talking about death tends to make patients with terminal illnesses more discouraged. Valid comparisons of a latent construct over time require evidence of longitudinal measurement invariance (i.e., that the construct has time-invariant meaning).[10] Thus, our first analysis goal was to establish that either the complete set of three selected indicators or a subset of two of the indicators exhibited measurement invariance over time. Each test for longitudinal invariance involved a structural equation model (SEM) based on weighted least

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