



A one hour teaching intervention can improve end-of-life care[☆]

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ABSTRACT

Background: It is not known if standard nursing actions are tailored to patient preferences for comfort measures during End of Life (EOL) care.

Objectives: Determine the effect of a brief teaching intervention on student care of EOL patients.

Design: Pre-test/post-test intervention design.

Settings: Two large public universities and one smaller private Catholic institution (all in the United States [U.S.]).

Participants: 471 nursing students attending class as part of their required nursing curriculum.

Methods: A previously developed aggressiveness of nursing care scale was modified to determine students' behavioral intentions for the care of the EOL patient before and after a standardized lecture. The lecture was designed to help students recognize that nursing care priorities for the EOL patient may need to be different than for other patients in order to provide the best quality of remaining life.

Results: Nursing students prior to the lecture had aggressiveness of care scores similar to those of experienced staff nurses, and were more likely to provide more aggressive care to younger patients without DNR orders than to older patients with a DNR order. Following the lecture, aggressiveness of nursing care scores decreased significantly for all EOL patients, and students reported similar behavioral intentions for all EOL patients, regardless of patient age or code status. Student age was marginally related to change in behavior following the lecture. Prior experience in caring for a dying patient or relative did not have a significant effect on aggressiveness of care scores before or after the lecture.

Conclusions: This study demonstrates the effectiveness of a brief teaching intervention to help student nurses take patient preferences and needs into consideration when selecting nursing interventions for the EOL patient.

This paper describes the effect of a one-hour teaching intervention on nursing student behavioral intentions for care of end-of-life (EOL) patients, using students from three different nursing programs. The nursing programs were all located in the United States, one in the Mid-Atlantic region and two in the Mid-South region. All faculty who participated used the same powerpoint as the teaching intervention and measured outcomes using the same research instruments. The reason for the emphasis on this short time frame of 1 h is to encourage nursing educators to add this to their restricted curriculum, and demonstrate that this brief intervention can improve student's nursing care of the EOL patient. The intervention was based on materials from the End Of Life Nursing Education Consortium (ELNEC). The effect of patient age and code status on student responses was also determined; student

responses were compared to the results from experienced staff nurses reported in prior studies (Bennett, 2016; Shelley et al., 1987).

1. Literature Review

In 1987 Shelly, Zahorchak, and Gambrill devised an instrument to document aggressiveness of nursing care intentions for the EOL patient, and to determine if patient age or code status had an effect on these intentions. The original instrument used a series of four vignettes and a Likert-scale of 13 nursing care actions to measure aggressiveness of nursing care for the EOL patient. Each vignette described the same basic patient situation, with the variables of patient age (28 years old versus 72 years old) and code status (Do Not Resuscitate [DNR] versus no

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DNR). Aggressive nursing care was defined as “nursing actions aimed at curing the underlying illness and monitoring the patient's progress toward wellness”. Nonaggressive nursing care was defined as “nursing actions directed at minimizing discomfort without specific or direct attention to the underlying disease” (Shelley et al., 1987, p. 158). According to Shelley et al. (1987), scores above 56 on this instrument were indicative of aggressive nursing care; those between 35 and 56 indicated moderately aggressive care, and scores below 35 indicated care directed toward the comfort end of the comfort-cure continuum. This study found that increased patient age and the presence of DNR orders significantly reduced aggressiveness of nursing care, and that mean scores for three groups of staff nurses from a mid-Atlantic metropolitan area were 45, 50 and 46, indicating moderately aggressive behavioral intentions for the EOL patient (Shelley et al., 1987).

Since that time there have been numerous papers documenting the ineffectiveness of aggressive care and the price of aggressive care in terms of health care costs and patient discomfort. For example, a large number of cancer patients were receiving chemotherapy in the week prior to death, while only a small number of EOL patients received palliative care during the final week of life (Gagnon and Duggleby, 2014). A recent multi-site study of the effect of chemotherapy during the last four months of life found that these patients had no increase in survival time compared to those not receiving chemotherapy. In addition, the chemotherapy patients had increased risk of undergoing cardiopulmonary resuscitation (CPR) and/or mechanical ventilation in the last week of life, had late hospice referrals, and were more likely to die in the intensive care unit (ICU) than in their preferred place, when compared to those who were not receiving chemotherapy (Wright et al., 2014).

A recent systematic review of over one hundred studies indicated that early discussion of advanced directives decreased the use of cardiopulmonary resuscitation (CPR), reduced hospitalizations and increased use of hospice (Brinkman-Stoppelenburg et al., 2014). A second study by Hickman et al. (2015) indicated that the new Physicians Orders for Life Sustaining Treatment (POST) or Medical Orders for Life Sustaining Treatment (MOST) forms now implemented in many states in the US increased adherence to patient preferences concerning interventions such as CPR and intubation. However, the studies in these systematic reviews were focused on medical procedures, so it is not known if nursing actions adhere to patient preferences during EOL.

It is also not clear how effective teaching interventions are at changing nursing care of the EOL patient. While there are some studies concerning the effect of educational interventions on nursing student attitudes about caring for the EOL patient (Dobbins, 2011; Mallory, 2003), studies documenting changes in nursing actions in the care of EOL patients were much harder to find. One difficulty is that patient differences affect the types of nursing care that is appropriate. Using standardized patient vignettes such as those developed by Shelley et al. (1987) allows the researcher to document changes in nursing care following an educational intervention, or to compare results from different studies. But only one study using vignettes to document nursing actions in the care of the EOL patient was found in publication in the past five years.

Bennett (2016) used the tool originally developed by Shelley et al. (1987) to document aggressiveness of nursing care intentions in a group of mid-western RNs in 1989, and compared these results with data from RNs collected in 2014, to see if the aggressiveness of nursing care intentions for the EOL patient had changed over this time. The mean score for all EOL patients vignettes (young, old, with and without a DNR order) from the nurses surveyed in 1989 was 36.02 ($SD = 9.67$), while the mean for the 2014 sample was 49.03 ($SD = 11.58$). This was a significant difference $t(140) = 2.49, p = 0.015$, indicating that the aggressiveness of nursing care for the EOL patient had increased over this time period (Bennett, 2016).

Overall, the current literature supports the need for health care professionals to communicate available options to EOL patients sooner,

and follow patient preferences concerning the transition from cure-focused to care-focused interventions. However, it is not known if a brief teaching intervention based on the ELNEC training program or some other program can be effective at changing behaviors of health professionals.

2. Research Questions

The research questions addressed in this paper are as follows:

1. What are BSN nursing students' behavioral intentions for care of the EOL patient?
2. How do the students' behavioral intentions for the care of the EOL patient compare with those of experienced acute care RNs?
3. Does patient age or code status influence the aggressiveness of student behavioral intentions for care of the EOL patient?
4. Does student age or experience in caring for the dying influence the aggressiveness of care intentions?
5. Can a brief teaching intervention significantly decrease the aggressiveness of nursing behavioral intentions for care of EOL patients?

3. Theoretical Framework

Ajzen's Theory of Planned Behavior was used as the theoretical basis to determine the nurses' behavioral intentions for providing specific nursing actions in the care of EOL patients. According to the theory, a person's intentions to perform a behavior are informed by beliefs and attitudes about the behavior, subjective norms (what the person thinks significant other people believe about the behavior) and by the person's perceived control over the behavior (Ajzen, 1991).

4. Methods

4.1. Intervention

The lecture was conducted using a one-hour PowerPoint lecture developed by the primary researcher. All presenters used the same lecture materials and had previously attended an End of Life Nursing Education Consortium (ELNEC) train-the-trainer program. The primary researcher and the other nursing faculty were also part of the 2016 ANA National Advisory Group for Palliative & Hospice Nursing Professional Issues, where they were recruited to take part in the study. The effect of patient age and presence of a DNR order on the aggressiveness of nursing behavioral intentions were also determined at time one and time two. Finally, the results from the nursing students were compared with earlier results obtained from experienced staff nurses using the same instrument.

4.2. Instrument

A modified version of the Aggressiveness of Nursing Care Scale developed by Shelley et al. (1987) was used to measure nursing student behavioral intentions. The same vignettes used in the Shelley et al. (1987) study were used in this study. In all four vignettes the patient is described as having a poor prognosis and showing no clinical improvement despite aggressive therapy. The patient is lethargic, but alert and oriented and able to speak and make requests. The vignettes all described the patient in the same way, except for variables of patient age (young, old) and presence of a DNR order (present, absent). This allowed the independent variables of code status and age to be manipulated by changing the patient description in the vignettes.

The students' intentions to perform various nursing actions were rated on a Likert scale and could range from 1, strongly agree, to 6, strongly disagree. To avoid response bias, items on the scale were worded so that the choice of strongly agree on some items indicated that they intended to provide comfort focused care, while on other

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