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Feature Article

Nursing home staff perspectives on adoption of an innovation in goals of care communication

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ABSTRACT

Nursing homes (NH) are important settings for end-of-life care, but limited implementation may impede goals of care discussions. The purpose of this study was to understand NH staff perceptions of adoption and sustainability of the Goals of Care video decision aid for families of residents with advanced dementia. Study design was a cross-sectional survey of staff at 11 NHs in North Carolina who participated in the Goals of Care (GOC) cluster randomized clinical trial. Staff perceived the GOC decision aid intervention as a positive innovation; it was perceived as more compatible with current practices by male staff, nurses, and more experienced NH staff. Perceptions were correlated with experience, implying that experience with an innovative approach may help to promote improved GOC communication in nursing homes. Nurses and social work staff could be effective champions for implementing a communication technique, like the GOC intervention.

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Introduction

Dementia is a progressive incurable disease that afflicts over five million Americans; most will die in nursing homes (NH).^{1,2} In advanced dementia, end-of-life care issues include uncontrolled pain, diminished interest in eating, and infections.³ Communication to align overarching goals of care (GOC) with treatment plans is the recommended approach to advance care planning and decisions about end-of-life treatments.^{4,5} Goals of care such as prolonging life or promoting comfort are first discussed, and then aligned to choices about treatment. Family caregivers typically make decisions about resuscitation, tube feeding, hospitalization and treatment of recurrent infections for persons with dementia in the NH, since these individuals lack decision-making capacity for many years prior to death.

Nurses lead the healthcare inter-disciplinary team in NHs, which also includes social workers, therapists, nutrition and activity staff. A Care Plan nurse typically completes a federally required health assessment that guides the care plan on admission. The health assessments are updated quarterly or if the medical status of the residents changes. Health care providers deliver medical care, but are rarely present for care planning meetings or family communication. A key component of resident-centered care for nurses could be goals of care discussions, which can be initiated during the health assessment.

Families and nursing staff both report that GOC discussions are not commonly used in NHs, and care plans rarely include advance care planning content.^{6,7} Limited communication between NH staff and families contributes to poor end-of-life care quality.⁸ Notable barriers to GOC communication in NHs include lack of nursing education, time constraints, lack of health care providers involvement, unclear nursing staff responsibility, fear of legal ramifications, and limited family involvement.^{8,9} Nurses may not view advance care planning discussions as a part of their job responsibilities, and time pressures result in prioritizing other tasks.¹⁰ Alternatively, nursing education and experience may facilitate acceptance of this role.¹¹

The Goals of Care study tested the first systematic adoption of a video decision aid in the NH setting, to facilitate GOC

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communication. In addition to testing the intervention itself, investigators sought to understand nursing home staff perceptions that may hinder or support the adoption of this innovation in GOC communication. To use the GOC video decision aid, NH nurses and other staff must learn and adopt evidence-based practices, and do so accounting for the complex relationships and barriers to the adoption of innovations in NHs.^{12,13} Roger's diffusion of innovation (DOI) framework (2003) guided the measures used in this study to examine nursing home staffs' perceptions of the GOC approach. The DOI framework focuses on the process by which an innovation – the GOC decision aid – is adopted. Additionally, the DOI framework includes attributes of the innovation that determine its rate of adoption: relative advantage, compatibility, complexity, trialability, and observability.¹⁴

Characteristics of NH staff may affect readiness to adopt this innovation. Racial/ethnic disparities have been well documented in long-term care settings.^{15–17} Previous literature has identified potential individual-level factors that contribute to racial/ethnic disparities in advance care planning, including cultural and religious beliefs,¹⁸ mistrust of the healthcare system due to historical discrimination,¹⁹ and preference for more aggressive treatment.²⁰ Similar beliefs may be held by Black NH staff, limiting comfort with GOC discussions. The GOC intervention may thus be particularly beneficial to Black NH staff. Furthermore, nurses or other NH staff who have greater training for or experience with advance care planning may be more comfortable having GOC discussions, and also see the GOC intervention more favorably.

Investigators designed a study to examine nursing home staff perceptions of adoption and sustainability of the Goals of Care video decision aid for families of residents with advanced dementia, and to examine characteristics associated with these perceptions. In addition to descriptive findings, the study tested two hypotheses: 1) that Black nursing home staff would have more positive perceptions of the GOC intervention than White staff, and 2) that nurses and staff who have experience with end-of-life training will have higher perceptions of the Goals of Care intervention.

Material and methods

Design

This study was part of a cluster randomized clinical trial testing the GOC decision aid intervention in 22 NHs. Nurses and other inter-disciplinary care planning team members from 11 NHs in the intervention arm were eligible for an in-person or telephone survey, after training on and delivering the GOC intervention for at least 10 families of residents with advanced dementia.

Goals of care decision aid and care plan intervention

The parent study was a cluster randomized trial to test whether a GOC video decision aid is effective to improve the quality of GOC communication for nursing home residents with advanced dementia. Family decision-makers in intervention NHs experienced the GOC intervention: a video decision aid about GOC in advanced dementia followed by a structured NH care plan meeting with the Care Plan nurse and other members of the inter-disciplinary NH team for a GOC discussion. Three overarching goals were presented in the 20-min video: prolonging life, supporting function, and improving comfort, and treatment options consistent with each of the goals. In addition, personal

stories were presented to depict the selection of goals. Family decision-makers were provided a copy of the decision aid video and a print discussion guide to use with NH providers. Subsequently, family decision-makers were asked to participate in a care plan meeting scheduled by and with the NH interdisciplinary team.

Care plan staff – nurses, social workers, therapists and nutritionists – viewed the video prior to use with families, during a 1-hour training on how to use the GOC discussion guide with family-decision makers. The training session consisted of staff viewing the GOC decision-aid, discussion of the VALUE principles for family discussions, (value family comments, address comments, listen, understand the patient as a person, and elicit family questions) and a short role-play of a GOC discussion.^{11,21}

Staff interviews

Purposive sampling was used to seek representation of staff from different disciplines, including medical, nursing, social work, physical therapy, and activities personnel. A site liaison identified NH staff members who were eligible after participation in care plan meetings. The majority of nursing homes staff that participated in the study were from various disciplines, one facility had only a nurse and a social worker complete the survey. A total of 65 care plan members were eligible to participate in the study, and 49 (75%) selected to complete the survey. Participants were enrolled from July 2012 through July 2015, consistent with the timeline of the GOC study. Institutional Review Boards (IRBs) at the University of North Carolina and the University of Central Florida approved this research.

Measures

Diffusion of innovation

Staff perceptions of the GOC intervention were measured by adapting the supervisory staff version of the Duke Diffusion of Innovation (DOI)-Long-Term Care (LTC) battery.²² The adapted version of the DOI-LTC battery survey used for this study excluded the following subscales: trialability, image, and voluntariness. Working with Dr. McConnell, the developer of the DOI-LTC, we determined these subscales were not applicable for the context of GOC innovation. Furthermore, wording for some of the items were changed to relate to goals of care discussions. Subscales for attributes of the innovation measure include: *relative advantage*, *compatibility*, *complexity* and *observability*. Relative advantage describes how an innovation is better than what is currently being done. Compatibility relates to the degree to which the innovation is consistent with values of the adopters. Complexity addresses adopters' ease of use of the innovation. Observability is the extent to which the innovation is evident to others. The 25 items are rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). After negative items are reverse coded, higher scores indicate a positive perception of the GOC innovation. The intraclass coefficient (ICC) was low for the overall DOI measures (ICC = .12) and for the DOI subscales, ranging from ICC = 0.01 to 0.16.

Sustainability of the innovation

Investigators developed 3 Likert-scale items to measure sustainability of the innovation, each ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores indicate higher perceptions of sustainability. Sustainability items were: 1) "the care plan team will continue to use the GOC approach to discuss advance care planning after the study has been completed;" 2) "the care plan team has the knowledge and communication needed to

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