Nursing Knowledge and Palliative Care

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Abstract

Problem*:* Does education provided to oncology nurses about the ID-PALL screening tool result in increased knowledge on how to assess and identify palliative care needs in patients? **Intervention***:* This project was designed to educate nurses on palliative care topics and enhance their ability to assess and identify palliative care needs in their patients. **Measures:** An online pre-survey and post-survey was used to determine the nurse's knowledge before and after the education was dispersed. The pre-survey was used to identify areas that were lacking and an educational presentation was created based off of this data. The post-survey with the same questions reassessed their learning after utilizing the tailored education. **Results:** Descriptive statistics were used on the Likert scale to assess the pre-survey and post-survey. Participant data was not matched, so any nurse could do the pre-survey or post-survey which led to a discrepancy in number of responses and some outliers. A p-value of 0.010 was calculated which shows the results of the pre-survey and post-survey were statistically different from one another. The results showed an increase in nursing confidence and knowledge in assessing for an identifying palliative care needs in their patients. **Conclusions:** Educating nurses about how to assess for and identify patient palliative care needs using the ID-PALL screening tool can lead to increased nurse confidence, improved identification of palliative care needs, and more confidence when communicating with providers.

Keywords: oncology, medical-surgical, registered nurse, palliative care, education, ID-PALL, confidence

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Nursing Knowledge and Palliative Care

The inability to effectively address palliative care needs can lead to increased suffering for patients and their families (Ersek & Ferrell, 2005). In order for nurses to advocate for their patients and address all dynamics of their care, more education regarding palliative care must be provided. Oncology nurses need to be equipped with the proper tools to care for their patients due to the potential for more palliative needs in their patient population. Palliative care is addressed in undergraduate education, however, more comprehensive training is needed for nurses because they play a crucial role in care coordination and as caregivers (Steginga et al., 2005).

Overview

Problem Description

Palliative care is not routinely taught in depth in nursing school and, in practice, it is frequently associated with hospice care. This general lack of knowledge surrounding palliative care and its merits, such as symptom management and treatment options, may leave nurses ill-equipped to hold valuable conversations with patients surrounding palliative care benefits (Coyne et al., 2007). Nurses are with the patient around the clock and can often identify issues before they become apparent to the physicians (DeSanto-Madeya et al., 2020). If the patients' symptoms are not controlled or the goals of care are not understood by all parties, this can lead to increased suffering for the patient and the nurse (Ersek & Ferrell, 2005). The problem statement guiding this project was, does education provided to oncology nurses about the ID-PALL screening tool result in increased knowledge on how to assess and identify palliative care needs in patients?

The desired outcome of this project was self-reported increase in nurse confidence to care for patients with palliative care needs. In addition, nurses were able to report improved ability to identify their patients' needs in a timely manner. Nurses were also able to report knowledge gained on

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assessment of palliative care needs and more self-reported confidence when communicating patient

needs to providers.

Available Knowledge

Nurses

Assessing for palliative care needs in patients can be a daunting task for nurses of all specialties

and experience levels. Nurses have an integral role in identifying palliative care needs for patients.

Nurses are part of the palliative care team because they notice troubling symptoms before providers

being with the patient around the clock (Dehghani et al., 2020; DeSanto-Madeya et al., 2020). Many

nurses state they feel their education is lacking when it comes to symptom management and meeting

psychosocial needs of patients (Coyne et al., 2007; Steginga et al., 2005). Oncology nurses work in a

variety of areas and see patients throughout their cancer journey. It is important for oncology nurses to

be equipped with the proper skills and tools to identify palliative care needs and advocate for their

patients (Coyne et al., 2007).

Palliative Care Educational Methods

Many teaching methods have been utilized to disperse palliative care education to nurses.

However, barriers such as staffing needs, time, accessibility, and team dynamics prevent the education

from being widely disseminated (DeSanto-Madeya et al., 2020). Methods of dissemination that have

shown great success include: didactic courses, experiential learning, online modules, group classes, and

case studies (DeSanto-Madeya et al., 2020; Reb, 2003; Steginga et al., 2005). Program content is mainly

focused on increasing nurses' ability to identify palliative care needs, communicate with patients and

providers, and promote the overall quality of life for the patient.

Dehghani et al. (2020) examined the self-efficacy of nurses and how palliative care education

leads to increased ability to identify palliative care needs and address them with the patient and the

provider. The Oncology Nursing Society (ONS) has an educational workshop directed towards educating

nurses about end-of-life care and giving them the tools needed to effectively care for their patients through the course of their treatment (Coyne et al., 2007). All of the methods mentioned previously proved to be effective in increasing nurse's ability and confidence to care for patients across the care spectrum*.*

ID-PALL Screening Tool

The ID-PALL screening tool is used to assist nurses in screening for generalized or specialized palliative care needs in patients. It is a brief questionnaire that gives nurses insight into the different aspects of palliative care with regards to their patients. The screening tool can also help the nurse articulate the needs of the patient to the provider so they can be met in a timely manner (Teike Lüthi et al., 2020). The tool can promote dialogue among patients, providers, and nurses, which has been shown to increase nurse's knowledge and comfort with palliative care subjects (DeSanto-Madeya et al., 2020). DeSanto-Madeya et al. (2020) identified six educational needs that nurses were lacking in when looking at the ONS educational template: palliative care, communication, pain management, symptom management, ethical issues, and loss, grief, and bereavement. The ID-PALL screening tool can be used to address these educational needs in addition to advance care planning and care collaboration (Teike Lüthi et al., 2020).

Outcomes of Education

There are many benefits of offering palliative care education to nursing staff. Steginga et al. (2005) explained nurses can be change agents and advocate for patients more effectively when given the proper tools. By integrating more palliative care into patient care, there is improved symptom management, quality of life, and continuity of care (Reb, 2003). Education also promotes nurses' self-efficacy and reduces burn out, moral distress, and physical symptoms among nursing staff (Dehghani et al., 2020; DeSanto-Madeya et al., 2020). Ronsen and Hanssen (2009) also highlighted a nurse's professional gains attributed to their additional palliative care education. These include improved

personal awareness, communication skills, compassionate care, ethical compass, and self-confidence (Ronsen & Hanssen, 2009). The care of palliative patients can be very complex and requires nurses to remain holistic and compassionate when working with this patient population (DeSanto-Madeya et al., 2020). Increasing nursing knowledge on palliative care can improve the trajectory of patient care plans and improve staff satisfaction.

Rationale

The Iowa Model is an effective evidence-based practice tool that can help translate research into clinical practice (Iowa Model Collaborative, 2017). In this project, the staff of the medical surgical oncology floor had been working with the Nursing Clinical Inquiry Squad (NCIS) and the Clinical Practice Committee (CPC) to evaluate the use of a palliative care screening tool called ID-PALL and enhance education surrounding palliative care topics in nursing. The goal was to increase knowledge for the nursing staff on assessing for and identifying unmet palliative care needs in their patient population. The Iowa Model was able to guide the project through stages with the intention of leading to an organizational practice change for staff.

First, the problem that was identified was a lack of education being provided to nurses regarding palliative care and how to assess for and identify palliative care needs in their patients. Using the Iowa Model, a team was formed by the medical surgical nursing staff along with the NCIS and CPC. The review of literature was completed and found sufficient evidence to support the need for continuing palliative care education among nurses. Nurses frequently reported feeling inadequately prepared to care for patients with life-threatening illnesses and are usually the first to spot uncontrolled symptoms or miscommunication among provider teams (Coyne et al., 2007).

Next, palliative care education was provided to nurses about how to effectively use the ID-PALL screening tool and identify their patient's needs. As the project unfolded, the NCIS and CPC teams determined there were no alternative considerations that were needed to meet the organizational

needs at that time. The Iowa Model has checks and balances that helped keep the project on track to meet its goals and kept the team accountable to recognize aspects that may not be working as effectively.

Purpose

The purpose of this project was to provide education to oncology nurses on the ID-PALL screening tool to increase nursing knowledge on assessment and identification of needs in palliative care patients.

Methods

Context

This doctoral scholarly project was carried out on the medical surgical oncology unit of a public hospital located in Eastern Nebraska. This unit has 36 beds and provides care for a variety of patients ranging from 18 to 99 years old. The majority of the patient population has cancer in their history, but there are medical surgical patients on this unit as well. The unit has many nurses and care technicians that provide direct patient care. The unit also has one manager and three shift supervisors. The variety in the patient population allows for almost all provider teams in the hospital to be involved in the care of patients on the floor. The unit was an ideal for this project because of the many different teams that are involved in the care of patients and the wide variety of patients.

The unit has worked on gathering data related to palliative care needs in their patient population. The nurses utilize a screening tool called ID-PALL to screen for palliative care needs in patients that have been hospitalized for more than 3 days or patients who have a change in their condition that might benefit from palliative care. Their goal was to create a process that will streamline the identification of palliative care needs for patients in their hospital. The additional education provided to nurses on how to assess for and identify palliative care needs has assisted in the expansion

of this process to more units in the hospital and will hopefully be implemented hospital wide in the

future.

Intervention

The intervention involved providing education to nurses regarding topics addressed in the ID-

PALL screening tool to assess and identify palliative care needs in their patient's. For this project, the

investigator created a PowerPoint presentation on topics within the ID-PALL screening tool and further

education about assessing for palliative care needs in their patients. The education provided by the

investigator included specific topics in the ID-PALL and any identified knowledge gaps from participants.

The PowerPoint presentation had a voice over component and was distributed to the nurses on the unit

via email. The PowerPoint was approximately twelve minutes in length. Nurses had ten days to review

the educational information regarding topics in the ID-PALL screening tool. The education, pre-survey,

and post-survey were not required for all nurses to complete. This was because not all of the nurses

were present for the pre-survey and post-survey due to staffing turnover. Only nurses who had

completed education regarding the ID-PALL screening tool and its implementation on the unit

participated in completion of this project.

Study of the Intervention

Prior to the intervention, a pre-survey was distributed via Typeform to gauge existing knowledge

on assessing and identifying palliative care needs. Participants had ten days to complete the survey to

accommodate the schedule of the nursing staff. Due to the nature of the unit schedule, this timeframe

allowed sufficient time for all of the nurses to take the survey before implementing their new education

on the ID-PALL screening tool.

The nursing staff was able to utilize their new knowledge regarding the ID-PALL screening tool

for 30 days after which a post-survey was dispersed and available for completion for 10 days. Once all

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surveys were collected, the investigator was able to review the pre-surveys and post-surveys to assess

for new learning among the nurses on the unit regarding palliative care assessment and identification.

Measures

A pre-survey and post-survey was dispersed to all nursing staff on the unit. The survey was

created using a 4 point Likert Scale to assess the nurse's level of understanding and comfortability with

palliative care. By using a 4 point Likert Scale the investigator was able to eliminate the neutral option

and force the nurses to choose a response. There were 10 statements provided in the survey and they

were constructed based on educational needs identified in the literature review and from the ID-PALL

screening tool. The statements in the Likert scale addressed nurse's confidence and overall ability to

identify and communicate palliative care findings in their patients. The pre-survey and post-survey were

created by the investigator and have no validity or reliability measurements. The Likert Scale scores

range from 1 being strongly disagree to 4 being strongly agree. The investigator was able to compile the

scores to gauge the nurse's competency regarding palliative care and how the education provided

influenced knowledge on the subject (Joshi et al., 2015).

Analysis

Data was collected from the pre-surveys and post-surveys and analyzed using Microsoft

Excel. The investigator was able to ensure accuracy by entering the data into two separate Microsoft

Excel documents and comparing each value. The ordinal scale was utilized because the distance

between measures cannot be presumed to be equal (Bhandari, 2022). This descriptive data was able to

summarize the scores of the Likert scale and provide a mode that was used to analyze central

tendency. A bar chart was created to visualize the frequency at which each rating was chosen. The

investigator was then able to use the inferential statistic independent t-test to analyze the data set even

further and show a relationship between education provided to nurses and any changes in their overall

knowledge of palliative care.

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Ethical Considerations

Prior to implementation of this project, the investigator and lead faculty member completed training from the Collaborative Institutional Training Initiative (CITI). In addition, the project proposal was reviewed by the Institutional Review Board (IRB) at Nebraska Methodist College. The project also went through a review process at the facility where the project was conducted considering their staff was central to the project and its goals. Before initiation of the project, the staff nurses were sent an email that detailed the project and how the surveys and education were to be dispersed. Participation was not required and did not impact employment. All data remained unidentified and no one received compensation for participation in the project. To ensure data integrity, the excel spreadsheets were saved on a computer with password protection.

Results

Twenty-two nurses completed the pre-survey and 19 nurses completed the post-survey. An average of 36 nurses were employed on the unit during project implementation. This equals a 61 percent and 52 percent completion rate by staff. The data was coded to compare pre-survey and post-survey results and an independent t-test was conducted due to the inability to match data. The mean answer was calculated for each question (See Figure 1). The x-axis represents the question in the surveys and the y-axis represents the average response. Questions 6, 7, and 8 addressed more knowledge based topics involved with identifying generalized versus specialized palliative care in patients. All other questions addressed nurse confidence with palliative care management. Questions 3 and 8 had the most improvement in scores comparing the pre-survey and post-survey. Question 3, shown in figure 2, stated, "I feel confident initiating conversations with patients about palliative care." Question 8, shown in figure 3, stated, "I know when specialized palliative care is needed."
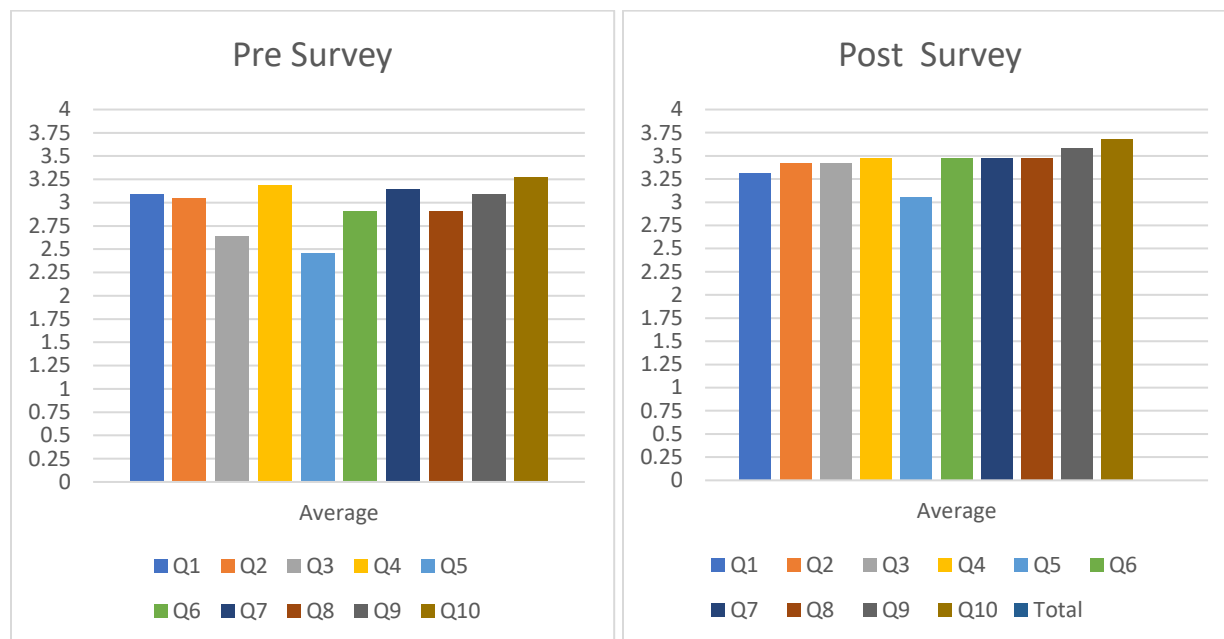
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Figure 1

Figure 2

Pre-Survey Question 3	
I feel confident initiating conversations with patients about palliative care.	
Answered 22 of 22	
Strongly agree	1
Agree	12
Disagree	9
Strongly disagree	0
Post-Survey Question 3	
I feel confident initiating conversations with patients about palliative care.	
Answered 22 of 22	
Strongly agree	7
Agree	11
Disagree	0
Strongly disagree	0

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Figure 3

Pre-Survey Question 8	
I know when specialized palliative care is needed.	
Answered 19 of 19	
Strongly agree	4
Agree	12
Disagree	6
Strongly disagree	0
Post-Survey Question 8	
I know when specialized palliative care is needed.	
Answered 19 of 19	
Strongly agree	8
Agree	8
Disagree	1
Strongly disagree	0

When analyzing the results, nurses were more likely to answer strongly agree and agree after the educational intervention. The results show an increase in nursing confidence and knowledge in palliative care topics. The results were calculated using descriptive statistics and the independent t-test was able to show degrees of freedom and a *p*-value. A *p*-value of 0.010 was calculated which shows the results of the pre-survey and post-survey were statistically different from one another.

Discussion

Summary

The results indicate that the intervention implemented increased nurse's confidence in caring for patients with palliative care needs. It also showed that nurses experienced an increase in their ability to identify patient needs and communicate them with providers. This project was able to identify an effective way to provide registered nurses with education in areas that they identified through the pre-survey. By providing targeted education, the investigator was able to keep the nurses interest and removes unnecessary education that might make the education delivery less effective.

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Interpretation

Increasing nurse's ability and confidence in assessing for and identifying palliative care needs

can be addressed in many ways. For this project an online module was chosen and that was identified as

a successful way to educate larger cohorts of nurses (DeSanto-Madeya et al., 2020). By providing this

education, the gaps in knowledge of palliative care can be addressed and improve patient outcomes and

nurse satisfaction (Dehghani et al., 2020; DeSanto-Madeya et al., 2020). This educational intervention

was able to address five of the six key educational needs that were identified in the ONS template. The

areas identified and addressed in the education were: initiating conversations with patients and their

family about palliative care, addressing conflict, differentiation between generalized and specialized

palliative care, and assessing for and managing patient symptoms. The correlation of these educational

needs also highlights the necessity of increased palliative care education for nurses. The ID-PALL

screening tool is already being expanded to other units in the hospital. The education from this project

can be utilized to enhance nurse ability and confidence when assessing for and identifying palliative care

needs in patients. This can lead to more conversations about goals of care with the interdisciplinary

team and allow nurses to treat patient symptoms more readily and decrease patient suffering.

Limitations

The ideal scenario for this project would have been to have a higher completion rate by the

nurses. Matching the pre-survey and post-survey data would have been more effective in terms of

identifying outlying data and would have given more control to completion of the pre-survey and post-

survey by the nurses. Future education on this topic may be mandatory, requiring nurse's completion

and providing more results to be able to trend the data.

<div align="center">

Conclusions

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The revised standards for quality improvement reporting excellence (SQUIRE 2.0) was used as a

framework for reporting this project. The purpose of this project was to be to address the general lack of

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knowledge and confidence that nurses have regarding assessing for and identifying palliative care needs

in their patients. Research has shown that nurses have educational gaps in many areas when it comes to

palliative care. Overall this project increased nurse's ability to communicate palliative care needs with

the patient and provider, manage pain effectively, manage other symptoms effectively, address ethical

issues, and discuss concepts related to bereavement. In addition, nurses reported increased confidence

and knowledge with assessment and identification of palliative care needs in patients after completion

of the education provided. Findings of this project may contribute to a new continuing education

module that can be dispersed throughout the hospital and have positive impacts on patients and staff.

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