



A comparison of Intensive Care versus Oncology Nurses' Knowledge, Attitudes and Behaviors of Palliative care

Caryn Andrews^{1, 2} PhD, CRNP; Ilana Kadmon¹; Freda DeKeyser Ganz¹.

Hadassah Hebrew University School of Nursing¹ Simmons College School of Nursing²

Introduction

Approximately 30-40% of the deaths in the US occur in the Intensive Care Unit (ICU) or after ICU discharge¹. Most of these deaths did not occur suddenly but were the final result of a process of physiological decompensation towards end-of-life². Palliative care is a treatment approach whose goal is to improve quality of life and relieve the suffering of patients and their families, often at end-of-life³. Its adoption has been met with resistance in the ICU, often due to the underlying culture (save life at any cost) and a sense of failure when moving from curative treatments to palliative care⁴.

Oncology nurses are not necessarily more adept at providing palliative care services to patients with cancer. Recently the emphasis on including palliative care services within general oncology services has been suggested as part of National Cancer Center Network (NCCN) guidelines for supportive care^{5,6}. In these guidelines it has been suggested that palliative care be a part of all cancer treatment, on a trajectory from cure to end-of-life.

Table 1: Demographic and Work Characteristics (N=126)

	Oncology (n=79)	Critical Care(n=47)	Total (N=126)
Gender			
Male	1 (1%)	5 (18%)	6 (5%)
Female	75 (99%)	40 (82%)	115 (95%)
Missing	3	2	5
Marital Status			
Single	6 (8%)	3 (7%)	9 (7%)
Married	63 (82%)	36 (82%)	99 (82%)
Widowed	4 (5%)	4 ((9%)	8 (7%)
Divorced	4 (5%)	1(2%)	5 (4%)
Missing	2	3	5
Nursing Education			
RN	7 (10%)	1 (2%)	8 (7%)
RN + BSN	31 (43%)	26 (57%)	57 (47%)
RN+ MSN	36 (47%)	19 (41%)	55 (45%)
Missing	5	1	6
Post-Basic Certification			
Yes	60 (83%)	42 (98%)	102 (82%)
No	12 (17%)	1 (2%)	13 (18%)
Missing	7	4	8
Role			
Staff Nurse	31 (41%)	27 (60%)	58 (50%)
Assistant Head Nurse	6 (8%)	1 (2%)	7 (6%)
Head Nurse	21 (28%)	8 (18%)	29 (24%)
Supervisor	1 (1%)	3 (7%)	4 (3%)
Other	16 (21%)	6 (13%)	22 (18%)
Missing	4	2	6
Age in years (mean (sd))	48 ± 11	50 ± 10	47 ± 10
Years of experience in clinical area (mean(sd))	12± 8	19 ± 10	14 ± 9

Methods

Sample: The sample was a convenience sample of 126 members of the Israel Association for Cardiology and Intensive Care Nurses and of the Israel Oncology Nursing Society.

Data collection: Data were collected after institutional and ethical approval. An on-line survey using MySurveyLab was sent to all of the members of the two nursing associations. Responses were returned to the authors without any identifying information.

Instruments: 1. Questionnaire based on Montagnini, Smith & Balistrieri⁷, based on self- efficacy theory that measures nurses' self- perceptions of their knowledge, attitudes and behaviors related to palliative care.

Knowledge :defined as the confidence that a respondent possess the information necessary to perform end-of-life palliative care practices⁷.

Attitude: defined as a personal evaluation of end-of-life palliative care practices⁷.

Behaviors: defined as the confidence to perform of end-of-life palliative care practices⁷.

Cronbach a reliability for the questionnaire in the current study was .90.

2. Demographic and work characteristics questionnaire

Analysis: Descriptive statistics (including frequencies, means and standard deviations, medians) were calculated for the entire questionnaire as well as for its sub-sections (knowledge, attitudes and behaviors). Differences between oncology and intensive care nurses were determined using Independent t tests.

Results

The sample consisted of 126 nurses, 79 oncology and 47 intensive care nurses. The majority of the sample was female (n= 115, 95%), married (n=99, 82%), and Jewish (n=111, 88%). For further demographic and work characteristics, see Table 1.

Mean item scores for the knowledge section of the questionnaire were 45.1 (SD=7.9) and 41.7 (SD=10.6) (out of a possible 60) for the oncology and intensive care nurses, respectively. Mean attitude scores for the oncology nurses was 19.6 (SD=4.3) and 19.1 (SD=5.0) for intensive care nurses (out of a possible 25). Mean behavior scores were 26.8 (SD=13.0) and 27.2 (SD=9.7) for oncology and intensive care nurses, respectively (out of a possible 55). Mean item scores are listed in Table 2.

No significant differences were found between oncology and intensive care nurses on any of the sections of the questionnaire.

Table 2: Comparison of Mean item scores for Knowledge, Attitudes, Behaviors and the Quality of Death and Dying between Oncology and Critical Care Nurses (N=126)

	Oncology Mean ± SD	Critical Care Mean ± SD	Total Mean ± SD
Knowledge (out of 5)	3.8 ± .7	3.5 ± .9	3.7 ± .8
Attitudes (out of 5)	3.9 ± .9	3.8 ± 1.0	3.9 ± .9
Behavior (out of 5)	2.4 ± 1.2	2.5 ± .9	2.4 ± 1.1
Quality of Death and Dying (out of 10)	7.3 ± 2.4	6.5 ± 2.5	7.0 ± 2.5

Conclusions

The oncology and intensive care nurses in this sample showed moderate levels of self-perceived knowledge and attitudes towards palliative care however the level of their self-reported behaviors was low. While oncology nurses tended to score slightly higher than those from critical care, these differences were not found to be significant. Results from the original study of self-perceived knowledge, attitudes and behaviors of American ICU nurses, found higher scores on all of the subscales⁷. Others⁸ from China found that nurses from intensive care units scored higher compared to oncology nurses on a measure of knowledge and attitudes on comfort care. Nurses (including intensive care and oncology nurses) from southeast Iran also scored low on knowledge about palliative care⁹. Therefore, culture seems to play a role in the self-perceived knowledge, attitudes and behaviors related to palliative care. Efforts should be made to educate all nurses, including those in oncology, about palliative care. Further research should be conducted related to how to better introduce and implement palliative care.

References:

- 1: Teno, J.M., Gonzalo, P.L., Bynum, J.P.W., Leyland, N.E., Miller, S.C., Morden, N.E., Scupp, T., Goodman, D.C. & Mor, V. (2013). Changes in end of life care for Medicare beneficiaries. *Journal of the American Medical Association*,309(5),470-477.
- 2: Fridh, I. (2014). Caring for the dying patient in the ICU-The past, the present and the future. *Intensive and Critical Care Nursing*, 30, 306-311. Doi: 10.1016/j.iccn.2014.07.004
- 3: World Health Organization (2015). WHO definition of palliative care. Retrieved from <http://www.who.int/cancer/palliative/definition/en/>
- 4: Mosenthal,A.C., Weissman, D.E., Curtis, J.R.,Hays, R.M., Lustbader, D.R. , Mulkerin, C., Puntillo, K.A., Ray, D.E., Bassett, R., Boss, R.D., Brasel, K.J., Campbell, M. & Nelson, J.E. (2012). Integrating palliative care in the surgical and trauma intensive care unit: A report from the Improving Palliative Care in the Intensive Care Unit (IPAL-ICU) Project Advisory Board and the Center to Advance Palliative Care. *Critical Care Medicine*, 40, 1199–1206. DOI: 10.1097/CCM.0b013e31823bc8e7
- 5: National Cancer Center Network (2015). NCCN clinical practice guidelines in oncology. Palliative care, version I.2016. Retrieved from http://www.nccn.org/professionals/physician_gls/pdf/palliative .
- 6: Kazanowski, M. & Sheldon, L.K. (2014). Working together: Including Palliative Care with Oncology Care. *Clinical Journal of Oncology Nursing*. 18(1)(supplement), 45-48.
- 7: Montagnini, M., Smith, H. & Balistrieri, T. (2012). Assessment of self-perceived end-of-life care competencies of Intensive Care unit providers. *Journal of Palliative Care*, 15, 29-34. DOI: 10.1089/jpm.2011.0265.
- 8: How, Y.F., Zhao, A.P., Feng, Y.X., Cui, X.N., Wang, L.L. & Wang, L.X. (2014). Nurses' knowledge and attitudes on comfort nursing care for hospitalized patients. *International Journal of Nursing Practice*, 20, 573-578. Doi: 10.1111/ijn.12200.
- 9: Iranmanesh, S., Razban, F., Tirgari, B. & Zahira, G. (2014). Nurses' knowledge about palliative care in Southeast Iran. *Palliative and Supportive Care*, 12, 203-210. Doi: 10.1017/S1476895152001058.