

Palliative Care

Improving nursing knowledge, attitudes, and behaviors

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BACKGROUND: Oncology nurses affect patient care at every point along the cancer journey. This creates the perfect opportunity to educate patients and caregivers about palliative care early and often throughout treatment. However, healthcare providers frequently do not have the knowledge and confidence to engage in meaningful conversations about palliative care.

OBJECTIVES: The specific aims were to improve oncology nurses' palliative care knowledge, attitudes, and behaviors by providing a palliative care nursing education program. An additional aim was to increase the number of conversations with patients and families about palliative care.

METHODS: This project had a pre-/post-test design to assess knowledge, attitudes, and behaviors at baseline and one month after implementation of an established education curriculum. The teaching strategy included one four-hour class for oncology RNs with topics about the definition of palliative care, pain and symptom management, and how to have palliative care conversations.

FINDINGS: Results showed a statistically significant difference after the educational intervention for knowledge, attitudes, and behaviors. The number of conversations with patients and caregivers about palliative and end-of-life care increased significantly.

KEYWORDS

palliative care; end-of-life care; knowledge; attitudes; behaviors; nurse education

DIGITAL OBJECT IDENTIFIER

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THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN, 2017) defines palliative care as a special type of patient- and family-centered care emphasizing the management of physical, psychosocial, and spiritual care that is guided by patient goals and values. NCCN (2017) asserts that palliative care should begin at diagnosis of a serious illness and be provided throughout life-prolonging treatment, including end-of-life (EOL) care. Significant improvements in quality of life and mood have been noted when early palliative care was initiated among patients with lung cancer (Temel et al., 2010). In addition, patients with lung cancer who received palliative care had less aggressive care at EOL but experienced significantly longer survival. The Oncology Nursing Society (2014) position on palliative care states that all patients with cancer can benefit from palliative care, and palliative care interventions should always include the patient, the caregiver, and other healthcare disciplines involved in caring for the patient. In addition, Jacobs and Mayer's (2015) standards of oncology nursing education highlight the need to represent the scope of teaching in all phases of cancer care, including prevention, early detection, rehabilitation, survivorship, and supportive care. Palliative care education for oncology nurses is encompassed in this directive.

Oncology nurses affect patient care at every point along the cancer journey. When nurses continuously provide feedback about the benefits of palliative care and advocate for it, it is more likely to be integrated into a patient's care (Perrin & Kazanowski, 2015). However, many healthcare providers and leaders are not familiar with the concept of palliative care or choose not to embrace it in their practice (Gibbs, Mahon, Truss, & Eyring, 2015). Therefore, healthcare providers are not equipped with the knowledge or confidence to engage in meaningful conversations about palliative care with patients and their caregivers in a way that will provide patients with that extra layer of palliative care education and support. Pretesting of nursing populations about palliative care concepts continues to show that nurses are not prepared to support patients using palliative care knowledge, skills, and resources. However, research does show that time spent educating nurses about palliative care practice is successful but must be implemented using a variety of methods and sustained over time to fully affect patient care (Broglio & Bookbinder, 2014). Nurses who feel empowered to teach palliative care to patients feel confident in their role of the assessment of patient readiness and can provide education at the appropriate time (Harden & Schembri, 2016). Oncology nurses are expected to participate in the multidisciplinary team coordinating palliative care for patients, but they need structured preparation to feel knowledgeable and comfortable so they can