Perception regarding End of Life Care among Staff Nurses

Bharathy .R., M.Sc.N., RN. RM.[1], Dr. Shirley David Ph.D., M.Sc.N., RN. RM.[2], Meenakshi Sekar, M.Sc. N., RN. RM.[3], Ilavarasi Jesudoss, M.Sc.N.[4], Sophia Vijayananthan., M.Sc.N.[5]

Abstract: *Nurses are required to become sensitive to end of life care issues. This study followed a descriptive research design, conducted among 98 staff nurses working in the medical nursing department of a tertiary care hospital of India. The aim was to assess the perception of the staff nurses towards end of life care.Total enumerative sampling technique was applied.Self-administered perception questionnaire which had 27 questions in 2 parts was used as data collection tool. In the first part the score of below 25%, 25% - 50%, 50% -75 % and above 75% were interpreted as extremely unimportant, unimportant, important, and extremely important perception respectively, whereas in the second part the individual item was analyzed. Data analysis was done using descriptive statistics (frequency &percentage) and inferential statistics (correlation coefficient&Chi Square). The findings revealed that most of the subjects (69.4%) considered end of life care as extremely important aspect of care and none of them perceived end of life care as unimportant. No association was found between demographic variables and perception (p value >0.05). Periodical in service education on end of life care may improve the knowledge and perception of staff nurses towards end of life care, which is crucial since the criticality of patients are increasing day by day, and nurses find themselves at the center of these difficult situations.*

Keywords: End of Life Care, Perception, Staff Nurses

1. Introduction

Nursing perspective of 'a good death' is centered in the ability to providecomfort to all involved. Meaningful death process is one during which the patient is physically, psychologically, spiritually, and emotionally supported by his or her family, friends and caregivers.A study addressing physicians' and nurses' perceptions of barriers to quality EOL care in ICUs documented that physicians had greater confidence in communication-based skills than did nurses, whereas nurses reported higher confidence in certain areas of symptom management (e.g., managing Opioids).Fifty one percent of nurses in that study indicated that, they were less prepared than physicians to discuss EOL care with patients/families (Montagnini M, 2012).

According to Beckstrand, Callister & Kirchhoff (2006), facilitating a good death is found to be one of the major challenges faced by the nurses, who were working with patients with terminal illness.Nurses identified a few barriers that interfered with good death including time constraints, poor staffing pattern, communication barriers, and physician centered treatment decisions. The educational preparation about care in the last hours of life is lacking and nurses often lack the time and training to be able to respond to end of life phenomena in ways that achieve maximal therapeutic effect.(Pace, 2016).

The investigator found in her clinical area that, patients were critically ill and the number of deaths in the medical wards were extremely challenging to the staff. From April 2017-June 2017, 195 deaths had occurred. Nurses were constantly witnessing death and providing care for dying patients and their family members. Nurses also need to be prepared effectively to face this challenge in day to day practice. Hence, this study was being undertaken to get a grasp of the perceptionof staff nurses regarding end of life care with the following objectives.
1) To assess the perception of staff nurses regarding end of life care.

2) To determine the association betweenperception of staff nurses regarding end of life, with selected demographic variables.

2. Methods

Design and sampling
A descriptive research design adopted for the study. The study was conducted among staff nurses working in the medical nursing department of a tertiary care hospital in India. Total enumerative sampling technique was used to recruit staff nurses from all three shifts.Staff Nurses who were working in the area for more than 3 months and who were willing to participate in the study were included as samples.Written informed consent was obtained and questionnaires were administered.

The instrument used for data collection was divided into following sections:
Section A– Demographic profile of the staff nurses included age, sex,marital status, educational status, religion, years of experience and experience of caring for dying patients.
Section B Questionnaire on perceptions of staff nurses regarding end of life care.

It consisted of 27 questions modified by Chacko .R based on Dr. Sara N Davison's Perception Scale. This had 2 parts. First part had17 Questions which measured the perspectives of health professionals regarding the importance of emotional, social, physical and spiritual aspects of care. The responses were rated against five point Likert scale ranging from 0 to 4 viz 0- extremely unimportant, and 4- extremely important. The second part had 10 questions, which elicited the perceptions of health care personnel regarding the end of life care issues, which were answered against the alternatives provided. Perception scores of the subjects were converted into percentage

Scoring
The score of below 25%, 25% - 50%, 50% -75 % and above 75% were interpreted as extremely unimportant, unimportant, important, and extremely important perception respectively.

No scoring was done for the second part whereas, individual item was analyzed.

Informed consent was obtained from the staff nurses prior to commencement of the study. Ethical clearance was obtained from Institutional Review Board.Permission obtained for perception scale.

Data Analysis
The data were analyzed using Statistical Package for Social Sciences (SPSS) version 17.0. Descriptive statistics was used to present the frequency and percentage of the demographic variables. Chi-square test was used to find association between perception and demographic variables. A 'p' value of < .05 was considered to be statistically significant in this study.

3. Results and Discussion

Staff Nurses' perception regarding End of Life care

Section A - Demographic variables

Table 1: Distribution of subjects based on demographic variables (n=98)

	Variables	Number	Percentage
Gender	Male	6	6.1
	Female	92	93.9
Marital Status	Married	46	46.9
	Unmarried	51	52.0
	Separated	1	1.0
Education	Diploma	85	86.7
	Degree	13	13.3
Religion	Hindu	27	27.6
	Christians	71	72.4
Previous Experience EOL care	No	2	2.0
	Yes	96	98.0
Age in years	<25	43	43.9
	26-30	30	30.6
	30-35	16	16.3
	35-40	7	7.1
	>40	2	2.0
Experience in years	<5	65	66.3
	5-10	25	25.5
	11-15	7	7.1
	>15	1	1.0

Demographic characteristics (Table 1) indicated that, majority of subjects were females (93.9%) and 66.3% of them had less than 5 years of experience. Among the subjects, 98% of them had previous experience in caring patients at end of life. Majority of them were Christians (72.4%) and most of them (86.7%) were diploma nurses. More than half of them (52%) were unmarried.

Section B
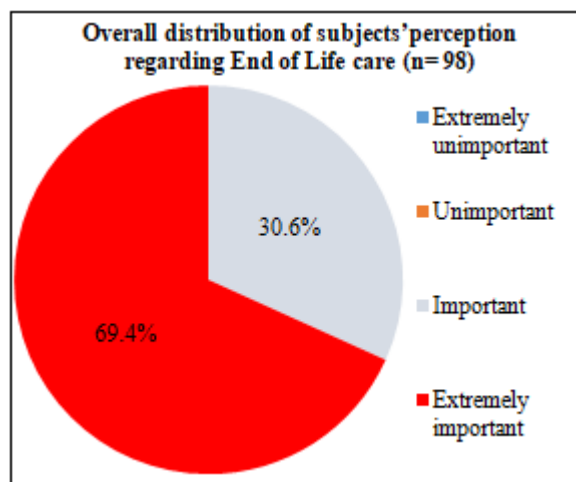**Staff Nurses perception regarding the importance of End of Life care**

Figure 1: Overall distribution of subject's perception regarding End of Life care (n= 98)

Figure 1 denotes that among the subjects 69.4% of them considered end of life care as extremely important aspect of care and 30.6% of them considered as important. None of them perceived end of life care as unimportant.

Table 2: Distribution of subjects' perception based on demographic variables, (n=98)

	Variables	Important n (%)	Extremely important n (%)
Gender	Male	2 (6.7)	4 (5.9)
	Female	28 (93.3)	64 (94.1)
Marital Status	Married	13(43.3)	33 (48.5)
	Unmarried	17 (56.7)	34 (50)
	Seperated	0 (0)	1 (1.5)
Education	Diploma	27 (90)	58 (85.3)
	Degree	3 (10)	10 (14.7)
Religion	Hindu	8 (26.7)	19 (27.9)
	Christians	22 (73.3)	49 (72.1)
Previous Experience with EOL care	No	2 (6.6)	0 (0)
	Yes	28 (93.3)	67 (98.5)
Age in years	<25	13 (43.3)	30 (44.1)
	26-30	12 (40)	18 (26.5)
	30-35	4 (13.3)	12 (17.7)
	35-40	1 (3.33)	6 (8.8)
	>40	0 (0)	2 (2.9)
Experience in years	<5	22 (73.3)	43 (63.3)
	5-10	8 (26.7)	17 (25)
	11-15	0 (0)	7 (10.3)
	>15	0 (0)	1 (1.5)

Table 2 states that among the 69.4% of staff nurses who considered end of life care as extremely important, 94.1% of them were females, 48.5% of them were married, 85.3% of them were diploma nurses, 72.1% of them were Christians, 98.5% of them had previous experience in caring patients at their end of life, 44.1% of them were less than 25 years of age and 63.2% of them had less than 5 years of experience.

Part 11Top attributes ranked by Staff Nurses (Item Analysis) (n = 98)

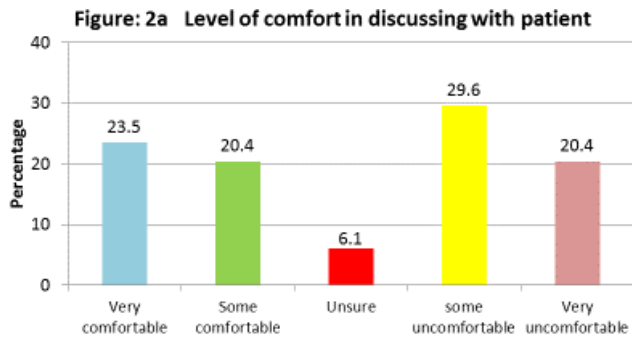**Figure: 2a Level of comfort in discussing with patient**

Figure 2a & 2b denote that less than half of staff nurses 29.6% considered that discussing end-of-life issues with the patient was somewhat uncomfortable,38.8% considered as somewhat comfortable in discussing with the family members.
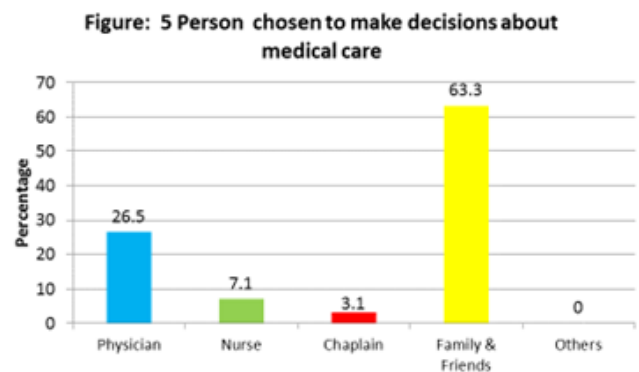
Figure: 3 Ideal person for emotional & social support

Figure 3 denotes that among the 98 subjects 41.8% responded that family and friends are ideal persons for emotional and social support during illness and treatment at the end of life. Whereas patients prefer nurses for emotional support and rated them high with regard to having enough time, availability in urgent situations and accessibility (Pinzon et al., 2010).

Figure: 4 Ideal person for spiritual support

Figure 4 denotes that 80.6% of subjects considered chaplain as ideal person for offering spiritual and religious support during end of life.

Figure: 5 Person chosen to make decisions about medical care

Figure: 6 Ideal member of health team to discuss with the patient
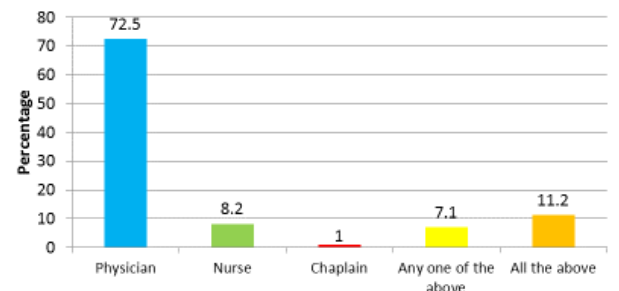
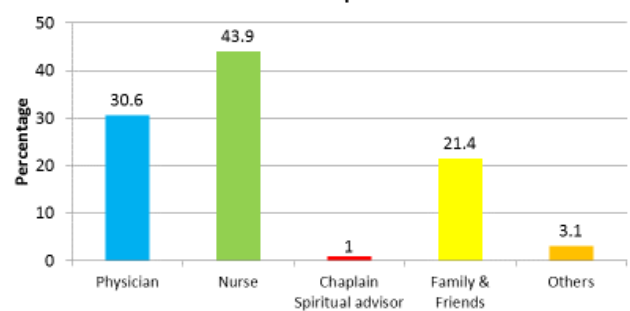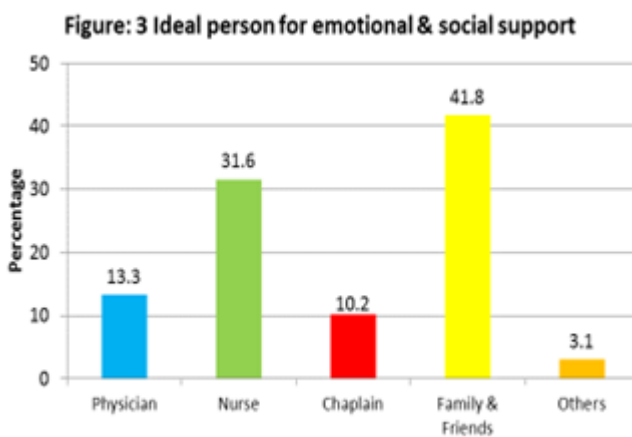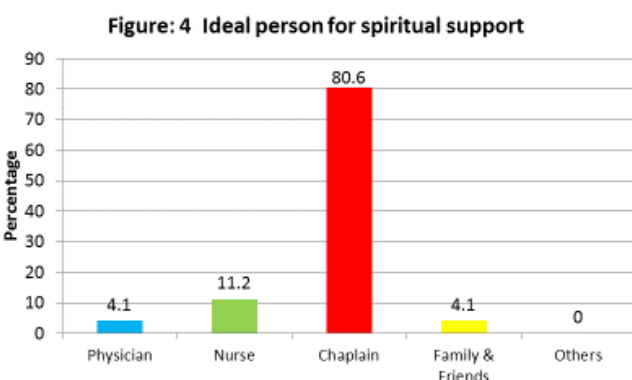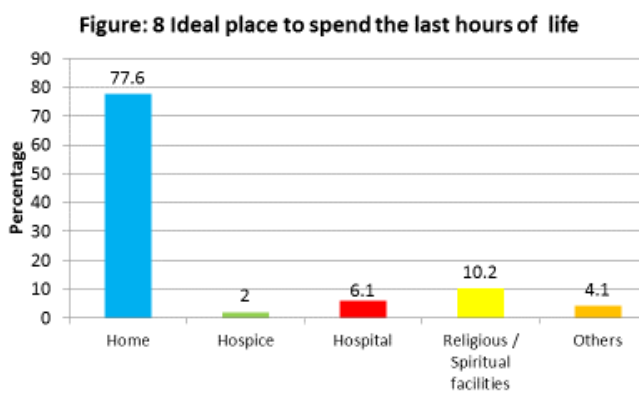**Figure: 7 Ideal person to meet the informational needs of the patient**

Figure 6 & 7 denote that 72.5% preferrred physician to discuss the end of life preferences, 43.5% opted for nurses to provide information regarding health and well being. Whereas Pace (2016) states that qualitative studies show that patients and families are often more likely to talk about end of life experiences to nurses rather than to doctors.

Figure: 8 Ideal place to spend the last hours of life

Figure: 9 Prefered time to discuss about end of life preference with the patient
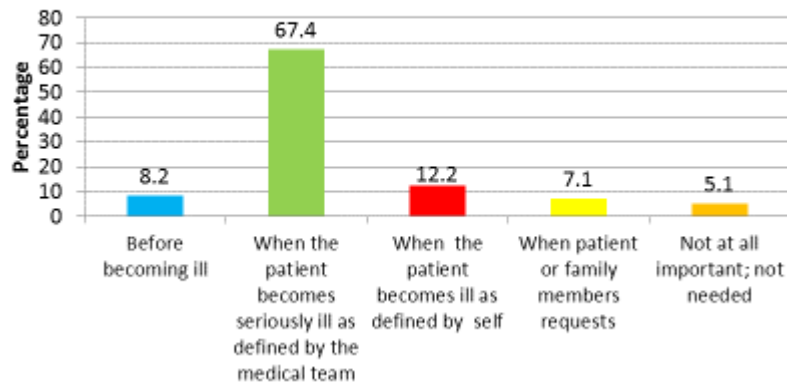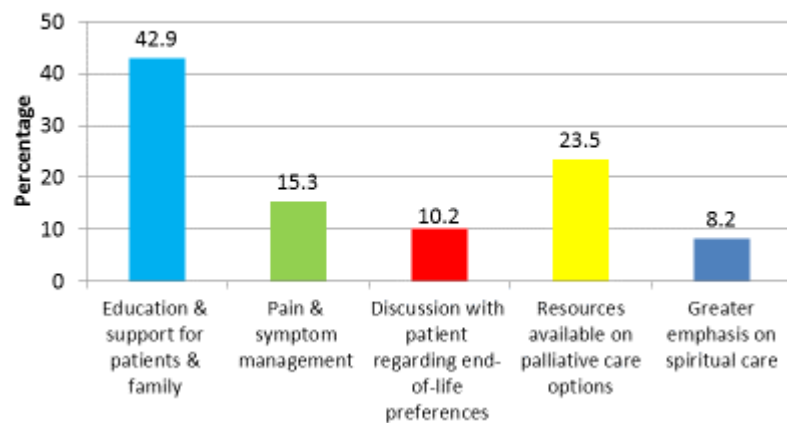

Figure: 10 Most important aspect of end-of-life care

According to figure 10, 42.9% of the subjects considered education and support for patients and their family members as the most important aspect of end-of-life care. Whereas Chacko R., (2014) states that health care professionals valued symptom management (72.5%) and presence of family members during illness (67.5%)as crucial elements of end of life care. In summary the item analysis reveals that less than half of staff nurses 29.6% considered that discussing end-of-life issues with the patient was somewhat uncomfortable,38.8% considered as somewhat comfortable in discussing with the family members, 41.8% responded that family and friends are ideal persons for emotional and social support during illness and treatment at the end of life, 80.6% considered chaplain as ideal person for offering spiritual and religious support during end of life, 62.3% considered family members to make decisions about medical care if the patient is unable to make decisions, 72.5% preferred physician to discuss the end of life preferences, 43.5% opted for nurses to provide information regarding health and wellbeing, 77.6% considered home to be the idealthe place to spend the last hours of life, 67.4% responded that the ideal time of discussion about end of life preference is at that time patient becomes seriously ill and 42.9% considered education and support for patients and their family members as the most important aspect of end-of-life care.

Section C

Table 5: Association between perception of staff nurses with demographic variables , (n=98)

	Variables	Important n (%)	Extremely important n (%)	Chi^2	p-value
Gender	Male	2 (6.7)	4 (5.9)	0.0223	0.881
	Female	28 (93.3)	64 (94.1)		
Marital Status	Married	13(43.3)	33 (48.5)	0.7387	0.691
	Unmarried	17 (56.7)	34 (50)		
	Seperated	0 (0)	1 (1.5)		
Education	Diploma	27 (90)	58 (85.3)	0.4007	0.527
	Degree	3 (10)	10 (14.7)		
Religion	Hindu	8 (26.7)	19 (27.9)	0.0169	0.896
	Christians	22 (73.3)	49 (72.1)		
Previous Experience with EOL care	No	2 (6.6)	0 (0)	2.6786	0.262
	Yes	28 (93.3)	67 (98.5)		
Age in years	<25	13 (43.3)	30 (44.1)	3.2457	0.518
	26-30	12 (40)	18 (26.5)		
	30-35	4 (13.3)	12 (17.7)		
	35-40	1 (3.33)	6 (8.8)		
	>40	0 (0)	2 (2.9)		
Experience in years	<5	22 (73.3)	43 (63.3)	3.8721	0.276
	5-10	8 (26.7)	17 (25)		
	11-15	0 (0)	7 (10.3)		
	>15	0 (0)	1 (1.5)		

The association between demographic variables and the perception of staff nurses regarding end of life care was analyzed using Chi Square (Table 5)which revealed that there was no significant association. In contrast, Subramaniam & Chinna (2013) did a study among

Malaysian nurses where the χ2 statistic showed a significant relationship between age and work experience with nurses and perception on end-of-life- care at p value of <0.05.Montagnini,M., (2012) found in the correlation analysis that years in practicewas significantly correlated with self-perceived competency in providing emotional support to patients and families ($r = 0.25$, $p = 0.05$).One of the reasons could be due to lack of experience with end of life care. In this study majority of nurses had less than 1 year experience and they were below 30 years old.

4. Conclusion

Nurses can recognize and acknowledge the connections to inspire hope in patients and families and recognize that these deeply spiritual connections between loved ones may provide a link between this world and the next.(Pace, 2016). Oneof the reasons could be due to lack of experience with end of life care. In this studymajority of nurses had less than 1 year experienceand they were below 30 years old. Continued practice development and in service education are needed in equipping nurses to offer appropriate, compassionate and competent end- of- life- care.

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