



# Early Program Evaluation of the Impact of ELNEC Communication Education on Registered Nurse Death Anxiety and Communication Apprehension Scores

**Carol F. Robinson DNP, MS, BSN, RN**  
Grand Valley State University Kirkhof College of Nursing

## Background

- Patients deserve the right to receive full disclosure about their medical condition
- Nurse expertise in end-of-life (EOL) conversations provides valuable information about a person's sociocultural and spiritual beliefs regarding EOL preferences
- Nurses are the most common caregiver at the bedside
- Nurses are under-prepared for EOL discussions
- Skilled conversation techniques are necessary to elicit the patient's values and beliefs for EOL Care, BUT
- Nurses do not necessarily see themselves as important communicators with patients



## Project Design

"Train-the-Trainer" format using 5 newly certified ELNEC nurses from the project site



Descriptive, pre-posttest comparison of death anxiety and communication apprehension scales

## Results

Participants: N = 20; 11 undergraduate BSN students		
Degree		
Associate or Diploma	25%	(5)
Bachelor of Science Nursing (BSN)	60%	(12)
Bachelor, non-nursing	5%	(01)
Master Nursing (MSN)	10%	(02)
Years of clinical practice	1-36 years (mean = 17.9 years)	
Palliative Care work experience	0	
Personal experience with death	95%	(19)
Previous EOL education	43%	(06)
Number dying patients cared for past year	0-30, average = 3.71 (SD = 5.23 pts)	

## Additional Findings

- Moral Distress
- RN Concerns about death anxiety
- Where and how to document Advance Directives
- What IS an Advance Directive?

## Implications for Practice

- RN desire for further skill-building in interdisciplinary communication
- Identify embedded ELNEC nurses
- Provide support to nurses following patient death

## Implications for the Organization

- Reliance on better EOL education alone may be insufficient to support patient decision-making
- Further evaluation of moral distress with countermeasures
- Include ELNEC in new graduate program
- Regularly scheduled ELNEC classes
- More ELNEC trainers for all shifts
- Provide ELNEC support to partner hospitals for 2013 Palliative Care initiative
- Devise a comprehensive and streamlined method to document and honor advance directives.

## Limitations

- QA initiative in one hospital
- Small group size
- Within subjects pre-posttest measures
- One-time versus longitudinal measurement
- No account for RN age/unit worked
- Hawthorne effect?
- Surveys completed immediately after class

## Donabedian Quality Model

### Structure

- **Clinical Factors**
  - Years as RN
  - Highest level of education
  - Time worked on palliative care unit or service
  - Personal experience with death
  - Number of dying patients cared for in past year
  - Previous formal death education
- **System Factors**
  - Palliative care team
  - New ELNEC implementation
  - EOL class: elective
  - ELNEC paid benefit

### Process

- ELNEC Module 6 Communication class
- Train the Trainer format
- Hospital staff as facilitators

### Outcomes

- Change in pre-post Death Anxiety Scores- Revised (DAS-R) Score
- Change in pre-post test: Communication Apprehension with the Dying (CA-Dying) Score

## Purpose

- **Improve RN EOL communication skills**
- Attend to **emotional distress** of RN during EOL discussions
- **Evaluate the impact** of a nurse-facilitator led quality improvement initiative using End of Life Nursing Education Consortium (ELNEC) Module 6: Communication standardized curriculum
- **Evaluate pre and post-education nurse attitudes** regarding death anxiety and communication apprehension with dying patients

ELNEC program goals	Strongly agree	Agree	N
Importance of ongoing communication with interdisciplinary team	87% (27)	13% (4)	31
Identify 3 factors that influence communication in the Palliative Care setting	71% (22)	29% (9)	31
Describe important factors in communicating bad news	79% (23)	21 (6)	29
Ability to better identify characteristics that patient/family expects of health care professionals	79% (19)	32% (9)	28

## Nurse Death Anxiety

ANCOVA  
RNs who held a **BSN or MSN** had a **significantly higher** post-test DAS score than those with an ADN or Diploma degree.  
( $t = -2.44, p = .026, df = 17$ ; using pre-score DAS-R as covariate)

## Communication Apprehension with the Dying

ANCOVA  
RNs who cared for **more dying patients per year** had a **significantly lower** communication apprehension score.  
( $t = 1.006, p = .039, df = 17$ ; using pre-score DAS-R as covariate)