

Background:

Avoiding the Conversation

- 25% Americans surveyed have an Advance Directive (AD)
- More than 60% want their End of Life (EOL) preferences honored
- Patients say their doctors are not talking about prognosis and Advance Care Planning (ACP)
- Healthcare practitioners do not agree when and by whom ACP should be initiated

Consequences

- Place of death: people prefer to die at home, but most do not
- Suffering:
 - late transition to hospice: pain, stress
 - Uncertainty, guilt, indignity
 - moral and ethical conflict: aggressive treatment vs autonomy
- Healthcare cost: last year of life hospitalization accounts for more than 50% of health spending

Changes in Kentucky

- Kentucky Revised Statute Annotated U.S.C. 311.621 (2015) permits individuals to have Medical Orders for Scope of Treatment (MOST)
- Five Wishes is now a legally accepted AD and ACP document in Kentucky, and forms the basis for MOST.
- Kentuckians need more information about the law and their ACP options, including:
 - How to complete appropriate documents
 - What to do with completed documents
 - How to change documents

Problem

Kentucky made changes in the law affecting ACP, but most residents are not aware of their options or the process. Lack of effective communication, information, tools, and support prevent people from engaging in ACP with healthcare providers. Poor perceived ACP self-efficacy may put people at risk for suffering, and high costs for EOL care.

Purpose

Increase perceived self-efficacy of community dwellers to participate in ACP discussions with their support persons or healthcare providers

Hypothesis: community dwellers will experience increased perceived self-efficacy to discuss ACP with their family or healthcare providers if nurse-led learning occurs within a social support system, such as a faith-based organization

Methods

- Convenience sample: adults from church congregations of a single protestant denomination within five Northern Kentucky counties
- Setting: church meeting rooms. Nonclinical site within participant social support network facilitates movement from precontemplation to contemplation
- Interdisciplinary endorsement of clergy and community leaders promotes positive self-efficacy
- Pre-test/post-test, one group, quasiexperimental, quantitative design

Tools

- Advance Care Planning Engagement Survey (Sudore et al., 2013).
- Open source, permission granted by author.
 - ACP Self-efficacy
 - Action measures
 - Process measures
 - Validated with adults
 - internal consistency (Cronbach's alpha, 0.94)
 - test-retest reliability (Process Measures intraclass correlation, 0.70; Action Measures, 0.87)

Five Wishes, a form designed to act as an ACP tool and advance directive (Aging with Dignity, 2009).

Descriptive data: demographic questionnaire (Bartley, 2016).

Intervention

- Nurse-educator led
- Slides and video
- Oral presentation
- Discussion and reflection activities
- Free copy of Five Wishes & KY MOST given to each participant

Having the Conversation



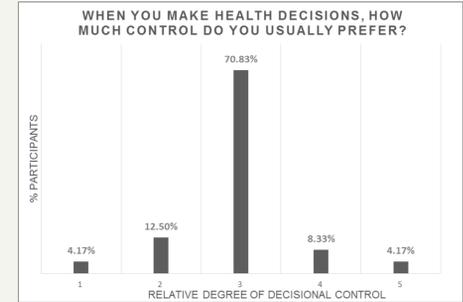
Results

| | n | mean | SD | SE mean | |
|---|------------|------|-------|---------|------|
| Knowledge q. 1-6 | Post | 24 | 27.32 | 3.41 | 0.70 |
| | Pre | 24 | 20.82 | 6.07 | 1.24 |
| | Difference | 24 | 6.5 | 4.92 | 1.0 |
| Mean difference CI 95% (4.78, 8.21) | | | | | |
| T-test of mean difference = 0 (vs >0); t(22)= 3.92, p = 0.000 | | | | | |
| Contemplation q. 7-15 | Post | 24 | 36.48 | 7.04 | 1.44 |
| | Pre | 24 | 28.04 | 9.65 | 1.97 |
| | Difference | 24 | 8.44 | 6.94 | 1.42 |
| Mean difference CI 95% (6.01, 10.87) | | | | | |
| T-test of mean difference = 0 (vs >0); t(22)= 3.92, p = 0.000 | | | | | |
| Self-efficacy q. 16-21 | Post | 23 | 27.30 | 3.23 | 0.67 |
| | Pre | 23 | 22.16 | 6.49 | 1.35 |
| | Difference | 23 | 5.14 | 5.86 | 1.22 |
| Mean difference CI 95% (3.04, 7.23) | | | | | |
| T-test of mean difference = 0 (vs >0); t(22)= 4.20, p = 0.000 | | | | | |
| Readiness q. 22-31 | Post | 23 | 43.27 | 7.01 | 1.46 |
| | Pre | 23 | 35.96 | 10.07 | 2.10 |
| | Difference | 23 | 7.31 | 8.95 | 1.87 |
| Mean difference CI 95% (4.11, 10.52) | | | | | |
| T-test of mean difference = 0 (vs >0); t(22)= 3.92, p = 0.000 | | | | | |

ACPES Process Measures by Question

- highest level of significance
- did not meet p<0.05 level of significance

| Question | n | pretest mean | posttest mean | t | p (two-tail) |
|----------|----|--------------|---------------|---------|--------------|
| 1 | 22 | 3.909 | 4.818 | -4.629 | 0.0001 |
| 2 | 22 | 3.909 | 4.727 | -4.231 | 0.0003 |
| 3 | 21 | 3.714 | 4.523 | -3.995 | 0.0007 |
| 4 | 22 | 3.454 | 4.500 | -4.690 | 0.0001 |
| 5 | 22 | 2.863 | 4.500 | -8.721 | 0.0000 |
| 6 | 22 | 3.318 | 4.676 | -5.282 | 0.0000 |
| 7 | 22 | 4.045 | 4.590 | -3.454 | 0.0023 |
| 8 | 22 | 4.126 | 4.530 | -2.160 | 0.0424 |
| 9 | 22 | 2.881 | 3.863 | -5.587 | 0.0000 |
| 10 | 22 | 3.818 | 4.990 | -1.1906 | 0.2834 |
| 11 | 21 | 3.047 | 4.238 | -4.231 | 0.0004 |
| 12 | 22 | 2.454 | 3.881 | -4.673 | 0.0001 |
| 13 | 22 | 3.000 | 4.045 | -5.961 | 0.0000 |
| 14 | 22 | 3.181 | 4.045 | -4.690 | 0.0003 |
| 15 | 22 | 2.881 | 3.863 | -5.652 | 0.0000 |
| 16 | 22 | 4.181 | 4.863 | -3.578 | 0.0017 |
| 17 | 22 | 3.954 | 4.590 | -3.377 | 0.0029 |
| 18 | 21 | 3.902 | 4.619 | -2.390 | 0.0207 |
| 19 | 21 | 3.523 | 4.428 | -3.396 | 0.0028 |
| 20 | 21 | 3.714 | 4.571 | -4.315 | 0.0003 |
| 21 | 19 | 3.473 | 4.315 | -3.618 | 0.0019 |
| 22 | 21 | 4.047 | 4.857 | -2.877 | 0.0083 |
| 23 | 22 | 3.881 | 4.045 | -1.953 | 0.0642 |
| 24 | 22 | 3.869 | 4.590 | -2.832 | 0.0099 |
| 25 | 22 | 3.590 | 4.318 | -2.838 | 0.0098 |
| 26 | 22 | 3.363 | 4.090 | -3.484 | 0.0023 |
| 27 | 22 | 3.772 | 4.590 | -4.500 | 0.0001 |
| 28 | 22 | 3.545 | 4.409 | -3.905 | 0.0008 |
| 29 | 22 | 3.363 | 4.090 | -2.719 | 0.0125 |
| 30 | 22 | 3.590 | 4.409 | -4.005 | 0.0005 |
| 31 | 22 | 3.681 | 4.181 | -1.754 | 0.0938 |



ACPES Process Measures by Subscale

ACPES Action Measures: interpretation

- Frequency of discussions with surrogates 66.7%
- Frequency of discussions with providers 20.8%
- Supporting ACP self-efficacy with knowledge, endorsement, and tools, does not guarantee behavior change (Rao et al., 2014).

The results support the hypothesis:

community dwellers will experience increased perceived self-efficacy to discuss ACP with their family or healthcare providers when learning occurs within a social support system, such as a faith-based organization, with the endorsement of trusted experts, such as a nurse and a faith leader

The proposed level of significance: $p < 0.05$, Actual paired t-test results: $p < 0.000$

Conclusions

- Applied theoretical and conceptual frameworks reveal truth in human evidence and the value of advanced nursing practice
- Self-efficacy is an essential facet of human behavior
- Participants moved from precontemplation toward commitment to act
- Clear value of the nurse educator in promoting ACP in the community
- Pilot study useful in establishing potential for broader collaboration between healthcare and faith community

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