An Evaluation of the Influence of the CARE (Compassion And Respect at the End-of-Life) Program on Registered Nurses' Knowledge and Comfort about End-of-Life Care and Care Delivery for Patients with Life-Limiting Illnesses

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Problem and Significance

- Urgent need for quality palliative care
- Palliative care training is inadequate and inconsistent
- Little is known about nurses' knowledge and comfort when caring for the dying

Purpose of the TRP

To evaluate the effectiveness of the CARE Program and the CARES Tool to empower nurses to deliver compassionate, dignified, and personalized nursing care at end-of-life consistent with patient and family wishes.

Research Questions

1. Will nurses report an increase in knowledge and comfort to enhance patient and family centered communications (PFCC) at patients' end-of-life after attending the CARE Program at the end of six-week trial study?

2. Will nurses report an increase in knowledge and comfort to enhance cultural and ethical values (CEV) assessments at patients' end-of-life after attending the CARE Program at the end of six-week trial study?

3. Will nurses report an increase in knowledge and comfort to enhance effective care delivery (ECD) at patients' end-of-life after attending the CARE Program at the end of six-week trial study?

Methods

- One group pre/post intervention study design
- Intervention-CARE Program training for nurses at Huntington Hospital
- Tool: End-of-Life Professional Caregiver Survey (EPCS) to measure nurses' knowledge and comfort of end-of-life care in the domains of patient-and-family-centered communication (PFCC), cultural and ethical values (CEV), and effective care delivery (ECD)
- CARES Tool survey to assess the effectiveness of the CARES Tool in improving end-of-life care.
- Number of participants recruited N=51
- Number of participants returned the post-test N=24

Data Collection Tools

Statistical Analysis

T-test	Paired T-test will be used to compare individual pre-test and post-test scores along with domain scores to note any statistical significances.
ANOVA	One-way ANOVA will be used to identify relationships among variables and the domain scores.
Linear Regression with GLM	Multivariate analysis using GLM will be done to estimate relationships among variables, i.e. such as gender, professional degree, practice settings, previous EOL knowledge, previous use of the CARES tool, and previous use of the palliative care services.

Results

Differences in Pre/Post EPCS Domain and Total Scores (*p<0.05)

Unit	N	PFCC (SD)	CEV (SD)	ECD (SD)	Total (SD)
Ambulatory	N = 1	4	1	1	6
Critical Care -DOU	N = 8	-0.8 (4.9)	0.6 (2.7)	1.5 (6.3)	1.4 (12.7)
-ICU	N = 3	3.7 (8)	2.3 (3.2)	-2 (6.5)	4 (2.0)
Medical Units -Medical	N = 10	6.7 (5.7)	5.3 (5.3)	5.1 (4.8)	17.1 (14.2)
-Ortho/Neuro	N = 2	27.5 (2.1)	14 (7.1)	11 (5.7)	52.5 (14.9)
Total	N = 24	5.5 (9.1)*	3.9 (5.5)*	3.3 (6.2)*	12.7 (18.5)*

Domain Scores (p< 0.05)
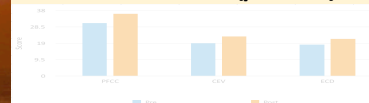
EPCS Items showed statistical significance in pre/post-test scores (p< 0.05)

Domain	Item	Pre-test	Post-test	Change
C1	I am comfortable dealing with ethical issues related to end-of-life/hospice/palliative care (highest score change & % change)	2	2.8	0.8
P12	I encourage patients and families to complete advanced care planning (highest score change)	2.4	3.1	0.8
P8	I am comfortable helping to resolve difficult family conflicts about end-of-life care	2	2.6	0.6
C6	I am comfortable providing grief counseling for families	2	2.6	0.6
E4	I am familiar with the services hospice provides	2.5	3.1	0.6
P7	I am comfortable talking with other health care professionals about the care of dying patients	2.8	3.4	0.6
E6	I feel confident addressing requests for assisted suicide (scored the lowest on pre/post test)	1.2	1.8	0.6
E3	I am effective at helping patients and families navigate the health care system	2.2	2.7	0.5
P3	I am comfortable talking to patients and families about personal choices and self-determination	2.2	2.7	0.5
P10	I know how to use non-drug therapies in management of patients' symptoms	2.4	2.9	0.5
P2	I am able to set goals for care with patients and families	2.5	3	0.5
C2	I am able to deal with my feelings related to working with dying patients	2.9	3.4	0.5
C3	I am able to be present with dying patients (scored the highest on pre/post test)	3.0	3.5	0.5

CARES Tool Survey

No.	Question	Mean Score	SD
1	The CARES Tool could help improve end-of-life care for patients	4.5	0.5
2	I understand the basic concepts of the CARES Tool	4.3	0.4
3	I can incorporate use of the CARES Tool into my clinical practice	4.3	0.9
4	I can teach the use of the CARES Tool to my co-workers, and to the family and friends of my dying patients	4.1	0.8
5	I can explain the difference between suffering and the normal dying process	4.2	0.7

Conclusions

The study results showed that the CARE Program education and the CARES Tool were effective in improving knowledge and comfort level for nurses who care for patients at end-of-life in the domains of patient and family centered communication, cultural and ethical values assessments, and effective care delivery. Nurses without prior knowledge of care for the dying improved the most in all three domains of scores. Nurses with prior knowledge of end-of-life care showed the least improvement in scores in all three domains. In addition, the CARES Tool was found to be an effective educational tool to be incorporated into clinical practice to enhance knowledge and comfort when caring for patients at end-of-life or living with chronic conditions.

Implications

Moving forward, this study will provide great impetus and support for future implementation of the CARE Program to all nursing staff and other health care providers, i.e. physicians, respiratory therapists, social workers, dieticians, etc. to improve communication, ethical assessments, and care delivery.

CARE Program Agenda

- Communication
- CARES Tool www.carestool.com
- Care Cart Resources