

Attitudes of Nursing Staff in a Maternal Child Unit Regarding Palliative Care

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Acknowledgements

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Background

- Perinatal death is the loss of an infant due to stillbirth, miscarriage and neonatal death (Kersting & Wagner, 2012).
- Over 23,000 infant deaths in 2013 in the United States.
 - 60% occurred in the Neonatal Intensive Care Unit
- Death of an infant not only impacts the family, but the nursing staff.
- For every 1,000 babies born, six of them will die (CDC, 2016).

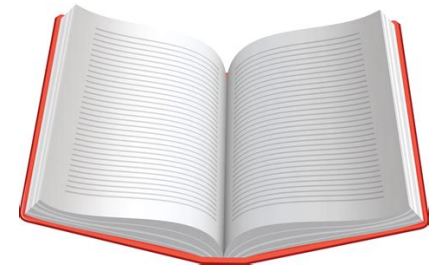
PICO Question

In maternal child (labor and delivery, NICU, antepartum, postpartum and newborn nursery) nurses, does implementing education on palliative care compared to no education, affect the attitudes and comfort level regarding end of life care?



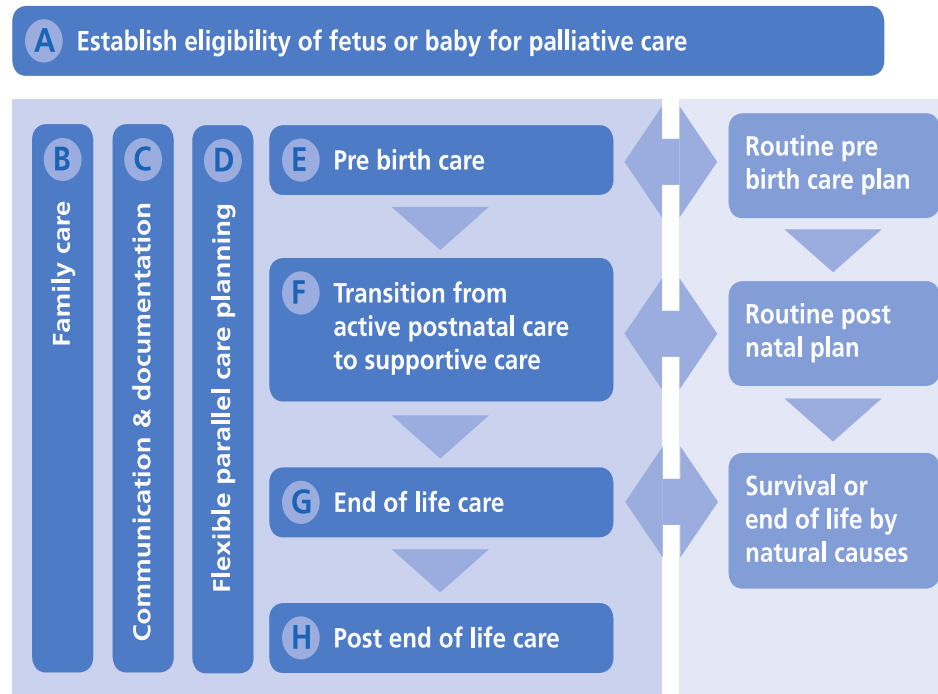
Literature Review

- Six articles were analyzed
- Overall consensus was further education, policies and protocols are needed to improve attitudes of staff while providing exceptional care to the patient and families.
- Lack of education negatively impacts the staff and the patient
- Education improves quality of life for patient and comfort level of staff



Framework

Stages of palliative care planning



Framework Diagram of Palliative care (supportive and end of life care) framework. (British Association of Perinatal Medicine, 2010).

Methods

Design: Pretest, posttest, 30-day posttest design.

Population: Convenience sample

Inclusion criteria: Must hold a RN, LVN or APRN license and work in the maternal child unit.

Exclusion criteria: physicians and other support staff

Setting: Inpatient hospital, maternal child unit.

Measures: The Bereavement/End of life Attitudes About Care of Neonatal Nurses Scale (BEACONNS) measured comfort level and factors influencing involvement with families.



Methods

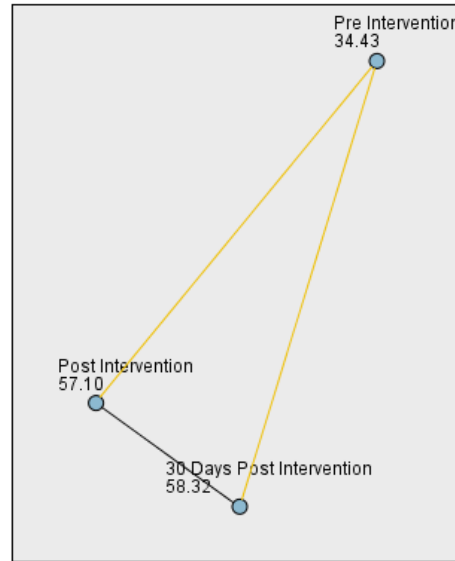
Data collection period: Classes were offered over a two month period, nurses only attended one session. Thirty days after the training session was completed, a second posttest was given.

Procedure: One hour educational training sessions were held. The information presented was presented as a Power Point. Prior to the session, the staff took a pretest. Immediately following the session they took a posttest and repeated the same posttest 30 days later.

Privacy and Confidentiality: Due to the nature of the project, IRB approval was not required from The University of Texas Arlington or from the training hospital.

Data Analysis of Comfort Score

Pairwise Comparisons of Intervention Group (Pre, Post, Post 30 Days)



Each node shows the sample average rank of Intervention Group (Pre, Post, Post 30 Days).

Sample1-Sample2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj.Sig.
Pre Intervention-Post Intervention	-22.667	6.630	-3.419	.001	.002
Pre Intervention-30 Days Post Intervention	-23.889	7.323	-3.262	.001	.003
Post Intervention-30 Days Post Intervention	-1.223	7.323	-.167	.867	1.000

Each row tests the null hypothesis that the Sample 1 and Sample 2 distributions are the same. Asymptotic significances (2-sided tests) are displayed. The significance level is .05.

Data Analysis of Involvement Score

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of Involvement Score (Q20 1 - Q33 14 Sum) is the same across categories of Intervention Group (Pre, Post, Post 30 Days).	Independent-Samples Kruskal-Wallis Test	.106	Retain the null hypothesis.

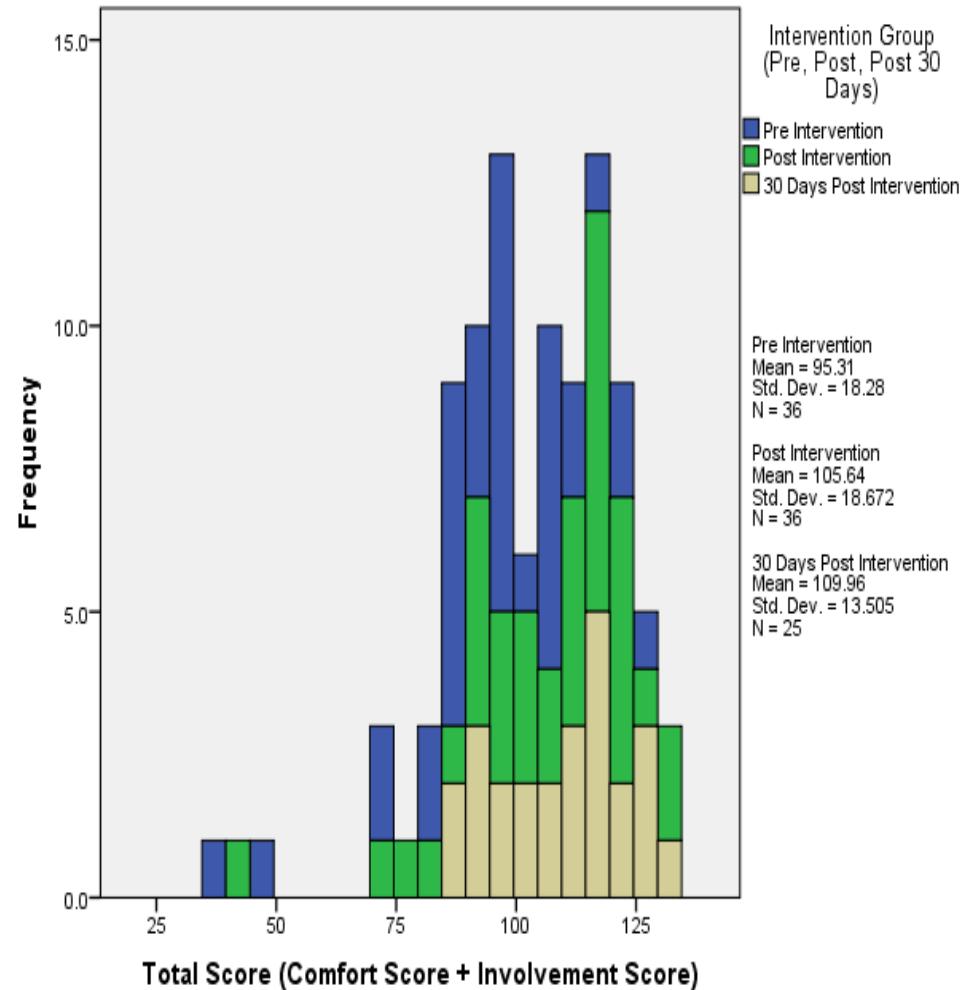
Asymptotic significances are displayed. The significance level is .05.

Data Analysis of Total Score

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of Total Score (Comfort Score + Involvement Score) is the same across categories of Intervention Group (Pre, Post, Post 30 Days).	Independent-Samples Kruskal-Wallis Test	.002	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.



Discussion

- There is a significant improvement of nurse's level of comfort, statistically and clinically
- Lack of significance between the posttest and 30-day posttest may indicate there was too short of a time span for implementation into practice, or the information was not retained.
- Two additional questions regarding education were added to the end of the first posttest.
 1. Would you like to receive additional training? 86% Said Yes
 2. Did you find the training helpful? 100% said Yes

Limitations

- Small sample size
- Decreased generalizability
- Short educational sessions
- Not completing all questions on survey's
- Seasonal variation is the biggest threat to validity.

Practice Implications

- Provide training and education in palliative care to all nurses.
- Continue researching how to promote a positive change in attitudes towards end of life care
- Continuously provide learning opportunities for the staff
- Implement policy and procedures for palliative care



Conclusion

The implementation of proper palliative care education will change the nurse's attitudes, comfort level and improve the overall experience of the staff, family and patient (Zhang & Lane, 2013).

References

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