Ready to talk? Evaluation of confidence in end-of-life communication among intensive care nurses

Stephanie Cronin[1], Kirsty Boyd[2], Michelle McCool[1], Susan Somerville[1], Natalie Pattison[3], Nazir Lone[1], Janine Wilson[1], Jane Whitehorn[4] on behalf of the Improving Bereavement after Critical Care Group

[1]NHS Lothian, Scotland; [2]University of Edinburgh; [3] University of Hertfordshire; [4]Edinburgh Napier University

Introduction

Over 45,000 people receive critical care in Scotland annually and more than 12% of those admitted to intensive care die on the unit.[1] Death of a family member in critical care leads to complicated grief in up to 52% of relatives.[2]

Caring for dying patients and their families contributes to burnout in up to 51% of team members.[3] Clear, honest, and timely communication by the multidisciplinary team can help mitigate these adverse outcomes. However, the role of nurses in end-of-life (EOL) conversations can be unclear and passive.[4]

Objectives

To explore confidence in communication around EOL care among ICU nurses and identify unmet educational needs.

Methods and Materials

Registered nursing staff of a 40 bedded, general ICU/HDU in the Royal Infirmary of Edinburgh completed an anonymous online survey during spring 2021 to assess their confidence in communication around EOL care, to explore the nature of EOL conversations, and identify key topics for further education. The survey was adapted from a validated tool[5] designed to assess the level of knowledge, awareness, attitudes, and confidence of staff providing palliative care. Approval was granted from the local Quality Improvement Committee; ethical approval was not required.

Results

•32% (n=77) of invited ICU nurses responded to the survey. The majority of respondents were involved in EOL conversations on at least a monthly basis (58%, n=45). Over the previous 6 months, 81% (n=62) of nurses were involved in planned EOL discussions with patients/families whilst 71% (n=55) had taken part in impromptu conversations. Both planned and spontaneous EOL discussions were initiated by an ICU consultant more than twice as often as the patient's nurse (planned n=57 vs 20, spontaneous n=37 vs 15). Among nurses with two or under years of experience in ICU, only 10% had initiated an EOL conversation with patients or their families in the previous six months.

•31% of respondents were unsure or unconfident in their ability to speak with patients about death and dying and 21% felt similarly about talking with family members (Chart 1).

•Only 22% of nurses said that they had received undergraduate training in EOL communication, whilst 40% had received postgraduate training. Further education in EOL care was requested by 99% of respondents, with the most required topics including communication relating to organ donation (n=49), bereavement care resources (n=41), and sharing bad news with patients and families (n=33) (Chart 2).

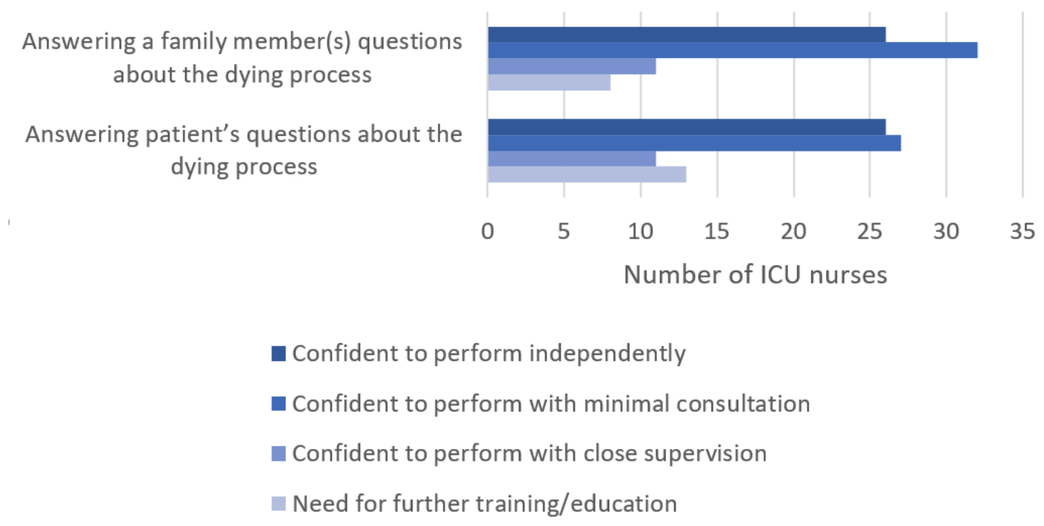

Chart 1. Nurses' confidence in EOL communication

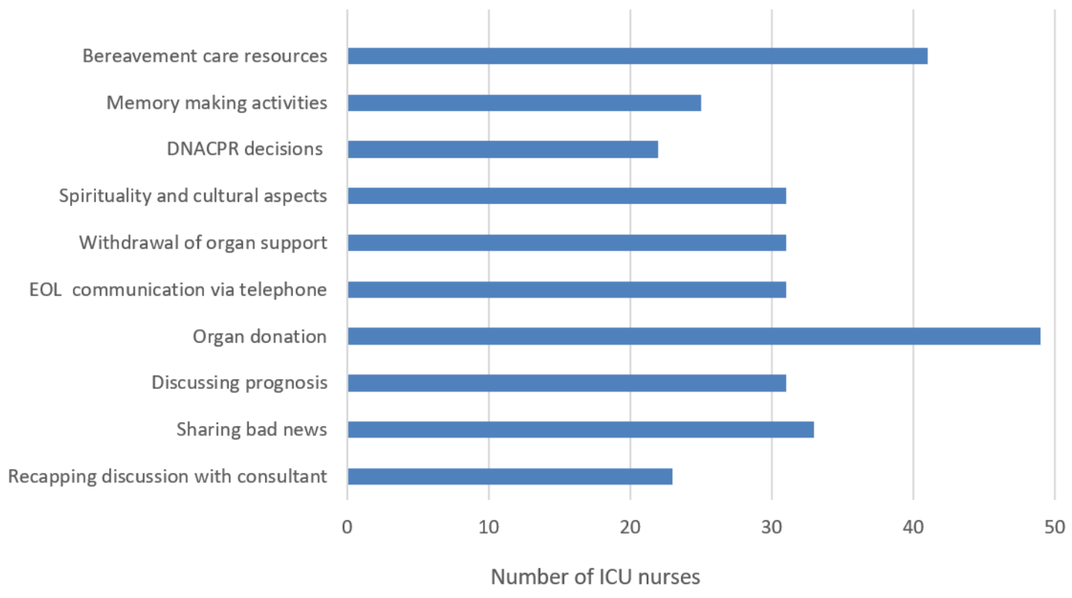

Chart 2. Requested EOL topics for further education

Discussion

This study reveals the significant involvement of ICU nurses in EOL communication. It highlights the need for more undergraduate and postgraduate education in EOL communication and inclusion of critical care specific content. Improved education could increase nurses' confidence and build a stronger multidisciplinary team approach to EOL communication. Better support for nurses in their role could decrease staff burnout. More effective and timely EOL communication may reduce the risk of complicated grief experienced by family members and promote better patient and family centred care.

References

1. Scottish Intensive Care Society Audit Group. Public Health Scotland. Audit of critical care in Scotland 2020 reporting on 2019. 2020. Available from: https://www.sicsag.scot.nhs.uk/Publications/_docs/2020-08-11-SICSAG-report.pdf?1
2. Kentish-Barnes N, Chaize M, Seegers V, Legriel S, Cariou A, Jaber S, Lefrant JY, Floccard B, Renault A, Vinatier I, Mathonnet A. Complicated grief after death of a relative in the intensive care unit. European Respiratory Journal. 2015 May 1;45(5):1341-52. Available from: https://doi.org/10.1183/09031936.00160014
3. Malaquin S, Mahjoub Y, Musi A, Zogheib E, Salomon A, Guilbart M, Dupont H. Burnout syndrome in critical care team members: A monocentric cross sectional survey. Anaesthesia Critical Care & Pain Medicine. 2017 Aug 1;36(4):223-8. Available from: http://dx.doi.org/10.1016/j.accpm.2016.06.011
4. Ong KK, Ting KC, Chow YL. The trajectory of experience of critical care nurses in providing end-of-life care: A qualitative descriptive study. Journal of clinical nursing. 2018 Jan;27(1-2):257-68. Available from: https://doi.org/10.1111/jocn.13882
5. Phillips J, Salamonson Y, Davidson PM. An instrument to assess nurses' and care assistants' self-efficacy to provide a palliative approach to older people in residential aged care: A validation study. International Journal of Nursing Studies. 2011 Sep 1;48(9):1096-100. Available from: https://doi.org/10.1016/j.ijnurstu.2011.02.015

This work is part of a 'Building on the Best' quality improvement project funded by Macmillan Cancer Support. 'Building on the Best' is a joint project led by the Scottish Partnership for Palliative Care in collaboration with NHS Scotland Boards.