Knowledge, Attitudes, and Experiences with Advance Directives Among Pre-Licensure Nursing Students

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Disclosure Statement

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Objectives

• Elaborate on the need for nurse educators to address emotionally-charged subject content such as advanced directives.
• Explain how barriers to acceptance and implementation of advance directives can adversely impact nursing care of end-of-life patients.
• Discuss the importance of incorporating advance directives into nursing education and describe examples of active learning strategies to support nursing students’ knowledge of advance directives.
• Analyze pre-licensure nursing students’ knowledge, attitudes and experiences with advance directives at different program levels and discuss factors influencing these domains.
• Discuss implications for nursing education based on research results and literature findings.
End-of-life (EOL) decision-making can be distressing for nurses as well as nursing students. Because nurses are the primary caregivers of dying patients, their lack of education about advance directives (AD) can impact the quality of care they provide (Moreland, Lemieux, & Myers, 2012). A barrier to the delivery of quality EOL care is nurses’ lack of confidence regarding this area of practice (Coffey et al., 2016). The purpose of this research project was to assess the knowledge, personal and professional attitudes, and personal and professional experience of pre-licensure nursing students at different program levels regarding AD.
• Advance directives:
  • Are documents that direct the future care of an individual.
  • Appoint a surrogate for decision-making if the patient is unable to communicate their wishes regarding medical treatment that would prolong life.
• Although Americans have a longer life expectancy than in prior generations, there are a significant number of Americans who have not made EOL plans (Woosley, Danes, & Stum, 2016).
Since the Patient Self-Determination Act (PSDA) went into effect in 1991, more patients have advance directives.

Nurses report more aggressive nursing care at the EOL, even with advance directives in place (Bennett, 2014).

After two decades, many goals of the PSDA have not been met, and social, legal and ethical concerns have grown more complex (Blank, 2011).

Since the PSDA requires the involvement of healthcare professionals, education about AD should be a high priority for nursing students to improve quality of care for dying patients.
Nurses have an important role in encouraging discussions about EOL care (Lewis, 2013).

Ethical considerations place nurses into positions where they should facilitate discussions about AD with critically ill patients and patients’ families.

However, nurses may lack the confidence or experience to feel comfortable doing so (Erickson, 2013).

McCourt, Power and Glackin (2013) found six themes including the fast-paced hospital environment, care versus cure philosophy, management of symptoms, and communication issues.

Additional education regarding AD and improved communication between the healthcare team, patients and family members must occur to support high-quality care to patients at the end of life.
Nursing Curriculum

• The Institute of Medicine (2015) recommends that healthcare programs increase educational content on palliative care.

• In a study of 49 nurses, Kroning (2014) found that nurses received an average of 1.42 hours of education on AD in their nursing programs and 0.72 hours of education on AD by their health care institution.

• The End-of-Life Nursing Consortium (ELNAC) was created to provide faculty and student training on EOL issues (Ferrell et al., 2005).

• The undergraduate students who completed the ELNAC curriculum modules showed statistically significant gains in knowledge (Ferrell et al., 2005).
At a public, rural, four-year university in the southeastern United States, pre-licensure Bachelor of Science in Nursing (BSN) students were surveyed anonymously.

The 33-item questionnaire assessed five major domains: knowledge, personal attitudes, personal experience, professional attitudes and professional experience.

Questions were drawn from three instruments taken from the literature that were used in subject populations of nurses, nursing students and healthcare professionals, and included an abbreviated version of the KAESAD instrument.

All items on the questionnaire were used with permission of the original authors (Crego & Lipp, 1998; Jezewski et al., 2005; Venneman et al., 2008).
The student survey was a convenience sample of students in the classroom setting.

The surveys were obtained without any modification to the nursing curriculum.

The survey was implemented after Institutional Review Board approval.

Written consent was obtained for the student surveys.
Results (1 of 4)

• A total of 166 surveys were completed, out of 201 students, for a response rate of 82.6%.

• There was a statistically significant progression of knowledge from the junior 1 through the senior 2 semesters, with statistical significance between groups (F(3, 161)=9.493 and p=.000 (p<.01)).

• The highest average knowledge scores about AD were in the final semester of the nursing program, indicating positive knowledge progression across the curriculum that was possibly due to transformation in personal attitudes.

• However, the average knowledge scores dropped at the beginning of the first semester of the senior year, even though they were still higher than at the onset of the nursing program.

• The students in this nursing program have no course work over the summer, which may have resulted in knowledge decay during the school break (Dills, Hernández-Julián, & Rotthoff, 2016).
Results (2 of 4)

• Regarding personal attitudes about AD, results demonstrated an increased likelihood to accept an AND order as students progressed in the program ($F(3, 139)=5.167, p=.002$ between groups).

• Comparing personal attitudes between races, there was a statistically significant difference in responses when comparing the self-identified White/Caucasian and Black/African-American groups ($F(2, 141)=6.82, p=.001$).

• Black/African-American students were less likely to give consent to the attending physician to allow natural death (AND) and were less comfortable with the nurses’ role in facilitating AD in end-of-life care.
Results (3 of 4)

- The findings were significant when comparing professional attitudes about AD between White/Caucasian and Black/African-American students (F(2, 163)=15.494, p=.000).
- White/Caucasian students were more likely to uphold the patient’s wishes even if it conflicted with the nurse’s viewpoint, as compared to Black/African-American students (F(2, 162)=6.179, p=.003).
- In addition, White/Caucasian students more often felt that nurses should actively assist patients to complete AD, as compared to Black/African-American students (F(2, 161)=5.807, p=.004).
- As compared to White/Caucasian students, Black/African-American students more often felt that AD could increase the acceptance of euthanasia (F(2, 155)=5.020, p=.008).
Results (4 of 4)

• For instance, as compared to Black/African-American students, White/Caucasian students were more likely to believe that there is often insufficient time to discuss AD in the clinical setting ($F(2, 160)=3.379, p=.037$).
• Black/African-American students were more likely to believe that a do-not-resuscitate order would negatively impact care ($F(2, 163)=4.245, p=.016$).
• Additionally, students were divided into two groups by age: 18-25 years of age and 26 years of age and older.
• There was a statistically significant difference between the two age groups in their knowledge of AD ($t=-2.412, 164 df, p=.017$) and in their professional attitudes ($t=-2.626, 164 df, p=.009$), with the older students having increased knowledge and professional attitudes that were more likely to respect the end-of-life requests of patients.
Conclusion (1 of 2)

• Life experience, race/ethnicity, culture and the age of the student can influence knowledge and application of knowledge in the clinical arena due to differences in personal and professional attitudes about AD.

• Future research needs to be done on the impact of these factors on attitudes about AD and acceptance of AND orders.
Conclusion (2 of 2)

• There was knowledge decay observed in this study, most likely due to the summer break between the junior 2 and senior 1 semesters.

• For traditional programs which include breaks in the academic calendar, a strategy to maintain optimal retention is the inclusion of AD content in each semester of the curriculum.

• It is important to ensure that pre-licensure nursing students are exposed to AD subject content in their educational programs.

• Strategies include the use of simulation and having students to create their own AD.
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References (2 of 4)


References (4 of 4)


