Danish Nurses' Perceived Competency of Palliative Care of Patients with Heart Disease

G.E.Ingwersen₁, A.C.E.Jensen₂, B. Holmegaard₃ Cardiology Department, 1 Zealand Universityhospital, 2 Vejle Hospital, 3 Holbaek Hospital, Denmark.

Background: Palliative Care within cardiology are evolving in Denmark. Both European and national position papers have been published. However, studies indicate that cardiovascular nurses perceive lack of confidence in palliative care.

Purpose: The aim of this study is to explore the Danish Nurses' perceived competency of palliative care of patients with heart disease.

Method: An electronic survey was distributed September to November 2017 to 131 cardiovascular nurses working in hospitals, hospices and municipalities. Perceived competency was measured using two validated instruments i.e. The Self-Efficacy in Palliative Care (SEPC) scale with the three domains; management, communication and multidisciplinary activities and the Approach to Death and Dying Patients Attitude Scale (ADDPAS) with two domains; hardness of communication and managing symptoms. The Self-Efficacy in Palliative Care (SEPC) scale respondents score confidence (0) versus anxiety (100).

The Approach to Death and Dying Patients Attitude Scale (ADDPAS) containing rated on a 5 point Likert Scale. Results is presented by using Descriptive statistics.

Table 1. Demografic data

Background information of respondents	Nurses(n=86)
Palliative care educational status	
Inservice training <1week	16(19%)
Crertificate diploma	13(15%)
No palliative care training or education	57(66%)
Work experience	
Work experience with cardiology patients < 10 y.	28(33%)
Work experience with cardiology patients > 10 y.	58(67%)
Place of employment	
Hospital	48(55%)
Municipality	24(28%)
Hospice	9(11%)
Others	5(6%)

Results: Out of 131 nurses, 86 (66%) responded. They were mostly employed in Hospital settings n = 48 (55%) (Table 1).

Overall 73(85%) of the responders stated that it is common at their workplace to discuss patients need for palliative care.

Nurses with more than ten years of work experience with cardiology patients constitute 58(67%) and the mean work experience in cardiology department is 10.9 years and overall mean work experience is 18.9 years. Most responders has no palliative care education 57(66%), it seems prevalent to have a week course16(19%)more than a diploma 13(15%).

Overall responders do not perceive themselves as very confident. Mean scores of the three domains; communication 38.2(Cl 32-53) management 42.6(Cl 32-53) and multidisciplinary activities 43.3(Cl 37-50).

In answering statements about communication nurses perceive most confidence in discussing issues of dying score 31.7 and 96% perceive competency in communication within end—of life care,

Nurses answers less confidence in discussions with relatives about death to occur(51.4), and with patients about suffering 52.6(Table 2).

Table 2. Domain "Communication"

Communication	Questions answered on the line between very anxiuos(100) and very confident(0)	Mean	Max.	N= 76
1.	Discussing the likely effects of Heart Disease with the patient, I would feel	33,7	95	76
2.	Discussing the likely effects of Heart Disease with the patient's family, I would feel	33,4	97	76
3.	Discussing issues of death and dying, I would feel	31,7	100	76
4.	Discussing the patient's own death (with the patient), I would feel	33,2	100	76
5.	Discussing the patient's death (to occour) with the family, I would feel	31,9	100	76
6.	Discussing the patient's death with the family upon bereavement, I would feel	51,4	100	76
7.	Answering the patient's question "How long have I got to live?", I would feel	37,2	98	76
8.	Answering the patient's question "Will there be too much suffering or pain?", I would feel	52,6	98	76

Statements related to the domain of patient management nurses answer "most confident" in providing psychological and spiritual care. Nurses seem less confident in relation to remediate medical treatment, as options as disabling ICD(Table 3).

Nurses reply most confidence in managing physical symptoms as dyspnea (89%), edema (89%) and pain relief (88%).

Table 3. Domain "Patient Management"

Patient Management	Questions answered on the line between very anxiuos(100) and very confident(0)	Mean	Max.	N=74
1.	In my knowledge of the aetiology of common symptoms experienced by patients with Heart Disease in palliative care, I would feel	37,1	95	74
2.	I my ability to suggest or prescribe appropriate and adequate symptom relief medication, I would feel	45,8	93	74
3.	In my knowledge of the therapeutic and side effects, I would feel	42,3	99,75	74
4.	In my ability to provide psychological care for patient's with Heart Disease as part of palliative care, I would feel	32,3	100	74
5.	In my ability to provide social care for patient's with Heart Disease as part of palliative care, I would feel	40,9	96	74
6.	In my ability to provide spiritual care for patient's with Heart Disease as part of palliative care, I would feel	38,8	96	74
7.	In my ability to consider remediation medical treatment as part of palliative care, I would feel	50,9	100	74
8.	Discussing "End-of-Life" decisions with patient, I would feel	44,0	100	74
9.	Discussing the option to disable implantable cardioverter-defibrillator (ICD) with the patient, I would feel	44,3	100	74
10.	In my ability to coordinate patient's with Heart Disease early palliative care with relevant multi-professinals, I would feel	39,0	100	74

Nurses states less confident in referring to palliative care (49,9). Nurses are most confident working within multi-professionals teams and supporting patient's and relatives psychological (Table 4).

Table 4. Domain "Multidisciplinary cooperation"

Multidisciplinary cooperation	Questions answered on the line between very anxiuos(100) and very confident(0)	Mean	Max.	N=74
1.	Working within a multi-professional palliative care team, I would feel	37,8	100	74
2.	Appropiate referring palliative care patient with Heart Disease for physiotherapy, I would feel	45,6	100	74
3.	Appropiate referring palliative care patient with Heart Disease for complementary therapies, I would feel	49,9	100	74
4.	Appropiate referring palliative care patient with Heart Disease and relatives for psychological support, I would feel	38,8	100	74
5.	Appropiate referring palliative care patient with Heart Disease and relatives for social support and advise, I would feel	42,6	100	74
6.	Appropiate referring palliative care patient with Heart Disease and relatives for spiritual support and advise, I would feel	45,4	100	73

Question related to Multidisciplinary activities 39% perceive lack of knowledge of social support and advise.

Conclusion: Danish nurses' perceive neither very confident nor very anxious within palliative care, but nurses perceive confidence discussing End-of-Life care. Nurses lack of confidence in communication and multidisciplinary activities related to supportive palliative care. So it seems the cardiovascular nurses perceive lack of competence in palliative care.

This study seems to reveal a need for educational activities.