

Initiative for a Palliative Approach in Nursing: Evidence and Leadership

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How and in which contexts can a palliative approach better meet the needs of people with chronic life-limiting conditions and their family members and guide the development of innovations in health care delivery systems to better support nursing practice and the health system in British Columbia?

... a palliative approach

- takes the principles of palliative *care* and applies them to the care of people with life-limiting chronic conditions
- does not link the provision of care too closely with prognosis but more broadly focuses on conversations with patients/families about their needs/wishes, comfort, support for psychosocial, spiritual and cultural issues; information requirements; and provisions for death and care after death

... a palliative approach

- recognizes that although not all people with life-limiting conditions require specialized palliative care services, they do require care that is aimed at improving their quality of life by preventing and relieving suffering through early identification, assessment and treatment of physical, psychosocial and spiritual concerns



iPANEL's research is informed by and informs clinical practice

- Through research, iPANEL creates new knowledge about how nurses can further integrate palliative philosophies and services into non-specialized settings which provide end-of-life care.



**RURAL NORTHERN NURSES SELF-
PERCEIVED COMPETENCE IN
ADDRESSING THE SPIRITUAL NEEDS
OF PATIENTS WITH LIFE-LIMITING
CONDITIONS BY USING A
PALLIATIVE APPROACH**

Ibolya Agoston

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iPANEL members

Dedicated colleagues working in Northern
Health Authority

Outline

- Introduction:
 - Background and major concepts
 - Research questions
- Methods
- Findings
- Discussion
- Implications for nursing

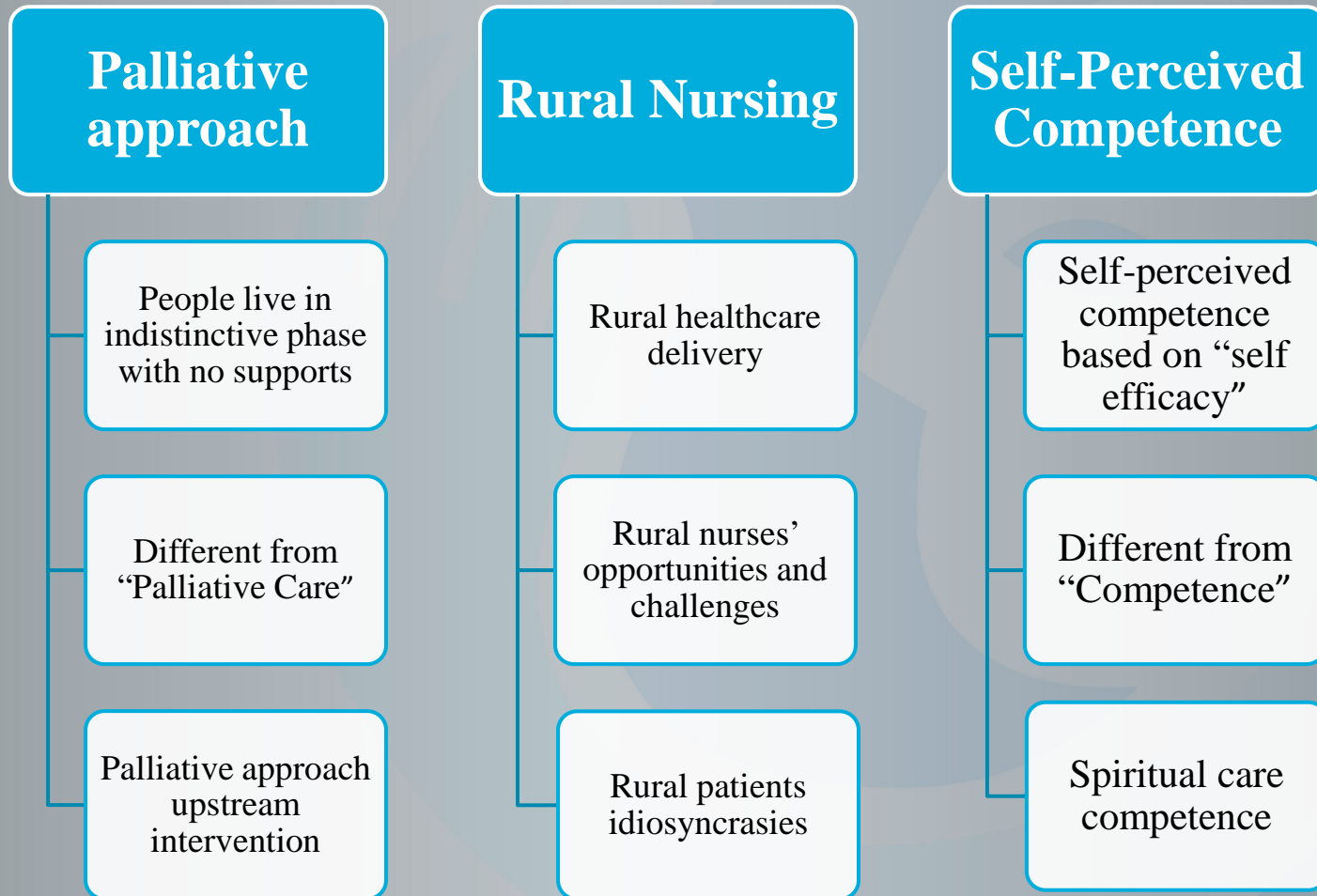
Why this study?

- People living longer with multiple chronic conditions
- These people require a palliative approach to care
- Addressing spiritual needs of people with life-limiting conditions is one of the important components to a palliative approach and is part of holistic care
- Limited studies about self-perceived competence on addressing spiritual needs of nurses

Major Concepts



Literature Review



Spirituality in Nursing

Revived interest in nursing.

Difficult to define in postmodern society
(holism- existentialism, functional aspects of
spirituality, in relationship to religion)

Spirituality

Canadian Nurses Association position statement

! Have a fundamental understanding of common
approaches to spirituality in nursing care

CNA Position Statement



The screenshot shows the Canadian Nurses Association website. The header includes the logo and navigation menu: HOME, BECOMING AN RN, PROFESSIONAL DEVELOPMENT, ON THE ISSUES, ADVOCACY, MEMBERSHIP, DOWNLOAD/BUY, EVENTS. The main content area is titled "CNA Position Statements" and includes a breadcrumb trail: Home > Advocacy > Policy Support Tools > CNA Position Statements. A "New" section lists three recent documents:

- [The Palliative Approach to Care and the Role of the Nurse](#) [PDF, 578.7 KB]
- [Practice Environments: Maximizing Outcomes for Clients, Nurses and Organizations](#) [PDF, 266.5 KB] (joint, May 2015)
- [Workplace Violence and Bullying](#) [PDF, 250.7 KB] (joint, May 2015)

A sidebar on the left lists other advocacy resources: Presentations and Briefs, Nursing and the Political Agenda, Policy Support Tools (The Next Decade, **CNA Position Statements**, Fact Sheets).

Best Nursing

- [Advanced Nursing Practice](#) [PDF, 195.2 KB] (November 2007)
 - [Clinical Nurse Specialist](#) [PDF, 280 KB] (May 2009)
 - [The Nurse Practitioner](#) [PDF, 315.2 KB] (November 2009)
- [Ethical Nurse Recruitment](#) [PDF, 50.7 KB] (International Council of Nurses)
- [Ethical Practice: The Code of Ethics for Registered Nurses](#) [PDF, 210.4 KB] (July 2008)
- [Nursing Information and Knowledge Management](#) [PDF, 186.2 KB] (November 2006)
- [Nursing Leadership](#) [PDF, 403.9 KB] (October 2009)
- [Scopes of Practice](#) [PDF, 77.6 KB] (June 2003)
- [Spirituality, Health and Nursing Practice](#) [PDF, 273.8 KB] (June 2010)
- [The Value of Nursing History Today](#) [PDF, 192.9 KB] (September 2007)

SPIRITUALITY, HEALTH AND NURSING PRACTICE

CNA POSITION

- Spirituality may be defined as “whatever or whoever gives ultimate meaning and purpose in one’s life, that invites particular ways of being in the world in relation to others, oneself and the universe”.
- Themes associated with the concept of spirituality include meaning, purpose, hope, faith, existentialism, transcendence, sense of peace and connectedness among others.
- The Canadian Nurses Association (CNA) believes that spirituality is an integral dimension an individual’s health.
- CNA position statement on Spirituality and nursing practice

What was the study about?

Examine nurses, care aides and community healthcare workers self-perceived competence and factors which promote or inhibit the levels of self-perceived competence in addressing spiritual needs of the patients in need of a palliative approach in northern, rural, hospital, residential and homecare settings.

Research Question I

In addressing the spiritual needs of patients with chronic life-limiting illness, what is the self-perceived competence of RNs, LPNs and CAs in home care, residential care, and hospital medical units in rural areas?

Research Question II

To what extent are differences in self-perceived competence explained by:

- professional role
- clinical context
- demographic factors
- professional background
- work environment
- adequacy of knowledge and education
- number patients with life-limiting conditions who would benefit from a palliative approach?

Methods

- Research design: secondary analysis using data from iPANEL provincial study
- Descriptive statistical analysis and ANOVA
- Hierarchical multivariate linear regression
- Ethics approval obtained

iPANEL: Initiative for a Palliative Approach in Nursing: Excellence and Leadership
(www.ipanel.ca)

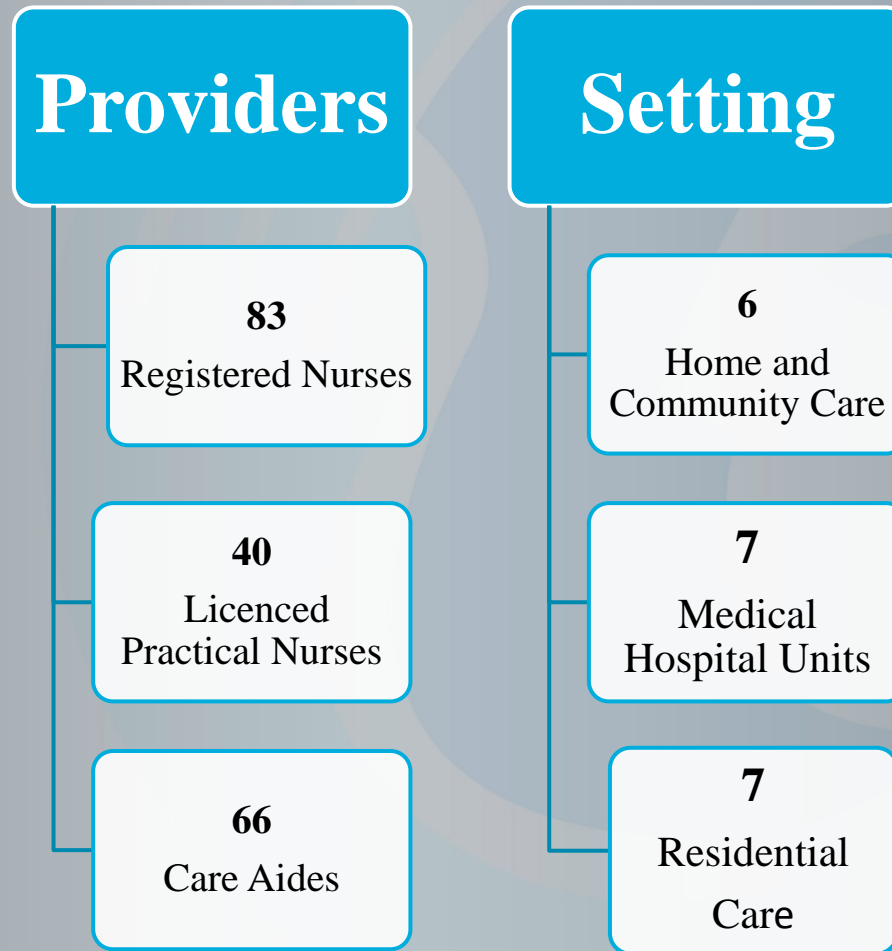
Sampling



- Primary study: data collected from 5 Health Authorities, multi-stage clustered sampling (sampled nursing care settings stratified by size and type of setting)
- Included all RNs, LPNs, CAs/CHWs
- 4 formats: online, on paper, in person with clinical intern, phone

Integration of a Palliative Approach in Home, Acute Medical, and Residential Care Settings: Findings from a Province-Wide Survey. www.ipanel.ca

Northern Health (NHA) sample



Measures & variables

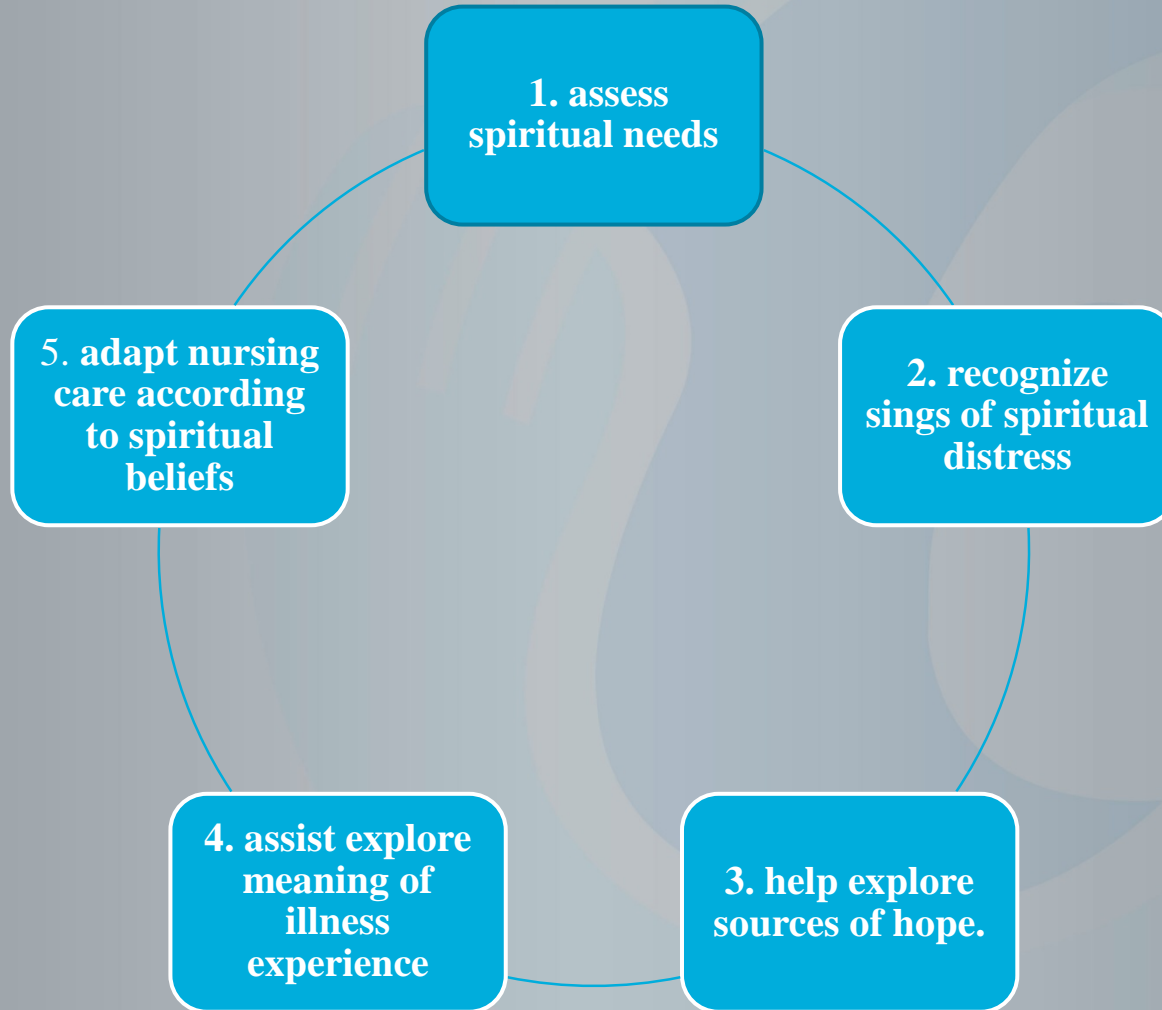
Primary measure - nurses self perceived competence on addressing spiritual needs of the patients with life limiting conditions

based on **Self-Perceived Palliative Care Nursing Competencies (SPCNC)** instrument by Desbiens & Fillion, (2011)

SPCNC instrument, 10 dimensions of palliative approach, 50 items (e.g. physical needs, functional status, **spiritual needs**, ethical and legal issues, interprofessional collaboration and communication, personal and professional issues related to nursing care, last hours of life)

- Desbiens, J. F. & Fillion, L. (2011). Development of a Palliative Care Nursing Self-competence scale. *Journal of Hospice and Palliative Nursing*, 13(4): 230-241.

Dependent variable: “Spirituality”



(“Spirituality”, Cronbach alpha 0.93)

Independent variables

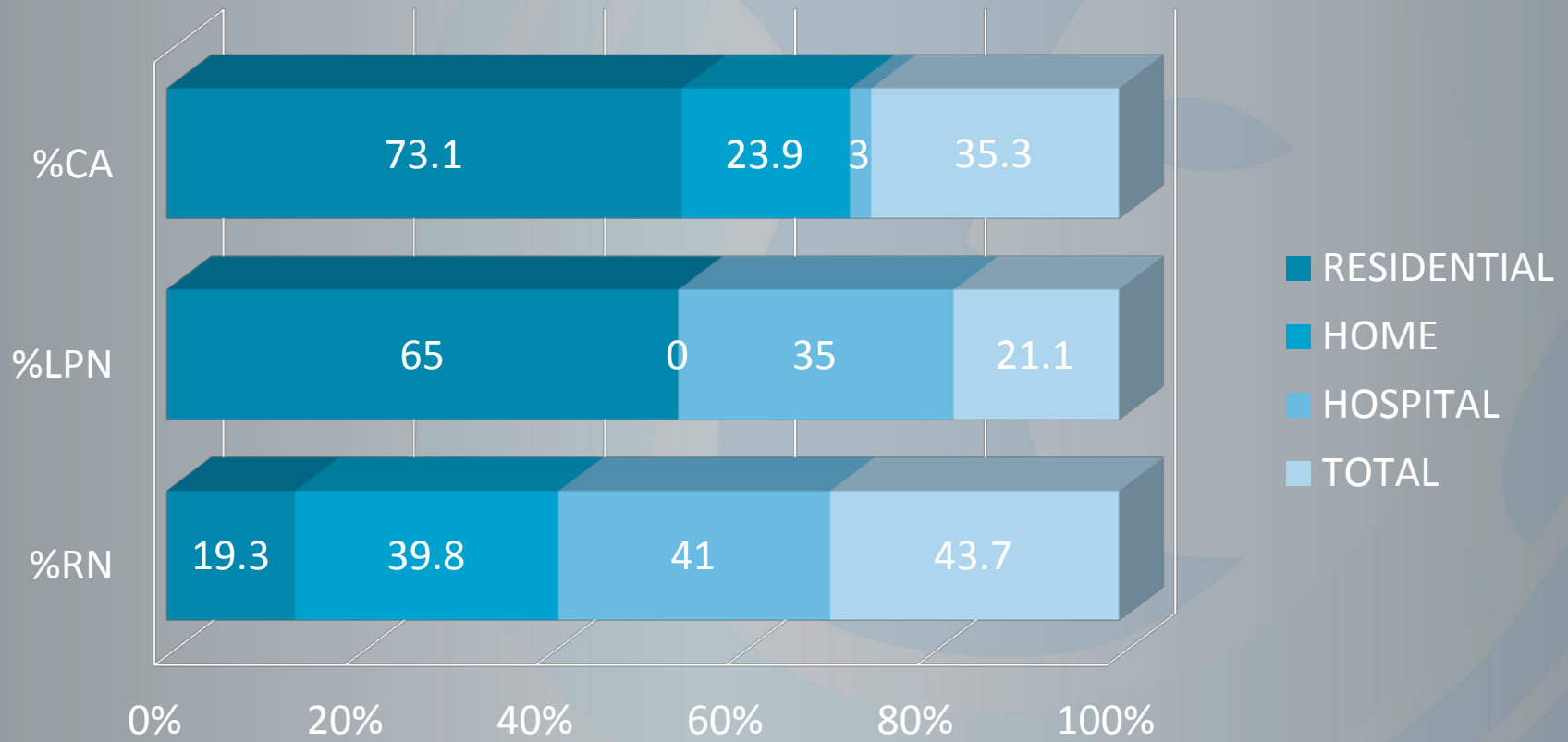
- Demographic (type of care setting, professional background, education background, age, gender, place of birth, primary language)
- Adequacy of knowledge and education on spiritual needs (“less”, “more”)
- Work environment- “Autonomy” subscale of the Revised-Nursing Work Index
- Number of patients with life-limiting conditions and who would benefit from palliative approach

Findings

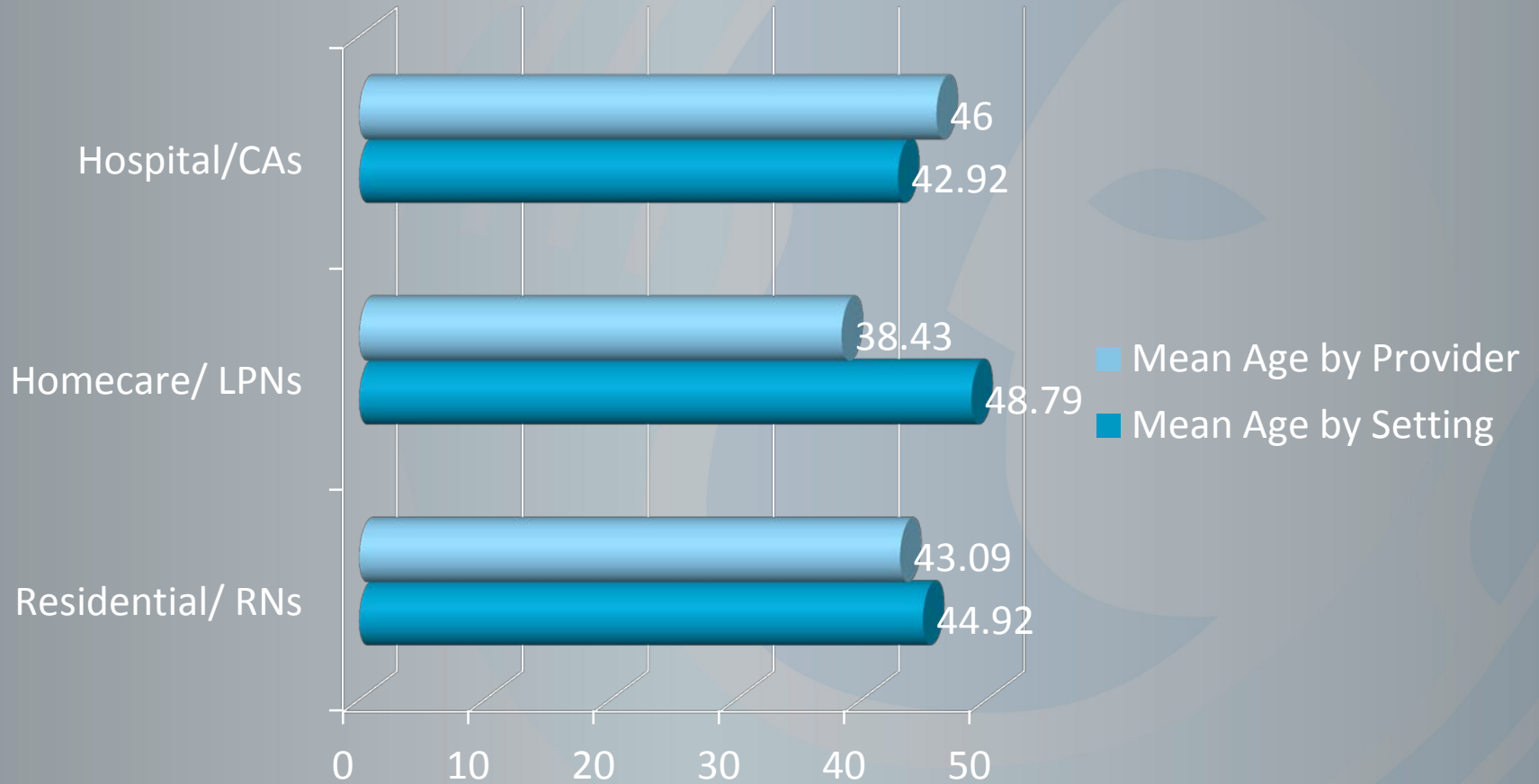
- Descriptive statistics
 - Sample distributions
 - Demographic factors distributions

Sample Distributions

Distribution by Provider and Setting



Age Distribution



Years of practice by setting

	% Residential	%Home	% Hospital	Frequency/ %	
1974-1996	14.3	30	35.9	37	23.7
1997-2004	26	40	15.4	42	26.9
2005-2008	24.7	27.5	12.8	35	22.4
2009-2012	35.1	2.5	35.9	42	26.9

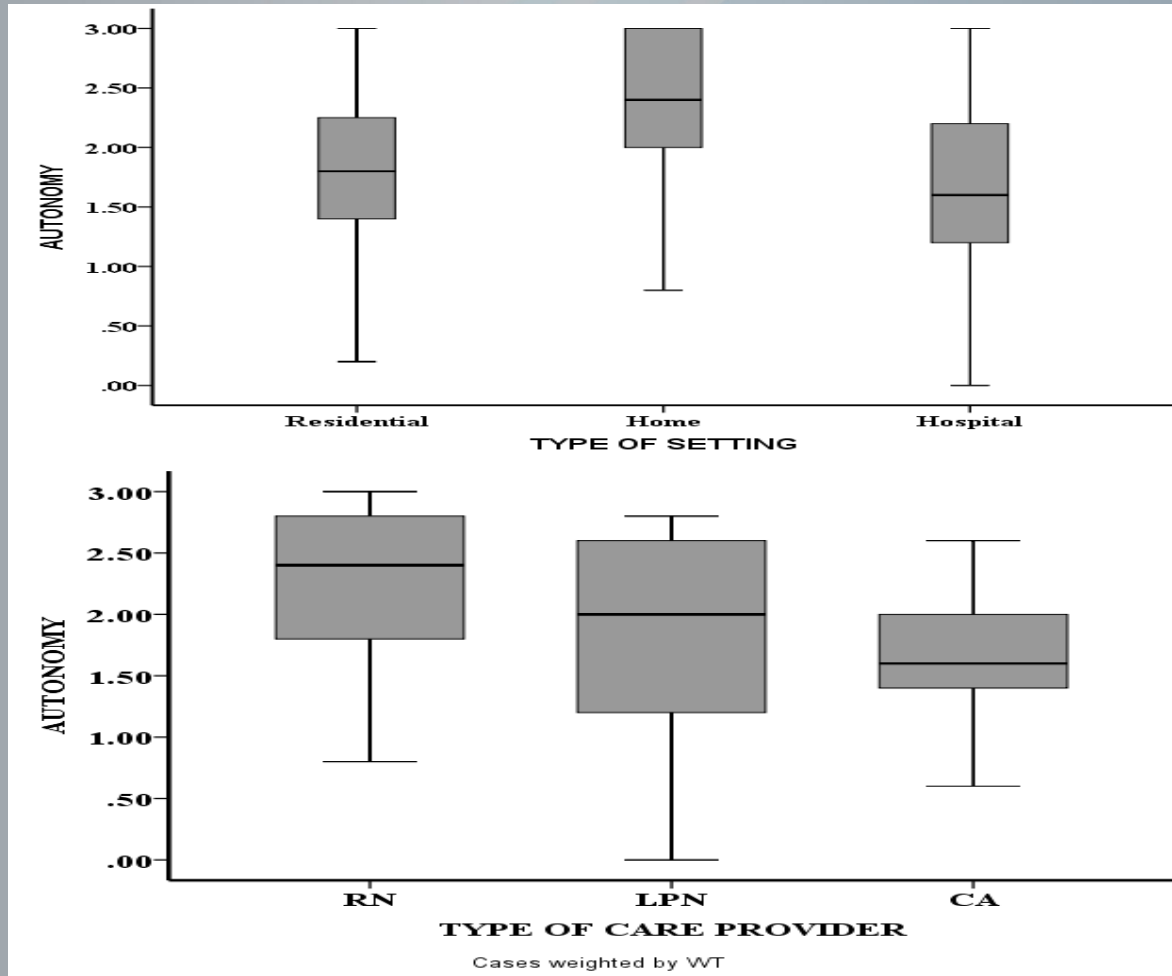
Demographic factors

	% RN	% LPN	%CA	Frequency	TOTAL
Male	2.8	3.4	1.6	4	2.5
Female	97.2	96.6	98.4	158	97.5
Place of birth					
Canada	74.7	84.6	82.1	150	79.4
Other	4.8	2.6	10.4	12	6.3
Language					
English	42.0	21.7	36.0	161	84.7
Other	25.0	12.5	62.5	8	4.2

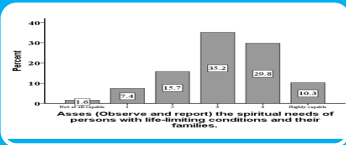
Demographic factors

	% RN	% LPN	% CA	Frequency / TOTAL	
Years of practice					
1974-1996	33.8	22.9	13.6	38	23.9
1997-2004	23.1	31.4	28.8	43	27.0
2005-2008	18.5	17.1	30.5	36	22.6
2009-2012	24.6	28.6	27.1	42	26.4
Highest level of education in Nursing					
High school	0.0	0.0	3.1	2	1.1
Certificate	0.0	0.0	80	52	27.7
Diploma	0.0	97.4	1.5	39	20.7
RN	60.7	0.0	1.5	52	27.7
BSc	34.5	0.0	1.5	30	16.0
MSc	1.0	0.0	0.0	1	0.5

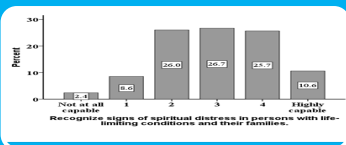
Autonomy in practice



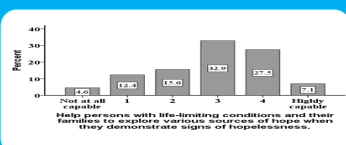
RNs, LPNs, CAs self-perceived competence on each “Spirituality” item



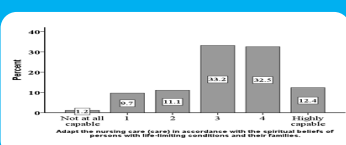
Assess (observe and report) the spiritual needs of persons with life-limiting conditions



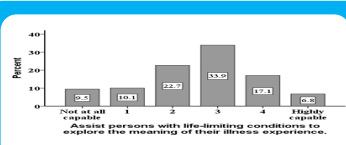
Recognize signs of spiritual distress in persons with life-limiting conditions and their families



Help persons with life-limiting conditions and their families to explore various sources of hope when they demonstrate signs of hopelessness

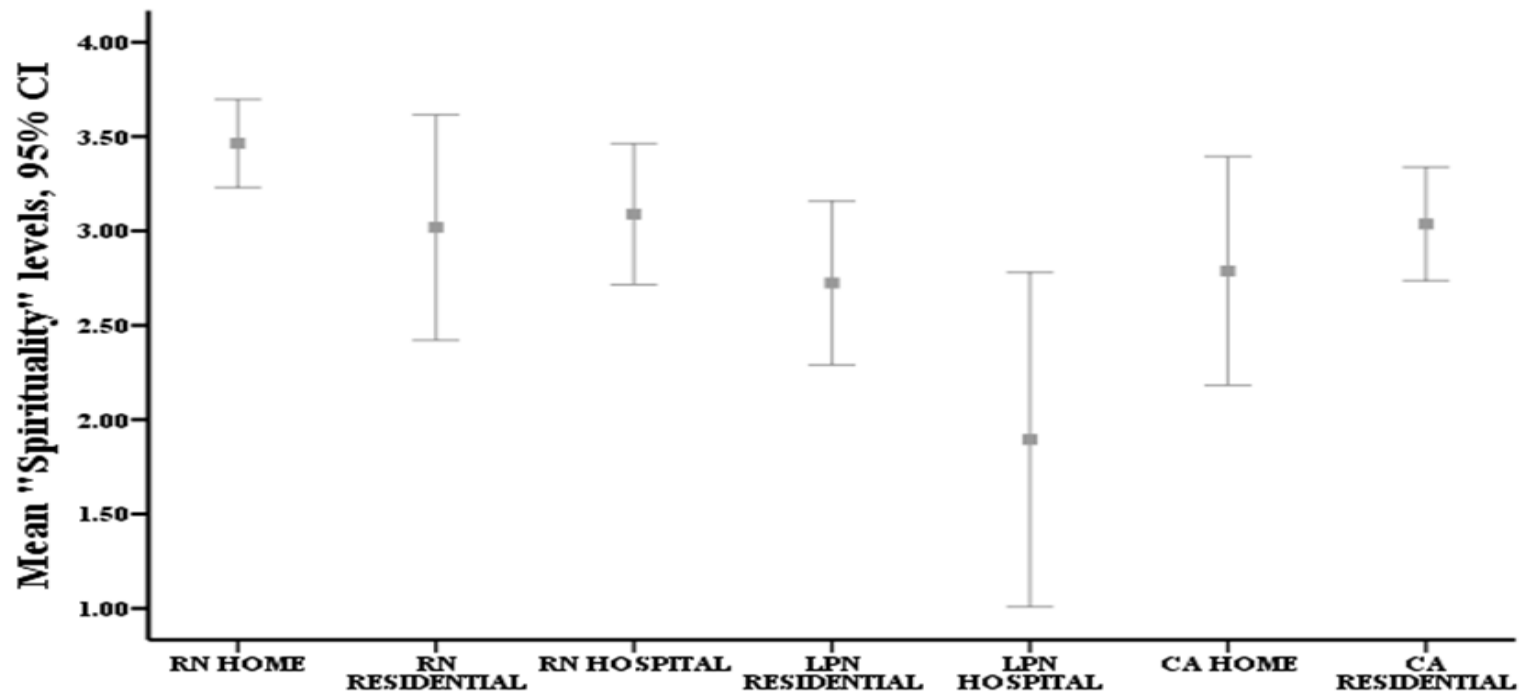


Adapt the nursing care in accordance with the spiritual beliefs of the person with life-limiting conditions and their families



Assist persons with life-limiting conditions to explore the meaning of their illness experience

Research question I



Summary of results Research Question 1

RQ 1

- RNs in HCC highest levels of self-perceived competence in addressing the spiritual needs

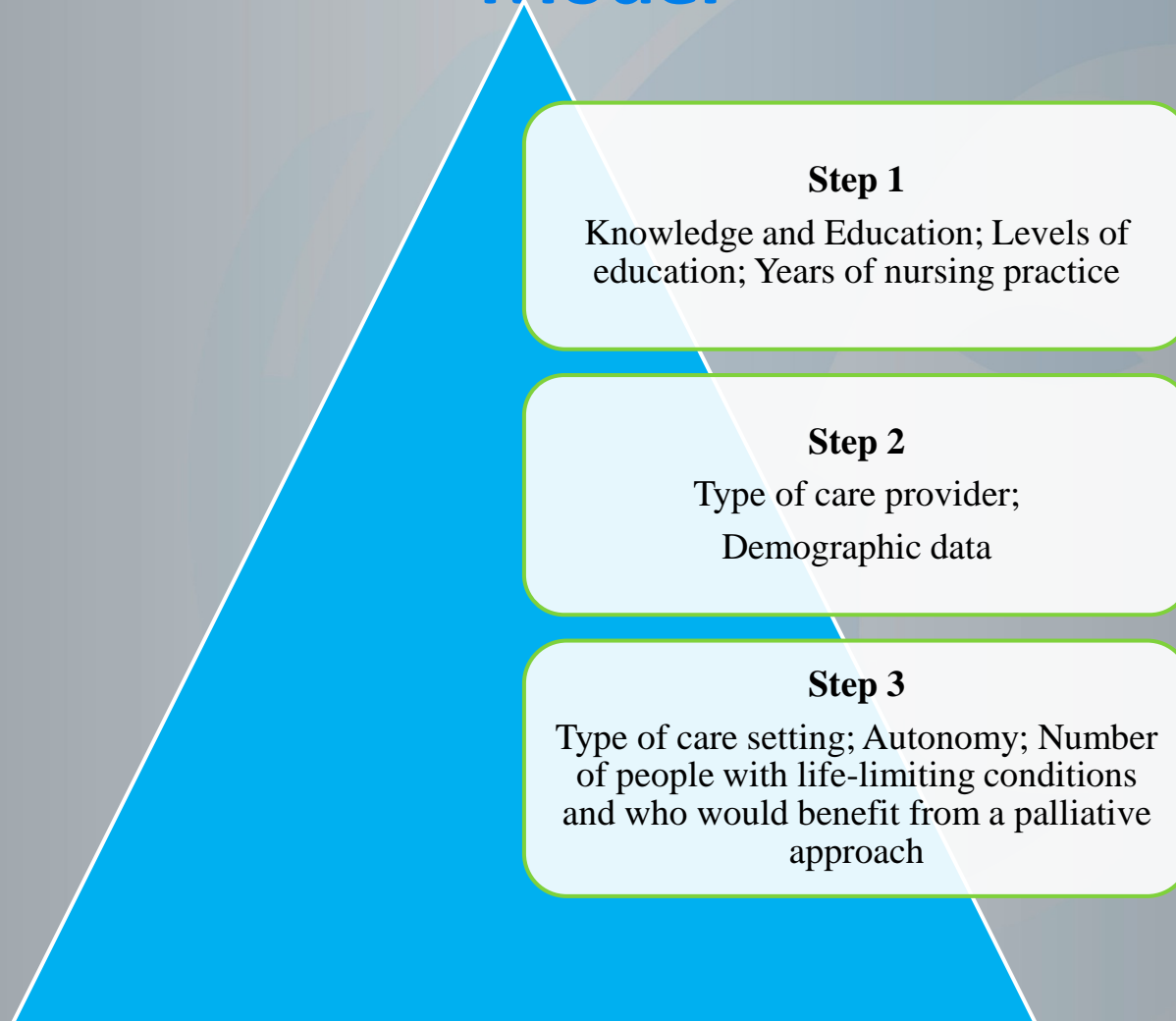
RQ 1

- Most healthcare providers “adequately capable” to assess the spiritual needs, least competent in “assisting persons to explore meaning of their illness”

RQ 1

- 12% of variation of the level of self-perceived competence is explained by the type of care provider and care setting

Hierarchical Multivariate Linear Regression Model



Hierarchical Multiple Linear Regression

statistically significant results

Step	Predictor	Step 1	Step 2	Step 3
	Knowledge and education (KE) level (referent adequate)			
	KE (0-1)	-0.40***	-0.43***	-0.32***
	KE (3-4)	0.32***	0.29***	0.35***
	Level of education referent BSc			
	Education (RN)	0.15	0.24**	0.32**
	Age		-0.16	-0.24**
	Language (English)		-0.14*	-0.15*
	R ² Change	0.46***	0.06***	0.12***
	Cumulative R ²	0.46***	0.52***	0.58***
	N	138	137	133

Summary of Results: Research Question II

RQ II

- Level of self-perceived knowledge and education
- Relative to the other variables “adequacy of knowledge and education on addressing the spiritual needs” accounted for about **61%** of the total variance

RQ II

- Levels of education in Nursing
- Relative to the other predictors “having an RN diploma” accounted for about **17%** of the explained variance

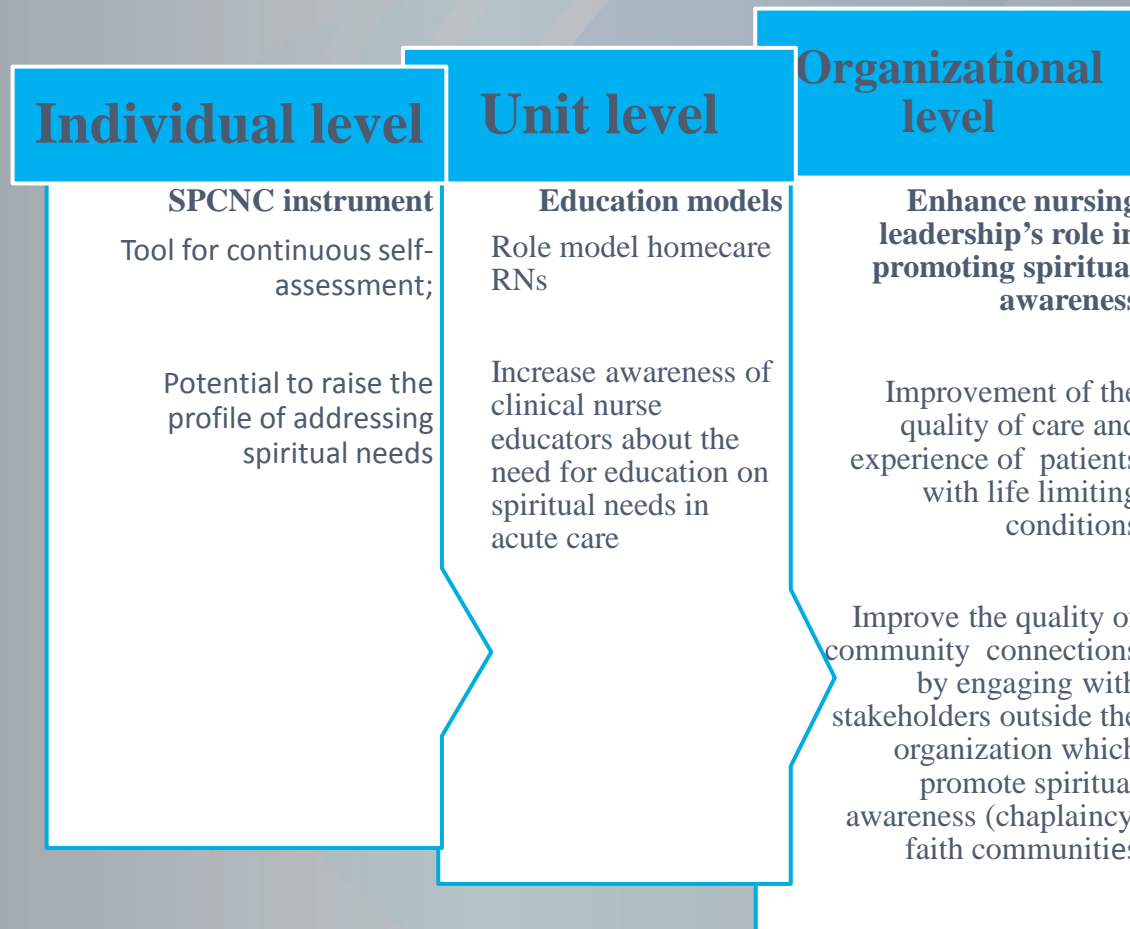
RQ II

- Age, Primary Language
- Relative to the other predictors “Age” and “Primary language” accounted for about **7%** of the variance

Summary of Results

- The 22 independent variables explained about 2/3rd (**58%**) of the variability in the “Spirituality” variable in the subpopulation of the NHA.
- Adequacy of knowledge and education on spiritual needs were the most significant predictors

Implication to Nursing



Limitations and future recommendations

Primary data: lack of data on care providers' spirituality

- Interview RNs, LPNs, CAs about their personal spiritual understanding
- Better understanding of demographic factors needs

Limitations and future recommendations

Recommendations:

- Scope of practice for CA to address the spiritual needs of patients with LLC (CA may be the closest caregiver to the patient)
- - hold discussions on competencies related to promoting a PA
- Enlist managerial support in addressing barriers to providing for the spiritual needs of the patients
- Strengthen the patients perspective on addressing the spiritual

Conclusion

- People with life-limiting conditions have multiple opportunities to interact with care providers;
- RNs, LPNs and CAs in non-palliative care environments are in a unique position to address holistic needs by adopting a palliative approach to care;
- Most significant predictor for increasing levels of self-perceived competence on addressing spiritual needs: levels of knowledge and education;
- Increasing levels of knowledge and education on addressing spiritual needs, may improve the quality and experience of care of the patients with life-limiting conditions and their families.

THANK YOU

Contact

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