

# Completing a Life: Comfort Level and Ease of Use of a CD-ROM Among Seriously Ill Patients

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**Purpose/Objectives:** To evaluate use of a CD-ROM titled *Completing a Life* among patients diagnosed with serious illnesses for comfort level with content and ease of computer use.

**Design:** A prospective pilot study collected a convenience sample of 50 people diagnosed with life-limiting illnesses during a six-month period.

**Setting:** The hematology/oncology department of a large healthcare system located in a metropolitan area in the midwestern United States.

**Sample:** Convenience sample of 50 patients diagnosed with life-limiting illnesses. Of the patients enrolled (age range = 38–93 years), 72% were female, 68% were Caucasian, 50% were diagnosed with breast cancer or nonsolid tumors, and 40% were newly diagnosed.

**Methods:** Subjects viewed the CD-ROM and completed pre- and postintervention surveys.

**Main Research Variables:** Comfort level with educational media, comfort level of information viewed, and areas of CD-ROM viewed compared to age and stage of illness.

**Findings:** Ninety percent of patients reported that they were somewhat or very comfortable with the CD-ROM as a learning tool, and ease of use was rated at 98%. Patients' comfort level with the material increased from 76% to 90% after they viewed the CD-ROM.

**Conclusions:** The pilot study suggests that the *Completing a Life* CD-ROM can be used with patients facing serious or life-limiting illnesses as an additional resource tool for information.

**Implications for Nursing:** Nurses typically provide the bulk of educational material for their patients. With limited resources available regarding management of life-limiting illnesses, this resource may provide an excellent addition to resources currently available.

Nursing care extends beyond providing care and treatment. Educating patients is an important process in patient care. Diagnosis of cancer may elicit many feelings from patients, including uncertainty regarding progression of the disease, quality of life, expected lifespan, side effects, coping, and communication and family dynamics. People also are living longer with an increased possibility of facing multiple debilitating and life-threatening illnesses. Quality care at the end of life has become an increasingly important component of healthcare expenditures. Last-year-of-life expenses for 2001 constituted 20% of all medical, 26% of Medicare, 18% of all non-Medicare insurance, and 25% of Medicaid expenditures (Hoover, Crystal, Kumar, Sambamoorthi, & Cantor, 2002). Millions of dollars from private foundations and healthcare institutions have been allocated to programs that focus on pursuing excellence in end-of-life care.

Education of patients regarding their disease processes is important to helping them cope. Education provides knowledge,

## Key Points . . .

- ▶ Education of patients with cancer is important to help them cope with their disease.
- ▶ Use of computer technology is increasing in all aspects of medical care.
- ▶ Education via a CD-ROM method is effective in providing appropriate information for patients dealing with life-limiting illness.

which can increase coping and control of the disease process. With advances in medical technology that have the ability to sustain life, communication between patients and providers about end-of-life treatment decisions, care, and management is essential. Unfortunately, patient concerns, questions, and decisions about end-of-life care often remain unspoken because of a lack of communication between patients and providers. Pendergast (2001) found that patients and physicians experience discomfort in discussing death, and both often wait for the other to initiate the topic of end-of-life care. The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment ("A Controlled Trial," 1995) involved a two-year prospective observation study of 4,301 patients followed by a two-year controlled clinical phase II trial of 4,804 patients and their physicians at five teaching hospitals in the United States. Trained nurses interacted with patients, families, and providers to elicit preferences, understand outcomes, and improve communication. The results demonstrated little to no change in the frequency of discussions about patient preferences or physicians' knowledge of patient preferences.

As an alternative to or in conjunction with open, one-on-one discussions with providers, people sometimes seek healthcare

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