

Enhancing Nurses' Comfort and Capability With End-of-Life Care for Patients With Cancer

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Many nurses express a lack of comfort and capability in caring for patients who are dying. Insufficient end-of-life (EOL) education, experience, and support can contribute to these sentiments. This quality improvement project evaluated the impact of using an EOL order set in the electronic health record, which included evidence-based medications and structured symptom assessments, on nurses' self-perceived comfort and capability to provide EOL care. An education program accompanied the intervention. There was a statistically significant difference in the comfort and capability scores of nurses who used the EOL order set compared to nurses who did not. Results suggest that a structured order set to provide appropriate medications and focused nursing assessments can enhance nurse comfort and capability when delivering EOL care.

AT A GLANCE

- As the population ages and cancer incidence rises, care of the dying is becoming a significant part of bedside nursing practice.
- Standardized evidence-based order sets can address knowledge deficits on end-of-life care.
- Providing support and education can enhance nurses' comfort and ability to provide care.

KEYWORDS

end-of-life; electronic order set;
nurse comfort and capability

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Cancer is the second leading cause of death in the United States after cardiovascular disease (Centers for Disease Control and Prevention, 2022). The rise in cancer deaths is associated with population growth in recent decades, particularly among older age groups. These demographic trends are forecasted to continue. As more people die of cancer in hospitals, there is a greater need for oncology nurses to develop skills in order to provide end-of-life (EOL) care (Karbasi et al., 2018).

Of the 553,679 patients who died from cancer in 2020, almost 200,000 died in a hospital (Centers for Disease Control and Prevention, 2020). Nurses who care for patients at EOL are obliged to provide quality care that addresses comfort and pain relief while managing other symptoms (American Nurses Association, 2016). However, many nurses express feelings of inadequate preparation and lack of knowledge of palliative EOL care (Croxon et al., 2018; Hussin et al., 2017; Karbasi et al., 2018). Studies suggest that nurses experienced in delivering EOL care have more supportive attitudes about death and are more comfortable and confident in their EOL care delivery (Croxon et al., 2018; Zheng et al., 2016). However, inpatient oncology units are frequently staffed with new nurses or nurses with little experience in caring for people at EOL (U.S. Department of Health and Human Services, 2014).

Quality improvement strategies that guide the delivery of EOL care include using care bundles or order sets. Standardized order sets embedded in patient care systems can promote quality care at EOL (Borgert et al., 2017; Dickerson et al., 2022; Wells & Loshak, 2019). Order sets can bridge the gaps in healthcare providers' knowledge regarding EOL care (Lau et al., 2018). When bundled with education and guidance, this approach represents a best practice for quality care at EOL (Lau et al., 2018).

This project evaluated the effect of an electronic EOL order set and education program on nurses' self-perceived professional capability and comfort with EOL care. Professional capability is defined as the professional ability to perform EOL care. Comfort is defined as being at ease with all aspects of EOL care including symptom management (Powazki et al., 2014). The EOL order set is a standardized, provider-initiated, evidence-based set of orders with structured symptom assessments, embedded in the electronic health record (EHR), that guides nurses in providing EOL care.