Nursing Knowledge and Attitudes of Patient Advance Directives: An Educational Intervention

By

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Table of Contents

List of Appendices

Abstract

Advance Directives are the final decision a person can make in their life. These directives dictate what may happen to a person in their last stage of life should they be unable to make the decision for themselves. In the U.S., there is a general lack of knowledge surrounding advance directives leading to low rates of completion prior to a patient death (Wilkinson, Wenger, Shugarman, 2007, p. 7). This in turn, decreases patient's ability to enjoy a quality life in their last stages of life. Healthcare providers, specifically Advanced Practice Registered Nurses (APRNs) have an opportunity to improve advance directive completion rates; giving their patients a better quality of life in their last moments of life. With proper relationship building, establishment of trust, and good communication, APRNs can educate and share the importance of advance directives with their patients. Adequate education on the laws and regulations surrounding advance directives, as well as, how to properly communicate these details need to be stressed during APRN educational programs.

Keywords: advance directive, advance practice registered nurse, end-of-life, DNR

Chapter One

Introduction and Overview of the Problem

Introduction to Chapter

Advance directives are critical documents in patients' health records, as they contain essential information on patients' preferences for healthcare treatment at the end of life. Governed by state law, advance directives are legally binding, provided that patients are decisionally competent and not under duress at the time of completion. The state of Ohio permits Advanced Practice Providers (APPs)—which include Nurse Practitioners and Physician Assistants—to gather and sign patients' advance directives, rendering them active and legally binding (Ohio Department of Health, 2015). Thus, effective APP-patient communication on this matter is imperative. In Ohio, APPs' signatures acknowledge that they have discussed patients' treatment preferences in the event of terminal illness and/or cardiac arrest. As such, APP's must be knowledgeable of relevant individual state and Federal statutes and proficient in communicating the value of advance directives. This chapter will discuss the background and importance of advanced directives, propose an intervention to increase nursing knowledge and improve nursing attitudes, present a relevant theoretical framework, and introduce relevant terms.

Background

In the 1960s, hospice care emerged as an alternative to aggressive disease management for patients with terminal illnesses. Hospice, whose clinical cornerstones are symptom control and pain management, seeks to palliate the dying, with patients, themselves, possessing the autonomy to guide treatment. A national discussion of how best to convey end-of-life medical care decisions—particularly when patients are incapacitated, and unable to express treatment

preferences—naturally arose alongside the development of the palliative care industry. States began to develop statutes and regulations regarding advance directives to meet these new needs. California, which passed the Natural Death Act in 1976, was the first state to "…to give legal force to living wills; soon thereafter states passed legislation authorizing proxy directives" (Wilkinson, Wenger, Shugarman, 2007, p. 7).

Advance directives were an appealing development for providers, as these documents, standardized and generally straightforward, unambiguously transmit patients' future medical care decisions. For providers, advance directives eliminate challenging end-of-life medical decisions, as providers are required to treat patients as specified in the advance directives (Sabatino, 2010). They also protect providers from any legal action pursued by patients' family members who disagree with the treatment given (Sabatino, 2010). Despite continued education, there exist providers who neither understand the benefits of advance directives, nor the importance of patients' having established them (Sabatino, 2010). A type of dissonance occurs, especially, when providers encounter within advanced directives treatment preferences with which providers disagree—in particular non-intubation and non-resuscitation orders in the case of impending death. The avoidance of death as a preference has roots that extend to medical/nursing training. For example, in advanced practice nursing (APN) school, APN students are instructed that death is an outcome to be avoided in the medical care setting; therefore, the clinical instinct of APNs is commonly life-saving in nature. Nevertheless, some patients' proclivity for death over artificial support of life means that APNs must suspend this clinical instinct, instead acting according to the wishes specified in the advance directives. To be effective, APNs must have a good understanding of advance directives and their capacity to help critically ill and dying patients maintain their autonomy and quality of life (Sabatino, 2010).

Significance

As the topic of advance directives has evolved, so has consideration of its ethics. One concern is whether patients' treatment preferences should be assumed to be stable—that is, whether preferences communicated at the time when patients complete advance directives continue to represent their desire to forgo treatment at the end of life. This matter is especially relevant to dying patients who are comatose or otherwise unresponsive, and therefore unable to reveal any changes to those preferences for care specified previously. Whereas the hypothesis (of preference stability) is untestable in this scenario, there is evidence to suggest that terminally ill preferences for care do vary over time, and with increasing symptom severity (cite Terri Fried et al. studies). A related question is what constitutes appropriate treatment for the many patients who lack advance directives when an illness or traumatic injury occurs, particularly considering research which suggests that patients incapable of making medical decisions are less likely to die comfortably and in a setting of their choosing (Sabatino, 2010). This matter comprises a multitude of ethical factors, including who may legally make treatment decisions and whether those decisions reflect the desires of the incapacitated patient.

Nurse-to-patient communication of the importance and meaning of advance directives may directly affect the rate of advance directive completion. Even so, nurses' understanding of advance directives, and their communication strategies and styles, are necessary to successful completion (Johnson et al., 2012). Duke and Thompson (2007) investigated the importance of nurses' role in patient advance directive completion. The authors developed a 40-item questionnaire labeled the *Update on Advance Directives* was distributed to better understand knowledge, attitudes, and practices of nursing personnel regarding advance directives. In descriptive, cross-sectional, analysis of 108 nurse-participants in Texas, the authors found

nursing personnel had very low rates of personal advance directive completion but believed that advance directives were valuable to patients. Study participants also reported that they did not understand advance directives sufficiently to discuss them with patients. The authors noted that there was a definitive lack of knowledge about state and federal laws governing advance directives, and even slight fear surrounding the topic of advance directives. Duke and Thompson (2007) stated that "…nurses need more resources, e.g. knowledge, administrative, and physician support, and communication tools to facilitate advanced planning for end-of-life care for patients" (p. 109).

Another study by Duke, Thompson, and Hastie (2007) used a cross-sectional, descriptive method to isolate factors that influence the completion of advance directives in hospitalized patients, finding that the presence of spouses and family members, and a sense of spirituality were associated with advance directive completion. Surprisingly, healthcare providers had little effect on advance directive completion. The authors concluded that more research is needed on the role that healthcare providers play in advance directive completion.

Question Guiding Inquiry (PICO)

The PICO question driving the proposed study is as follows: How does an educational program on advance directives influence student nurses' knowledge and attitudes of advance directives? The particular PICO elements are as follows. *Problem:* Despite having the clinical and relational opportunities to discuss and prepare advance directives for patients, APNs' influence on these outcomes is limited. Research suggests that APNs' inadequate knowledge of advance directives may play a role in this problem. *Intervention:* The principal investigator will provide an educational intervention that seeks to encourage understanding of types of advance directives, benefits to patients, the role of APNs in communicating information on advance

directives and preparing them, and related policies and statutes. *Comparison:* This study employs a one-group pre-test/post-test interventional study design. Thus, participants serve as their own controls. *Outcomes of Interest:* The objective of the study is to increase APNs' knowledge and improve attitudes on the topic of advance directives, with the goal of more APNs' participating in the preparation of these critical documents.

Theoretical Framework

Jean Watson's Theory of Human Caring is a nursing theory based on the "practice of loving-kindness and equanimity" (Watson Caring Science Institution, 2010). The Caring Theory expresses the importance of being present and creating a caring environment for all patients. The Caring theory demonstrates concepts important to the overall communication of advance directives and end-of-life wishes. Communicating advanced directives is an art that takes practice and continued education to develop (Duke & Thompson, 2007). Prior to having an advanced directive discussion, APN needs to create a "caring moment" and "transpersonal relationship" (Watson Caring Science Institution, 2010). This is accomplished by following the concepts that Jean Watson has identified, which include: (1) a relational caring for self and others; (2) transpersonal caring relationship; (3) caring occasion/caring moment; (4) multiple ways of knowing; (5) reflective/meditative approach; (5) caring is inclusive, circular, and expansive; and (6) caring changes self, others, and the culture of groups/environment. Through continued education, using the concepts of Jean Watson's Caring Theory, APN students can learn to create a caring environment that promotes relationship development and trust; thus, patients will be more likely to ask questions, to open up about feelings, and to complete advance directives.

Definition of Terms

- **Advanced Directives** – a set of forms that designates a patient's wishes concerning code status and health care decisions.
- **Living Will** – A state designated form that lets a patient state their wishes about their health care if they befall a terminal illness or permanently unconscious state (CaringInfo, 2005).
- **Code Status** – a form that designates whether a patient wants CPR, defibrillated, intubated, and medicated. In the State of Ohio, a person can choose three options: DNRCCA, DNRCCA no intubation, and DNRCC (Ohio Department of Health, 2015).
- **DNRCCA** – No CPR, Defibrillation, or rescue medications to be given. A patient still can be intubated if the situation deems it necessary. Patient will receive moderate life-saving interventions, however, once their heart ceases to beat, they will be allowed to pass naturally and comfortably.
- **DNRCCA-No Intubation** – No CPR, defibrillation, or intubation. Patient will receive minimal life-saving interventions, however, once their heart ceases to beat, they will be allowed to pass naturally and comfortably.
- **DNRCC** – Comfort care interventions only. No CPR, Defibrillation, or intubation. Patient will be made comfortable and will be allowed to pass naturally, comfortably, and with dignity.
- **Durable Power of Attorney (DPOA)** – A Durable Power of Attorney is a person designated by the patient to make decisions when a patient is no longer able to make decisions for themselves (Ohio Department of Health, 2015).

Conclusion to Chapter

The proper communication of the purpose and importance of advance directives from a nursing provider to a patient is crucial to ensure that a patient's dignity is upheld in the event

they are unable to make healthcare decisions on their own. Death and sickness are evitable parts of life. Being prepared for these events allows patients to have peace of mind that they are receiving the care that they want. APNs need to understand that communicating and developing a trusting relationship with a patient is an art that is learned through practice and continued education. Nursing research has shown that education in APN schools are lacking on the topic of advance directives. This education is vital to APNs being capable of giving excellent care in difficult patient situations that demand a code status discussion. By communicating properly and developing a trusting relationship with a patient, it can be assured that the patient will be receiving the care that they want and that they need to maintain their dignity.

Chapter Two:

Introduction and Review of the Literature/Evidence

The body of research on advance directives topics is ever growing as our population continues to age and technology that supports longevity continues to advance (Duke & Thompson, 2007). For the purpose of this study, current research within the last five years was systematically analyzed to assess the corpus of literature on clinician knowledge and attitudes toward advance directives. A literature search revealed that there exists a limited number of studies on this topic, particularly within the last five years. It is important to note, however, that the body of research on the importance of advance directives, specifically with regard to patient education, is far more expansive. In the chapter that follows, we present a review of the current literature on nurse understanding of and attitudes toward advance directives.

Methodology

The search engines used to gather scholarly articles included Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medscape, and US National Library of Medicine National Institutes of Health (PubMed). The following key words were used: advance directives, nursing education on advance directives, patient education regarding advance directives, nursing knowledge and advance directives, nursing attitudes and advance directives, nursing role regarding advance directives, and importance of advance directives. The search was limited to English language articles published in academic journals from 2010 to the present that pertained to adults aged eighteen years and older. An additional filter was applied to limit results to articles on *medical-based* advance directives, specifically. The literature search returned a total of eight articles. Little research was found specifically involving advance practice nurses.

Critique and Synthesis of Research Findings

A qualitative study by Zhou et al. (2010) sought to understand advance directives knowledge, attitudes, and practice behaviors among APNs oncology specialists. This study was a descriptive, cross-sectional, pilot survey study that used a web-based survey created by the study's authors. Total sample size consisted of 300 APNs in the eastern U.S. Exploratory factor analysis was used to disseminate results and correlate study participant answers. Results suggested that study participants were moderately knowledgeable on the topic of advance directives, with participants' averaging 67% correct responses on a 12-question survey. The researchers also found that advance directives were not discussed routinely with patients in their individual oncology practices. Zhou et al. (2010) concluded that further research is needed on this topic, as this pertained to only one specialty, and moreover called for enhanced education for APN students on advance directives.

The Zhou et al. (2010) study was limited in several ways. Its sample was small, its method did not include inferential statistics, and it relied on participant self-reports, which can be subject to bias (Zhou et al., 2010). The authors also noted that many potential participants declined study inclusion, as the topic of advance directives was uncomfortable to discuss. The resulting selection bias may mean that the results are not broadly generalizable to APN oncology specialists.

A study by Pirinea, Simunich, Wehner, and Ashurst (2016) focused on interpretation of DNR and Do Not Intubate by patients and healthcare providers. Using a survey created by the authors, this investigation studied 687 patients and healthcare providers, approximately 52% of them patients, and the remainder providers. The authors found that discussion of advance directives and end-of-life issues is difficult for both patients and healthcare providers, with 69%

of patients stated that their primary care physician never discussed advance directives. The researchers concluded that more education on advance directives is needed among patients and healthcare providers. They further argued that more research will foster better educational programs for healthcare providers in training.

Limitations of the Pirinea et al. (2016) study included its setting (a single site), which ignores variation in the distribution of provider specialty. In a related way, the survey instrument did not distinguish the category of healthcare provider, meaning that differences in DNR and DNI interpretation could not be assessed across, for example, physician versus nurse (APN and RN). Location of healthcare personnel, training, and education were also not discussed or distinguished in the study. Overall, the study focused more on completion than understanding and attitudes towards advance directives.

A multi-site, qualitative, descriptive study in New Zealand (Davidson, Banister, and de Vries (2013) assessed nurses' knowledge, attitudes, and experiences with advance directives at 12 senior primary healthcare nursing facilities. Semi-structured audio-recorded interviews were conducted with a total of 13 participants. Each interview lasted approximately 45 minutes. The authors analyzed the data with a general inductive approach. Emerging themes from participant interviews were noted. Overall, the study found that many participants were unfamiliar with specific terms associated with advance directives, which limited their ability to discuss these terms with patients. It also found that participants' personal experiences played a role in their understanding of advance directives. Lastly, the authors noted that effective communication appeared to be a quality that was deemed important in advance directive discussion, however, study participants felt they lacked proper education to effectively communicate advance directives to patients. The authors suggest that further research was needed on this topic.

Limitations to the Davidson, Banister, and de Vries (2013) study included its small sample (13 participants) and low retention rate, perhaps due to the need for an in-person interview. Strengths of the study included its inclusion of nurse-participants from various levels of education/training (i.e. associate degree, bachelor's degree, master's degree) and multiple locations.

A cross-sectional study of 1809 nurses in 5 countries by Coffey et al. (2016) explored the role of nurses' advance directives knowledge in their administration of end-of-life care. This study—set in Hong Kong, Ireland, Israel, Italy, and the US—found that nurses with greater experience were more comfortable with their knowledge of advance directives. In cross-country comparisons, nurses in the U.S. were found to have more confidence in their knowledge of advance directives than those in other countries. Coffey et al. (2016) concluded that experience and education play a large role in how comfortable a nurse is with advance directive discussion. They suggested that more research is needed on this topic to understand its implications to practice. This study did not mention specific limitations, however, retention of participants appeared to be an issue. The authors stated that many study participants dropped out due to inadequate time and unwillingness to participate in a discussion surrounding the topic of end-of-life.

Ryan and Jezewski (2012) state that, "…advance directives are one of the few means for patients to indicate their end-of-life treatment option preference" (p. 131). The authors completed a systematic review of current literature on the topic of nurse knowledge, attitudes, and experience with advance directive communication. The authors' review included three survey studies conducted among RNs with backgrounds in Oncology, ICU, and ER. They found that nursing knowledge and attitudes were directly affected by experience with advance

directives. Nurses demonstrated a moderate level of confidence related to advance directive types and communication with patients. Ryan and Jezewski (2012) found that critical care nurses had a better understanding and acceptance of advance directives in their practice as compared to other types of nurses since advance directives are utilized more heavily among this group. A major limitation of this study was that the data were not original, but were collected from various studies, some of which were started but never completed. The authors concluded that additional nurse education on advance directives is necessary and that further research is needed on this topic.

Peicuis, Blazeviciene, and Kaminskas (2017) completed a cross-sectional study which consisted of a survey among 478 health professionals at a major health care center in Lithuania. The goal of the study was to investigate professional understanding and preference of advance directives amongst different healthcare providers. The authors note a low level of advance directive understanding in general, as only 16.7% of health professionals reported understanding the purpose and benefit of advance directives. Less than half of participants felt comfortable using advance directives with their patients. A strength of this study, as noted by the authors, was that it took a multidisciplinary approach; meaning, the study was not limited to one discipline and/or healthcare specialty. Health professionals in the study included: pharmacists, physicians, and nurses. A limitation of the study is that it assessed the provider perspective only and did not include an assessment of patient attitudes or preferences. Further, the survey utilized has low validity as it was never previously used or tested.

A cross-sectional study of advance directive completion amongst different races, genders, and ethnicity was conducted by Zaide et al. (2013). Approximately 400 medical records were reviewed by research staff. The authors found that Caucasian patients were more likely to have

their advance directives completed (25.67% completion rate) as compared to other races. The authors also found that, no matter the race, gender, or ethnicity, 45% of patients completed their advance directives after a palliative care consultation. Palliative care consultations include patient discussions with an educated healthcare provider on the topic of advance directives and end-of-life preferences. Zaide et al. (2013) stated that, "The palliative care consultation intervention significantly reduced differences between whites and African Americans in completing advance directives…" (p. 5). The authors noted that a limitation of the study was low participation among Hispanics. Further, they noted that differentiating races was challenging due to the mixing of races that is increasingly common in modern culture.

Hall and Grant (2014) completed a descriptive, repeated-measure study to assess the effect that completing one's own advance directive has on nursing confidence to educate patients among 34 bachelor of science (BSN) nursing students. All students were already licensed registered nurses that were completing additional schooling to obtain their BSN degree. Study participants were given a pre-survey questionnaire prior to an intervention where they completed their own advance directives. After completion of their individual advance directives, they completed a post-survey questionnaire. Authors noted a significant increase ($p=.0074$ to $p<.0001$) in measures of confidence and knowledge of advance directives. The authors concluded that nurses are in a unique position to assist patients with advance directive completion, but they require additional education to do so. A limitation of the study was its small sample size and the fact that participants were recruited from only one university location. Authors also noted a low response rate (41%), which further diminished the study sample. Another limitation was that the mode of data collection varied depending on whether a study participant was an "online" or "in-class" student. Lastly, the authors noted that they did not use

a validated survey tool to collect data which calls into question the validity of findings.

Limitations

The main limitation of this literature review was the lack of research on nurse knowledge, specifically, and its relationship with an understanding of advance directives. The dearth of studies on this topic highlights the need for further research. Overall, confidence in discussing advance directives is fairly low among healthcare providers. While some healthcare professionals report being comfortable with the concept of advance directives, it is clear there is room for improvement in clinician education and training.

Conclusion to Chapter

Current literature review demonstrates a need for further education regarding advance directives. An improved knowledge level along with improved attitudes will assist approaching a very complex and uncomfortable healthcare professional. Continued education and improved attitudes may also help increase patient awareness of importance of advance directives through efficient patient-provider communication. Increased knowledge on advance directives should be a priority as it also impacts patient quality of life.

Chapter Three:

Study Method

Introduction to Chapter

Advance Directives are an important piece of a patient's chart. Advance Practice Nurses have a unique opportunity to make a difference in patients' lives by providing them adequate education about advance directives. This gives the possibility of increased patient satisfaction and quality of life when situations arise that need the directions of advance directives. This study was designed so APN students may have increased understanding and improved attitudes so they may feel prepared to discuss this topic with patients. In the following chapter, study design, population, data collection, measurement method, plan for analysis, overview of IRB process, and organizational readiness will be discussed. All of these components are an important part of this study.

Design

This study employs a one-group pre-test/post-test interventional study design. More specifically, a single group of study participants will: (1) complete a 40-item questionnaire that measures participants' knowledge, attitudes, and practices of acute-care nurses regarding ADs; (2) complete an educational session (intervention) on advance directives; and (3) re-complete the questionnaire.

Population Plan

Sample. The research study sample will include participants from one specific university site. All participants will be licensed registered nurses that are currently working toward obtaining their master's degrees in nursing. Participants must also be 18 and older, and fluently speak and read English. No specific nursing experience background is required. Participation in

the study is voluntary.

Gatekeepers. Gatekeepers for this study include: Wilkes University, Wilkes University Institutional Review Board (IRB), Olivet Nazarene University IRB, and the Olivet Nazarene University APN Program Director. Permission from each gatekeeper will be obtained prior to study commencing. All gatekeepers will uphold all legal ethical standards to ensure participation safety.

Stakeholders. Stakeholders include the university staff and all participating APN students. One is considered a stakeholder if any sort of benefit may be obtained from this study. The Olivet Nazarene University staff may obtain some benefit by learning of current APN student understanding of advance directives. Current APN students may gain a better understanding of advance directives through the educational intervention.

Procedure Plan

IRB process. Olivet Nazarene University requires that a study investigator first apply to their specific university IRB for study approval. Once approval is obtained, an application will be submitted to the Wilkes IRB for final approval. Once submission to the Wilkes IRB is complete, this researcher will await written study approval, which will prompt commencement of the study.

Description of procedure. A recruitment email will be sent to all potential participants with links to the pre- and post-survey. The email will also include an attachment with the online educational ppt. Once they volunteer to participate, participants will be assured of the study's anonymity. They will receive a link to the pre-survey via Survey Monkey. The first page of the survey will include information on the purpose and nature of the study and will require participants to consent to participation in order to continue. Participants will be informed that

they may end the survey at any time. Participants will provide (or not provide) consent by clicking on "I agree" or "I do not agree" buttons. If they do not provide consent, the survey will close.

Instrument/Questionnaire. The study's pre- and post-assessment tool is a modified version of the "Update on Advance Directives Care Questionnaire." Developed by Duke et al. (2007), the original instrument is a 40-item survey that measures advance directives knowledge, attitudes, and practices of acute-care nurses. Some knowledge questions will be modified, as they specifically pertained to advance directive laws in Texas, the state of residence of the tool's author and the setting of her testing of the instrument. In general, the tool includes questions on knowledge of relevant state-level statutes (multiple choice: 4 responses, 1 correct), personal possession of advance directives (binary, yes/no, responses), attitudes regarding communication of advance directives to patients and family members (4-point, Likert-scaled, responses), and prior training on the topic (binary, yes/no, responses). The original tool also includes two brief vignettes, accompanied by a combination of knowledge and attitude questions (responses as described above), several open-ended questions on potential motivating factors for increased use of advanced directives, professionally and personally, and experience with communicating and implementing advance directives (responses indicate frequency of behavior). The revised tool will eliminate the vignettes, but maintain the open-ended questions, whose qualitative responses will not be analyzed as part of this study but may be analyzed in future research.

Intervention. The educational intervention consists of a PowerPoint Presentation that provides the following information: (1) an introduction to the topic of advanced directives (e.g., background information, definitions of key terms, etc.); (2) types of advance directives; (3) the ways in which advance directives benefit patients; (4) the role of APNs in providing information

on advance directives; (5) the logistics of putting an advance directive in place; and (6) federal and state laws regarding advance directives.

Organizational readiness. The organization where this study will take place is supportive of this study proposal. This location focuses heavily on leadership development and research. It seeks to incorporate current evidenced-based practice in current academic courses. The study site has numerous resources and avenues for support to help ensure the success of this study.

Organization expected outcomes. It is expected that this study will expand Advance Practice Nursing student knowledge on the topic of advance directives. It is also this researcher's hope that end-of-life discussion, as well as that involving the importance of advance directive completion, will be implemented into the APN educational courses at the study site.

Challenges to Implementation. Recruitment of nurse-participants is a potential challenge. Participation is entirely voluntary, without monetary compensation. Thus, participants must incur a "time cost" to complete study surveys and the educational intervention.

Data Collection

Data will be collected in an organized and confidential manner using the Survey Monkey platform. Only the principal investigator will have access to data collected. Study participants, once consent is given, will be sent a link to study material located within the Survey Monkey platform. At their leisure, they may complete the pre- and post-survey, as well as the educational intervention. All study participant survey answers will anonymous. This will allow for comparison of the groups' overall improvement in scores.

Data Analysis Plan

Operationalization of Variables. A "knowledge score" will be computed by calculating

the mean number of knowledge variables answered correctly. An "attitude score" will be computed by calculating the mean of responses to individual attitude questions. In both cases, Cronbach's alpha testing for internal consistency will be used to guide construction of the summary variables.

Analysis: Univariate statistics will be used to summarize participants' education, employment history (in years) and status (full-time/part time), and practice specialty. An overall t-test will be applied to determine whether there was significant change in participants' knowledge and attitude scores prior to and after the intervention ($p > 0.05$ to be used as cut-off for statistical significance). Study data will be analyzed by using the SPSS for MAC 21.0 (Statistical Package for Social Sciences).

Conclusion to Chapter

This chapter provides a description of the design plan for this research study. Important gatekeepers and stakeholders were discussed with a detailed description of the study procedure plan. This study will be completed in a concise and organized manner following all current regulations for proposed research studies. Data will remain confidential throughout the collection and analysis process. Additional data collection will be analyzed based on the *Update on Advance Directive Tool*. The goal of this study is to promote further understanding of advance directives amongst Advanced Practice Nurses so that advance directives may be more fully incorporated into today's healthcare practice.

Chapter Four:

Results

Introduction to Chapter

Analysis of Data Outcomes

Summary of Findings

Conclusion to Chapter

Chapter Five:

Discussion and Conclusions

Introduction to Chapter

Discussion of Main Findings

This research study sought to explore knowledge and attitudes of advance practice nurses regarding the topic of advance directives. The Update on Advance Directives Questionnaire: Nurse Knowledge Survey created by Gloria Duke (2005) has a purpose to obtain this specific information about APN knowledge and attitudes surrounding advance directives. Duke (2005) was under the assumption that advance directive completion would improve amongst patients if nurses had a more positive attitude and higher knowledge of advance directives. This research study utilized an online format that contained a pre- and post-survey in order to assess whether APN knowledge and attitude improved after an online educational intervention was completed.

Implications for Practice

Scientific Underpinnings for Practice

Health Care Policy for Advocacy in Health Care

While the nursing role is identified as important in end-of-life planning, there seems to a need for

nurses and advance practice nurses to further participate end-of-life and advance directive discussions. Herbert, Moore, and Rooney (2011) state that, “Developing active listening and effective communication skills can enhance the nurse-patient trust relationship and create a healing environment” (p. 325). They go on to state that nurse attitude, as well as, knowledge play a role in a nurse’s decision to advocate for their patient in moments when end-of-life decisions need to be made. By increasing APN knowledge and promoting a positive outlook on advance directive completion and end-of-life discussions, APN nurses have the opportunity to advocate for their patient’s current and future quality of life.

Advanced Nursing Practice

Limitations

Multiple limitations to this study exist. First, a major limitation to this study was sample size. Out of 210 possible APN student participants, only five completed the pre- and post-surveys and online educational intervention. This allows room for error in the statistical analysis of data and limits statistical significance of results. Secondly, this study was completed at a single site. Advance Practice Nursing educational programs are each unique in their own way. Some programs do contain education on advance directives and end-of-life discussion; whereas some do not. Thirdly, intervention was limited to online. Results may have been different if the intervention had been held in person. Due to travel restraints this was not feasible. Lastly, the survey tool selected did not hold as much statistical significance as this writer would have liked to have. Research with this tool was limited to one study and had to be modified to include other states besides Texas law.

Recommendations for Future Research

Further research should be completed on the role of APRNs and the completion of advance directives. The importance of not only introductory education to the topic of advance directives, but also continued education on advance directives, end-of-life care, and patient

communication should be further researched. Due to little research completed on these topics, questionable results exist.

Conclusion to Chapter

In the U.S., there is a general lack of knowledge surrounding advance directives leading to low rates of completion prior to a patient death (Wilkinson, Wenger, Shugarman, 2007, p. 7). Prior research also shows that many healthcare providers are not discussing advance directives and end-of-life care options with patients prior to a life-altering event occurring (Pirinea et al., 2016). APRNs have an opportunity to make a difference in patient lives by striving to communicate with patients the importance of advance directive completion. With proper education on the types of advance directives and how to communicate these details in a sensitive manner, it can be assumed that rates of AD completion would rise. This education needs to begin in APN educational programs.

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Tables

Figures

Appendix A: Permission to use *Update on Advance Directives Survey Tool*

Hello Roxanne!

Of course you may! I just want to make sure you understand that some of these items about the law are state-specific, so be sure you make the appropriate corrections. I also want to caution you that the alpha was a bit low, if I remember correctly, in the 60's. I am happy to work with you on revising it if you need.

Otherwise, best of luck, and please let me know how your research goes! Take care, Gloria

Gloria Duke, PhD, RN
Professor and Associate Dean, Office of Research
The University of Texas at Tyler
Bart Brooks Professor of Ethics and Leadership
Chair, UT Tyler Institutional Review Board
Office: BRB 2255; 903-566-7023

Appendix B: *Update on Advance Directives Questionnaire* (*key*)

Update on Advance Directives Questionnaire
Nurse Knowledge Survey
©Gloria Duke 2005

1. Level of Education: A. ___ LPN C. ___ Associate Degree
   B. ___ Diploma D. ___ Bachelor's Degree
   E. ___ Master's Degree or above

2. Number of years employed as a nurse: _____

3. Major area of nursing practice (one): _____
4. Hours currently worked per week: ___ Part-time ___ Full-time

5. Major resource for information, i.e. legal updates: _____

6. List membership in professional association (s): _____

CIRCLE THE CORRECT RESPONSE BASED ON THE TEXAS ADVANCE DIRECTIVES ACT:

7. The latest federal laws regarding Advance Directives became effective in the year of:
   A. 1990
   B. 1991
   C. 1995
   D. 2000

8. An advance directive usually states the patient's:
   A. heir to their estate
   B. funeral preferences
   C. end-of-life medical choices
   D. choice in physician

9. Witness requirements for the signing of an advance directive include:
   A. two witnesses, which cannot be an heir, relative or caregiver
   B. one witness, which cannot be a relative, heir, or caregiver
   C. two witnesses, one of which cannot be a relative, heir, or caregiver
   D. one witness

10. To qualify as a competent directive signee, the patient must:
    A. be deemed competent by a physician
    B. state that they are competent
    C. be deemed competent by witnesses
    D. only have competent adult witness (es)

11. "Comfort care" is legally defined as:
    A. providing for basic needs
    B. pain medication
    C. pain medication, nutrition, and hydration
    D. nutrition and hydration
12. If two surrogates are named, which of the following guides the decision making process:
    A. the first surrogate to be named
    B. the oldest child of the patient
    C. the physician
    D. advance directive instructions

13. The advance directive authorizes one to have life-sustaining treatment withheld when the following is present:
    A. a terminal condition (to live < 6 mos.)
    B. a fatal irreversible condition
    C. the patient is without insurance
    D. a and b

14. The section of the advance directive that gives instructions is named the:
    A. "Directive to Funeral Directors"
    B. "Directive to Physicians"
    C. "Directive to Nurses, Physicians, and Family"
    D. "Directive to Physicians, Family and Surrogates"

15. The following may not be denied by the designated agent:
    A. nutrition
    B. hydration
    C. pain medicine
    D. all of the above

16. The "Medical Power of Attorney" is significant to the patient because:
    A. an agent is designated to act on the patient's behalf if they are unable to do so
    B. the attorney helps the family to make decisions for the patient
    C. the patient finalizes all funeral arrangements
    D. none of the above

CIRCLE RESPONSE:

17. Do you personally have an advance directive in place?
    A. Yes
    B. No

18. If not, have you ever discussed your end of life wishes with your closest relative?
    A. Yes
    B. No

19. Have you ever assisted a member of your family to enact an advance directive?
    A. Yes
    B. No
    Why or why not?

_____
_____

IN THE LAST YEAR:

20. Have you assisted any patient to enact an advance directive? **(Circle response)**
    A. Yes
    B. No

21. If yes, how many times?
    A. ___ times per day
    B. ___ times per week
    C. ___ times per month
    D. ___ times per year
    E. ___ none of the time

22. Have you been an integral part in clarifying or discussing a patient's wishes for end of life care? **(Circle**

response)

A. Yes
B. No

23. If yes, how many times?

A. ___ times per day
B. ___ times per week
C. ___ times per month
D. ___ times per year
E. ___ none of the time

RATE THE FOLLOWING: (Circle response)

24. I feel comfortable discussing advance directives with patients.

A. never
B. not usually
C. mostly
D. always

25. I can answer my patient's questions regarding advance directives.

A. never
B. not usually
C. mostly
D. always

26. I feel informed/updated about advance directives.

A. never
B. not usually
C. mostly
D. always

27. I am interested in learning more about advance directives.

A. never
B. not usually
C. mostly
D. always

28. When initiating/discussing an advance directive with a patient, approximately how many patients indicate a desire to formulate an advanced directive?

A. ___ none
B. ___ a few
C. ___ many
D. ___ most
E. ___ all

29. How often do patients that you discuss advance directive with actually follow through with formulating an advance directive while patients in your facility?

A. ___ none
B. ___ a few
C. ___ many
D. ___ most
E. ___ all

30. What would it take for you to become more proactive in the area of advance directives in your personal

life? _____
_____

31. What would it take for you to become more proactive in the area of advance directives in your professional life? _____
_____

CASE 1**:** *An 80-year old nursing home patient designated in her updated directive that she would like "comfort measures" only in the case of her decline. She was found unresponsive after a major stroke. The hospital physician orders intravenous hydration and nutrition, and consultation for peg tube placement.*

32. Is the healthcare provider following the patient's wishes according to the latest definition of "comfort measures?" **(Circle response)**
    A. Yes
    B. No
    Please explain: ___Comfort measures = pain medication_____
_____

33. What is the likelihood that you as the nurse would question this order to the physician who wrote it? **(Circle one)**
    A. very likely
    B. likely
    C. probably
    D. definitely not

CASE 2: *A 68-year old man expresses a desire to sign an advance directive before his upcoming surgery. His daughter will be there for the next hour and would like for your, as the nurse, to get the directive in place before she leaves.*

34. Where would you find a blank advance directive in your facility, besides the chart?
    _____

35. What are the minimal witnessing requirements for the advance directive?
    What relationship to the patient?
    _2 adults, one with no relationship to pt. as caregiver or heir to estate, other just any adult_____

36. Is notarization necessary to become a legal document? **(Circle response)**
    A. Yes
    B. No

37. What is your attitude about advance directives in general?
    A. very much favorable
    B. favorable
    C. neutral
    D. unfavorable
    E. very much unfavorable

38. Do you feel advance directives help the patient? **(Circle response)**
    A. Yes
    B. No

39. Please write any other comments you have about advance directives. _____
_____
_____

40. I have participated in an in-service or workshop on advance directives within the past year. **(Circle response)**

A. Yes
B. No

Thank you so much!!

Greetings APN Students,

You are being asked to participate in a research study conducted through Wilkes University as you are an active APN student at Olivet Nazarene University. This study is titled Nursing Knowledge and Attitudes of Patient Advance Directives: An Educational Intervention. The purpose of this study to assess the knowledge and attitudes of Advanced Practice Nursing students' knowledge and attitudes surrounding advance directives for patients.

If you choose to participate in this study, everything will be completed online. A link via email will be provided to that contains a pre-survey, brief power point education, and a post-survey. You can expect to spend approximately 20-30minutes with this activity. Participation in this study will not yield any direct benefit, however, you may obtain knowledge about a topic that may help any of your future patients if their issues revolve around advance directives. Your becoming a participant in this study is entirely by your own free choice. You may refuse to enroll in this study or drop out of the study at any time without any penalty.

There are no possible risks to you identified for this study. It does not cost anything for you to participate in this study. You will not receive financial compensation for participating in this study. It is your choice to participate in this study.

If you are willing to participate in this brief study, you may consent by accessing the study material through the link provided below. The educational power point is attached with this email. Please feel free to contact me personally should any questions arise. I sincerely appreciate your consideration of participation for my study.

Sincerely,

Roxanne Oliver MSN FNP-BC

Study Pre-Survey Link: https://www.surveymonkey.com/r/pre-surveyAD

Study Post-Survey Link: https://www.surveymonkey.com/r/post-surveyAD

OLIVET NAZARENE UNIVERSITY

Project Title: Nursing knowledge and attitudes of patient advance directives: An educational intervention
Principal Investigator: Roxanne Oliver
Co-Investigator:
Faculty Sponsor: Suzanne Phipps
IRB Protocol Number: 04272018 01G Oliver

Type of Request: __X__Original _____Continuing Amended

IRB Determination:

_____Exempt from Full Review:

Project involves normal educational practices in established educational settings

Research information does not identify human subjects in any way; directly or indirectly

Research involves information that is publicly available

Other:

__X__Expedited Review

Full IRB Review

Disapproval

X__ Approval: Above minimal risk __X Minimal risk

a. approval, subject to minor changes
b. approval in general but requiring major alterations, clarifications or assurances
c. restricted approval

Date of review:
e L ıth, Ph.D. Date of Approval
ıtutional Review Board Chair

*IRB approval will be effective for one year beginning at THE DATE OF APPROVAL. If the year elapses, the applicant must file a continuing request Any changes to the research as authorized by this confirmation must be amended by the researcher and submitted for IRB amendment approval.

If you have questions regarding review procedures or completion of this IRB application, contact the **Chair of the Institutional Review Board at IRB@olivet.edu or by phone at 815-939-5142.**

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4-23-2_____4 27 2018

Wilkes IRB 5/26/18

To: Roxanne Oliver Details

WI

Dear Ms. Oliver,

The Wilkes University IRB has received your documentation of approval by an external IRB for your your protocol entitled " Nursing Knowledge and Attitudes of Patient Advance Directives: An Educational Intervention." Please see the attached confirmation letter.

Feel free to email me with any questions. Good luck with your research.

-Chris Zarpentine

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