

Assessing Nurses' Knowledge, Competency, and Attitudes About Pediatric Palliative Care

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BACKGROUND

Most health professionals report receiving little training in pediatric palliative care (PPC) and gaps in knowledge are evident.

The Pediatric Advanced Care Team (PACT) provides education to trainees and interprofessional staff within our organization and across Ontario through a four day course in pediatric hospice palliative care, as well as other formal and informal teaching, to enhance the care that is provided to children with life-threatening conditions and their families. While PACT has offered this 4-day training course for several years, we have not specifically assessed the learning needs of nursing staff in order to tailor the course content to meet those needs. We would also like to offer other sessions to meet nurses' needs in terms of the content provided and the format of the education sessions.

This comprehensive needs assessment is fundamental to developing appropriate palliative care training and education aimed at meeting any identified knowledge gaps and also to guide quality improvement projects and future research in the area of PPC.

PURPOSE

The objectives of this study was to assess the knowledge, competencies, and attitudes of nurses about pediatric palliative and bereavement care in order to guide future educational interventions.

METHODS

- A cross sectional survey of all nurses (including staff nurses, educators, APNs, managers) at SickKids.
- The survey was adapted from the *Perinatal Palliative Care Survey* (PPCS) which was originally developed based on a review of existing knowledge, competencies, and attitude surveys on palliative and end-of-life care across populations and settings.
- The draft PPCS, which consists of five sections (demographic information, self-assessed competency, attitudes, palliative care knowledge, previous education, and future educational interest), was reviewed and critiqued by pediatric palliative care specialists in Canada to establish content and face validity.
- Revisions were made to the PPCS for use in our study to fit with a pediatric population and for our organization.
- The study received approval from the Research Ethics Board.
- All eligible nurses were emailed an invitation to participate in the study including a weblink to complete the survey.
- Reminder/thank you emails were sent one week and two weeks after the initial invitation to take part in the study.
- Submission of the survey signified consent. All surveys were submitted anonymously.

RESULTS

TABLE 1. DEMOGRAPHICS

	N (%)
Age	
≤25 years	26 (12.7)
26-40	120 (58.8)
41+	52 (25.5)
Highest level of Education	
Diploma/undergraduate	132 (64.7)
Graduate degree	66 (32.4)
Primary Area of Practice	
Critical Care	103 (50.0)
Oncology/Haematology	51 (25.0)
Pediatric Medicine	23 (11.3)
Surgical	17 (8.3)
Other (e.g. education, research, global health)	10 (4.9)
Length of Employment (current area of practice)	
< 1 year	20 (9.8)
1-5 years	78 (38.2)
6-10 years	43 (21.1)
11-20 years	33 (16.2)
>20 years	26 (12.7)
Number of dying children cared for in past year	
None	35 (17.2)
<5	96 (47.1)
5-10	45 (22.1)
11-19	17 (8.3)
≥20	9 (4.4)
Number of children with life-threatening illness cared for in past year	
None	13 (6.4)
<5	23 (11.3)
5-10	24 (11.8)
11-19	26 (12.7)
≥20	117 (57.4)

TABLE 2. SCALE SCORES BY AREA OF PRACTICE

	Overall Critical Care	Onc/ Hem	Pediatric Medicine	Surgical	Other	ANOVA p-value	
Competency	67.62	69.82	66.54	65.01	62.07	65.90	.018*
Scale	75.53	73.81	72.80	73.67	72.56	75.46	.83
Attitudes	77.76	79.59	77.10	74.22	75.00	75.36	.07
Knowledge							
Test							

* surgical vs. critical care

TABLE 3. EDUCATION BACKGROUND & PREFERENCES

	N (%)
In initial training as a nurse...	
Received education about pain	190 (94.1)
Received education about palliative care	124 (61.4)
After completing degree...	
Received formal education on pediatric palliative care	63 (31.2)
If available now...	
Would participate in palliative care education	171 (97.7)
Preferences for format...	
Full-day education	119 (58.3)
Half-day education	105 (51.5)
Online educational materials	96 (47.1)
Case-based session	73 (35.8)
Small group session	67 (32.8)
Unit-based 20 min education sessions	56 (27.5)
1-hour in-service	50 (24.5)
Evening education session	30 (14.7)
Preferences for content...	
Communication with families	183 (89.7)
Communication with families	149 (73.0)
Community resources for families	149 (73.0)
Managing symptoms	134 (65.7)
Ethical issues	133 (65.2)
What to expect in the final hours/days	131 (64.2)
Communication as a healthcare team	129 (63.2)
Pain	124 (60.8)
Cultural issues	114 (55.9)
Online palliative care resources	110 (53.9)
Understanding advanced directives	109 (53.4)
Information about palliative care services	105 (51.5)
Spiritual issues	104 (51.0)

CONCLUSION and NEXT STEPS

Nurses expressed the most interest in participating in full- or half-day sessions or using online resources to enhance knowledge about communication with families, PPC resources, and community resources. While planning education to enhance communication skills may take some time, information about PPC and community resources could be incorporated into existing nursing orientation sessions and may be easiest to provide in an online educational format.

Our results will inform future education sessions, QI projects, research, and other initiatives, with the overall goal of improving the quality of care provided to children with life-threatening conditions and their families.

References

- Stenekes S, MacConnell G, Penner J, Shepherd E, Proulx M, Liben S, Thompson G, Harris M, Gregoire M, Siden H. (2014). Development and administration of a survey to assess knowledge, competency and attitudes about perinatal palliative care. *Journal of Palliative Care*. 30(3):199.