

Oncology Nurses' Knowledge, Attitudes, and Experiences Regarding Advance Directives

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Purpose/Objectives: To determine oncology nurses' knowledge of, attitudes toward, and experiences with advance directives (ADs).

Design: Descriptive, correlation survey.

Sample: Usable responses from 794 (21% return) of 3,840 randomly selected members of the Oncology Nursing Society. The typical respondent was female, Caucasian, married or living as married, middle-aged, and Christian.

Methods: A mailed survey using the Knowledge, Attitudinal, and Experiential Survey on Advance Directives instrument.

Main Research Variables: Knowledge, attitudes, experiences, confidence, and ADs.

Findings: Overall, oncology nurses were most knowledgeable about ADs in general (70% correct) and less knowledgeable about the Patient Self-Determination Act (51% correct) and their state laws (53% correct). The mean total knowledge score based on the three subscales was 17.4 out of a possible 30, or 58% correct. The nurses' experience with ADs was measured using a five-item subscale with a mean score of 4 (SD = 1.11). They were less confident in their ability to assist patients with completing ADs. Respondent attitudes reflected an advocacy role in end-of-life decisions. Attitude items were reviewed individually. Respondents strongly agreed (97%) with the statement that patients should receive sufficient medication to relieve pain even though it may hasten death, which reflects the emphasis in oncology on adequate pain management at the end of life.

Conclusions: Nurses' knowledge scores were low. Nurses in the study were not highly confident in their ability to assist patients with ADs. Demographic variables generally did not influence knowledge, confidence, or experience scores.

Implications for Nursing: More education related to ADs is needed and could be administered through in-service classes or continuing education. Nurses' responses indicated that they need more time to assist patients with completing ADs. This is difficult in the current practice environment but must be recognized as critically important.

Because of the nature of cancer treatment, oncology nurses have an opportunity to establish long-term relationships with their patients. Over time and with the development of a trusting relationship, oncology nurses, more than other healthcare providers, are in an optimal position to assist patients and families with decision making regarding advance directives (ADs). The purpose of this study was to determine oncology nurses' knowledge of, attitudes toward, and experiences with ADs. In addition, the study was designed to describe (a) the extent of oncology nurses' knowledge regarding ADs, the Patient Self-Determination Act (PSDA), and individual state laws and statutes governing their practice; (b) the attitudes of oncology nurses regarding the completion of

Key Points . . .

- ▶ Oncology nurses' knowledge of advance directives (ADs) was deficient.
- ▶ Oncology nurses' attitudes reflected an advocacy role in end-of-life decisions.
- ▶ Even though nurses reported that they were experienced in assisting patients with ADs, they were not highly confident in their ability to do so.

ADs and end-of-life decision making; (c) the experiences of oncology nurses with patients who have completed ADs and the confidence of nurses in facilitating AD decisions; and (d) the relationships among personal and professional characteristics and knowledge, attitudes, confidence, and experience.

Literature Review

The PSDA is a mechanism for fostering patient autonomy in healthcare decision making. Since the inception of the PSDA in 1991, healthcare facilities that receive Medicare and Medicaid funds have been mandated to inform their patients of their right to make decisions regarding care according to individual state laws. Although every state has legislation addressing ADs, the laws and statutes that govern ADs vary from state to state; as a result, this fairly straightforward mandate has remained a complex health issue (Ewer & Taubert, 1995; Jezewski & Finnell, 1998).

Although the PSDA has been enacted for some time, the number of patients executing ADs has not increased significantly. Except for several intense intervention studies (Brown,

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