

Oncology Nurses' Perceptions of Obstacles and Supportive Behaviors at the End of Life

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Every year an estimated 1.4 million people are diagnosed with cancer and more than 560,000 die of the disease (Horner et al., 2009), making 1 out of every 4 deaths in the United States a cancer-related death (American Cancer Society [ACS], 2008). Cancer is the second most common cause of death in the United States, surpassed only by deaths from heart disease (ACS). With so many cancer-related deaths, oncology nurses are providing end-of-life (EOL) care for patients with cancer on a daily basis.

In 1995, the study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT) brought attention to shortcomings in EOL care of seriously ill hospitalized adults. Patients were reported to die in pain, with minimal communication with care providers and without having their identified wishes met (SUPPORT Investigators, 1995). In response, the World Health Organization (2002) issued a statement that patients with terminal illnesses and their caregivers deserve supportive and reliable care, which could improve patients' quality of life and help them to be as active as possible until the time of their death.

Two other national associations have spoken out regarding their visions for EOL care for patients with cancer. The Oncology Nursing Society (ONS) and the Association of Oncology Social Work (2003) position statement concluded that EOL care should reflect the needs of patients and families in a coordinated and interdisciplinary manner that is strengthened and supported by evidence-based research. The two national associations also stated that optimal EOL care should reduce the physical suffering patients with cancer experience through excellent assessment, reassessment, and management of physical symptoms and that psychosocial and spiritual care should be integrated to support coping.

Since the SUPPORT investigation, several studies have addressed various aspects of EOL care, such as patient and family perceptions of EOL care (Heyland et al., 2006; Lynn et al., 1997; Steinhäuser et al., 2000), help for patients in discussing EOL issues with physicians (Clayton et al., 2007), and quality of medical care

Purpose/Objectives: To determine the magnitude of selected obstacles and supportive behaviors in providing end-of-life (EOL) care to patients with cancer as perceived by oncology nurses.

Design: Cross-sectional survey.

Setting: National survey sample.

Sample: A geographically dispersed national random sample of 1,000 Oncology Nursing Society members who had cared for inpatient patients with cancer, could read English, and had experience in EOL care.

Methods: Eligible respondents received a 68-item questionnaire in the mail adapted from previous studies and were asked to rate the size of obstacles and supportive behavior items in caring for patients with cancer at the EOL.

Main Research Variables: EOL, oncology, barriers, supportive behaviors, oncology nurses, and survey research.

Findings: Returns after three mailings yielded 375 usable questionnaires from 907 eligible respondents for a return rate of 41%. The items with the highest perceived obstacle magnitude were (a) dealing with angry family members, (b) families not accepting what they are told about patients' poor prognosis, and (c) nurses being called away from dying patients to care for other patients. The three-highest scoring supportive behaviors were (a) allowing family members adequate time alone with patients after they died, (b) having social work or palliative care staff as part of the patient care team, and (c) having family members accept that patients are dying.

Conclusions: EOL care can be improved by working to decrease the highest-rated barriers and by continuing to support the highest-rated supportive behaviors.

Implications for Nursing: Oncology nurses are dedicated, experienced, and comfortable handling most issues in EOL care. Recommendations to support oncology nurses include strategies to interact effectively with angry, anxious, or overly optimistic family members as well as involving social work and palliative care staff on the oncology interdisciplinary team. In addition, the information regarding identified obstacles and supportive behaviors in oncology EOL care can be used to facilitate discussion and change within oncology interdisciplinary teams and improve EOL care for patients with cancer and their families.

at EOL (Yabroff, Mandelblatt, & Ingham, 2004). Studies involving oncology nurses in the United States have been limited to nurses' perceptions of education related