

Israeli Nurses' Palliative Care Knowledge, Attitudes, Behaviors, and Practices

Caryn Scheinberg-Andrews, PhD, FNP-BC, and Freda DeKeyser Ganz, PhD, RN

OBJECTIVES: To describe and compare self-perceived end-of-life (EOL) knowledge, attitudes, behaviors, and practices of intensive care unit (ICU) nurses compared to oncology nurses.

SAMPLE & SETTING: 126 Israeli nurses (79 oncology nurses and 47 ICU nurses) who were members of the Israel Association of Cardiology and Critical Care Nurses and the Israeli Oncology Nurses Organization.

METHODS & VARIABLES: This cross-sectional study used an online survey to gather demographic information, clinical setting, and study measures (EOL knowledge, attitudes, behaviors, and practices).

RESULTS: Oncology nurses and ICU nurses showed moderate levels of self-perceived knowledge and attitudes toward palliative care; however, their self-reported behaviors were low. Oncology nurses scored slightly higher than ICU nurses on knowledge and attitudes but not behaviors, although the difference was not statistically significant.

IMPLICATIONS FOR NURSING: Contrary to the current authors' expectations, oncology nurses and ICU nurses have similar levels of knowledge, attitudes, and behaviors regarding palliative care. Nurses in both settings need to be better trained and empowered to provide such care.

Palliative care has a beneficial effect on survival, quality of life (QOL), and quality of death (Dahlin, 2015). It is designed to improve the QOL of patients and their families who are confronting life-threatening illness, doing so by preventing and relieving suffering through early identification, assessment, and treatment of pain and other issues, including those of a physical, psychosocial, and spiritual nature (Sepúlveda et al., 2002; World Health Organization, n.d.).

The philosophy of palliative care is relevant to the intensive care unit (ICU), and critical care organizations have encouraged its implementation. However, there has been some resistance to the philosophy and practice of palliative care because of the underlying culture of the ICU (i.e., to save life at any cost), the sense of failure when moving from curative treatments to palliative care (Mosenthal et al., 2012), and various cultural and religious attitudes toward death and dying (Loike et al., 2010). Palliative care has been closely connected to oncology practice (Saunders, 2001), so oncology nurses are likely more familiar with palliative care compared to nurses in the ICU, where the integration of palliative care is a more recent phenomenon. The objective of this study was to understand whether Israeli oncology nurses and ICU nurses perceive themselves as having similar end-of-life (EOL) palliative care knowledge, attitudes, and behaviors.

Theoretical Framework

The current study is based on Bandura's (1977, 1982) theory of self-efficacy (Treece et al., 2006). According to this theory, if a person feels confident and capable of performing a specific behavior, called an efficacy expectation, then it is more likely that the individual will be motivated to perform that behavior. The theory of self-efficacy has been used in interventions designed to change clinician behavior (Cabana et al., 2002; Treece et al., 2006). Cabana et

KEYWORDS palliative care; oncology nurse; intensive care unit nurse; Israeli nurse; end of life
ONF, 47(2), 213–221.
DOI 10.1188/20.ONF.213-221