Oncology Nurses’ Perceptions of Obstacles and Supportive Behaviors in End-of-life Care

Renea L. Beckstrand  
renae@byu.edu

A. Elaine Bond  

See next page for additional authors

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Original Publication Citation

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Beckstrand, Renea L.; Bond, A. Elaine; Callister, Lynn Clark; and Moore, Josie, "Oncology Nurses’ Perceptions of Obstacles and Supportive Behaviors in End-of-life Care" (2009). All Faculty Publications. 52.  
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Background
Cancer accounts for one in four deaths in the United States. Oncology nurses care for dying patients on a daily basis. Research on specific obstacles that impede and supportive behaviors that help the delivery of end-of-life (EOL) care is limited.

Research Questions
1. What are the sizes of selected obstacles in providing EOL care to oncology patients as perceived by oncology nurses?
2. What are the sizes of selected supportive behaviors in providing EOL care to oncology patients as perceived by oncology nurses?

Sample
The sample included a geographically dispersed national random sample of 1000 members of the Oncology Nurses Society (ONS) who had cared for inpatient oncology patients, who could read English, and who had experience in EOL care.

Method
A 70-item questionnaire was mailed to randomly selected ONS members. Subjects were asked to rate the size of obstacle and supportive behavior items in caring for oncology patients at the EOL.

Top 7 Obstacles

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse having to deal with angry family members.</td>
<td>3.56</td>
<td>1.07</td>
<td>372</td>
</tr>
<tr>
<td>Families not accepting what the physician is telling them about the patient’s poor prognosis.</td>
<td>3.55</td>
<td>0.98</td>
<td>370</td>
</tr>
<tr>
<td>Being called away from the patient and family because of the need to help with a new admit or another patient.</td>
<td>3.53</td>
<td>1.07</td>
<td>365</td>
</tr>
<tr>
<td>Dealing with anxious family members.</td>
<td>3.51</td>
<td>1.03</td>
<td>371</td>
</tr>
<tr>
<td>Physicians who insist on aggressive care until the patient is actively dying.</td>
<td>3.47</td>
<td>1.39</td>
<td>371</td>
</tr>
<tr>
<td>Families being overly optimistic despite the patient’s poor prognosis.</td>
<td>3.44</td>
<td>1.09</td>
<td>388</td>
</tr>
<tr>
<td>The patient’s family not wanting the patient to be overly sedated due to too many doses of medication.</td>
<td>3.36</td>
<td>1.20</td>
<td>370</td>
</tr>
</tbody>
</table>

Top 7 Supportive Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowing family members adequate time to be alone with the patient after he or she has died.</td>
<td>4.50</td>
<td>.81</td>
<td>366</td>
</tr>
<tr>
<td>Having social work or palliative care as part of the patient care team.</td>
<td>4.55</td>
<td>.68</td>
<td>366</td>
</tr>
<tr>
<td>Having family members accept that the patient is dying.</td>
<td>4.53</td>
<td>.65</td>
<td>389</td>
</tr>
<tr>
<td>Having the physicians involved in the patient’s care agree about the direction care should go.</td>
<td>4.51</td>
<td>.89</td>
<td>368</td>
</tr>
<tr>
<td>Providing a peaceful bedside scene after the patient has died.</td>
<td>4.50</td>
<td>.71</td>
<td>367</td>
</tr>
<tr>
<td>Having experienced RN’s model end-of-life care for new RN’s.</td>
<td>4.39</td>
<td>.79</td>
<td>368</td>
</tr>
<tr>
<td>Having social work and/or palliative care, establish rapport with patient and family before patient is actively dying.</td>
<td>4.38</td>
<td>.75</td>
<td>367</td>
</tr>
</tbody>
</table>

Findings

Highest perceived obstacle size:
- Dealing with angry family members
- Families not accepting what they are told about the patient’s poor health
- Nurses being called away from dying patient to care for another patient

Highest perceived obstacle size:
- Allowing family members adequate time alone with the patient after he or she has died
- Having social work or palliative care as part of the patient care team
- Having family members accept that the patient is dying

Implications for Nursing Practice
- Develop strategies to effectively interact with angry, anxious, and/or overly optimistic family members
- Involve social work and palliative care on the oncology interdisciplinary team
- Use identified obstacles and supportive behaviors in oncology EOL care
- Facilitate discussion and change within oncology interdisciplinary teams
- Improve EOL care for oncology patients and their families

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Brigham Young University / Provo, Utah