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Rachel Wolden

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AUTONOMY IN NURSE EDUCATION ON ADVANCE HEALTH CARE DIRECTIVES

by

Rachel S. Wolden

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Title: Autonomy in Nurse Education on Advance Health Care Directives

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Abstract

Advance Health Care Directives (AHCD) are important documents in place as a way for nurses to respect a patient's autonomy in all aspects of their care. When critical ailments or accidents happen, AHCDs can be an important tool to carry out patient wishes. An in-depth literary search was performed to determine the extent of nurse education received on advance directives. Analysis of a plethora of different scholarly articles from nursing students to veteran staff was reviewed. Beliefs, attitudes, and education were researched on AHCDs and comfortability in nursing. Discussion of the importance of advance directive education given to nurses will enhance the overall patient experience and carrying out their wishes. Discussion for medical care can be made early on in patient's lives, so if illness or accidents occur, AHCDs are already in place to guide the medical team and family. Ultimately, the main goal is to provide the patient the care they feel is necessary in their most difficult, health-related experiences.

Keywords: nursing education, advance directives, nursing, education, directives

Autonomy in Nurse Education on Advance Health Care Directives

An important part of life is being able to make personal decisions for oneself when incapable to do so. Traumatic life events or acute and chronic illness has deterrence on people's lives. Having a plan in place and known wishes helps loved ones and providers decide proper choices in medical care before problems arise.

Medical decisions are put on hold by loved ones daily in hospitals and a reason for this is the lack of education and resources given to patients. A reason for their lack of education is due to nurses feeling uncomfortable having discussions regarding advance healthcare directives or not having proper education themselves to discuss these important aspects of care.

Alarming research shows that only about one third of patients have their advance health care directives in place and many health care professionals lack knowledge to teach patients on the importance of it (Kroning, 2014). Educating nurses on advance directives will enhance knowledge and confidence to discuss end of life care with patients. The clinical question is will education to nurses on advance directives vs non-education increase the knowledge and confidence to discuss end of life decisions with patients?

Purpose

In 1991, The Patient Self Determination Act (PSDA) was established to delineate autonomy for people unable to make their own medical decisions. By doing so, medical experts and designated family members could make decisions for patients based on their beliefs if they fell short of making choices by themselves (Duke et al., 2007). Walerius et al. (2009) discusses the importance of AHCD and the complex nature they have. With different legal implications state

by state, nurses must be aware of the legality regarding AHCD, and how important it is for compliance.

With the aging population expanding, more than ever healthcare providers need to assure patients are given proper AHCD education. Nurses have a duty to protect their patients and be their advocate in situations when they aren't able to make decisions themselves. An AHCD gives the healthcare team preferences to either reject or accept treatments by guidance from their decision makers (Duke et al., 2007).

The healthcare role in initiation of AHCD education is an unclear process. In the hospital, staff do not have clear responsibility for who provides the patient AHCD education and discusses uncomfortable conversation with them (Duke et al., 2007). Information and education on AHCD is at an all-time high as an increase of patients reach geriatric age in the coming years. Implementation and evaluation of an education program regarding nurses and education on AHCD may be an important and crucial step (Booth & Lehna, 2016). Making clear and concise education and defining roles for nursing in the process of AHCD will help bring patients and their families the care they desire. The nurse will also carry out their duty as a patient advocate in difficult decision making.

Significance

An important problem in patient care has been AHCD. Knowing the appropriate time to discuss them and what questions to ask regarding their care helps promote a trusting relationship between patient and nurse. With the possibility of poor education on AHCD by nursing staff, the topic of AHCD may not come up resulting in patient wishes not being granted when appropriate.

It is of utmost importance that nurses know the process of advance directives and educate patients on AHCD prior to their misfortunes and ill health. Most people want to die in the comfort of their own home. If AHCD are not introduced early, many people live the remainder of their life in facilities because of cognitive, physical, or mental disabilities they didn't foresee or wish for (Christensen et al, 2019).

Results from this study will gain knowledge of how important AHCD are in nursing. It may also show the lack of education nurses receive and delineating when and where the nurse should discuss advance directives. By seeing inconsistency, nursing practice could be provided with an educational program for advance directives. An education program would enhance learning and promote nurses to have confidence to educate their patients regarding their AHCD and how important they are in their care.

Watson's Philosophy and Science of Caring accepts the patient for who they are and what they may become. As nurses, our job is to promote that thinking throughout their life's entirety. By preparing the patients with AHCD, family and the multidisciplinary healthcare team can come together by promoting the individual patient's sense of value and being (Petiprin, 2020).

Theoretical Framework

Nursing theory is used in practice every day whether known or not. The medical definition of theory clearly defined by Merriam and Webster (2021) is "1 : the general or abstract principles of a body of fact, a science, or an art". Nursing theory is based around the evidence-based research used every day to provide safety measures for patients, their families, and staff.

Theory plays an important role in AHCD. Jean Watson's theory Philosophy and Science of Caring speaks volumes in nursing. The belief of healing, sensitivity to patient, caring about

patients and their families, and a trusting relationship based off communication are some of the philosophy measures (Petiprin, 2020). The theory helps distinguish a trusting relationship between the patient and the nurse. When gaining trust, nurses will feel more comfortable discussing hard decisions with the patient while respecting their views and feelings. By understanding what they perceive, the nurse can effectively assist the patient in developing AHCD.

Using Maslow's hierarchy in Watson's theory also helps distinguish what "health" is to the patient and discussion about the difficult decisions if "health" is not able to be maintained. In discussion regarding AHCD, an example of this would be in the first hierarchy discussing food, elimination, and ventilation (biophysical needs). If a patient is unable to eat or breathe for themselves, does mechanical ventilation or parenteral/enteral nutrition needs come into place? The two other hierarchies are lower and higher-level psychosocial needs. Lower order hierarchy is activity and higher order is achievement and self-actualization. Discussion about how important movement is to the patient if unable to do so independently is imperative. Another important discussion would be on self-fulfillment and what life accomplishments still need to be achieved. At what length does the patient understand some of those goals may not be achieved? (Petiprin, 2020).

A holistic approach on care will help confront major life changes and the overall goal of health which is subjective to each individual. The nurse can give proper education to help the discussion and be an advocate to the patients' perception and beliefs of health. While helping form the AHCD, Watson's theory creates an overall comfort and trust for the patient by satisfying their wishes and needs in every way possible.

Literature Review

A review of literature was completed at the University of North Dakota's Chester Fritz Library. PubMed and CINAHL were among the databases used due to their nursing focus and familiarity. Based off the clinical question, keywords such as *nursing education* and *advance directives* were the main search topics. Inclusion criteria were peer-reviewed journal articles on nursing students, nurses, and education on advance health directives. Exclusion criteria were articles in different languages that could not be translated and publication dates within 5 years unless pertinent findings. AHCD seem to be pertinent education topics in all nursing fields so narrowing the topic to one setting would be an option for the future.

As a nursing student getting ready to graduate, education on AHCD and end of life (EOL) situations is sparse. Forty-nine nurses in a study from Kroning (2014) confirmed as nursing students they only received on average 1.5 hours of education on EOL and AHCD in their program. As nurses, they only recall on average 0.78 hours in their institution being educated on AHCD. The study was limited with only 49 full time nurses with an average age of 39.8 years. Average working years was 12.4. The majority were Caucasian, Catholic, and had either a Bachelor or Associate degree in nursing. With 12 or more years of experience, the nurses were deficient in knowledge regarding AHCD. Multiple participants encouraged the need for general orientation to include AHCD, along with continuing education experiences including legal implications.

One hundred sixty-six students from a University of Bachelor of Science in Nursing (BSN) were surveyed with 33 questions regarding their knowledge and professional experiences with advance directives. The students ranged from first through fourth semesters and of different racial backgrounds. George et. al (2018) discusses this southeastern United States university

educates on advance directives and EOL care in the curricula. The topics are covered with didactic content including lecture-based class, clinicals, and simulations. Progression of knowledge and personal attitudes regarding AHCD was highest in the senior year of nursing programs. Caucasian nursing students were more apt to follow AHCD even if they did not align with their beliefs. Caucasian students were also more likely to facilitate conversation and education on directives. African American students were less likely to let the physician allow natural death. The majority felt a do-not-resuscitate order negatively impacts healthcare and directives may increase likelihood of euthanasia. For this study, it is important to remember the cultural and ethnic considerations. When educating on AHCD, professors and clinical educators need to be cognizant of the different race, religions, and age impacting their attitudes and beliefs. This study also proves the need for education throughout the nursing program to better understand AHCD.

Blackwood et. al (2019) discusses that facilitation by healthcare is an easy way for directives to be addressed with patients. It doesn't matter whether patients are in a nursing home, hospital, or home care setting. Research shows a lack of data and studies focusing on the prevalence of directives or completion rates by patients. What this systematic review showed was eleven different studies (USA, Canada, Australia, and Ireland) with majority being nurses, assessing barriers and ethical dilemmas of AHCD by self-reports and questionnaires. Important conclusions of the study were nurses lack time and education on directives. It was also determined nurses either witnessed AHCD being denied or denied them based off recommendations from physicians or family members.

In a hospital located in Spain, a qualitative phenomenological-hermeneutic study was conducted of 24 physicians and nurses in an emergency room setting. The primary focus of the

study was to collect data using questionnaires and discussion regarding knowledge of advanced directives by healthcare professionals. They also wanted to assess the barriers and ethical dilemmas regarding AHCD. Many of the findings directly impacted nurses. Of the study, 11 were women and 13 men. The age range was 25-61 years and averaged 16 years of experience. One of the main barriers defined was lack of knowledge regarding AHCD. Interestingly this barrier was defined, yet still employees identified the importance of AHCD in the medical record for autonomy (Poveda-Moral et al, 2021).

Another Spanish study involving nine hospital intensive care units specifically looked at physicians and nurses in a cross-sectional observational study (Velasco-Sanz & Rayon-Valpueda, 2016). A questionnaire was given to 649 participants. Over 75% were women and in nursing with majority (67.2%) over 31 years of age. Sixty-one percent of participants had at least six years of experience. The longer experience the nurse had, the greater the confidence and familiarity of AHCD. Sadly, 90.6% of the professionals claimed they did not check whether or not their patients had living wills (LW) or advance directives on file. Nurses with more experience ultimately had more experience carrying out AHCD or LW. Fifty percent of participants agreed the LW is not respected when it needs to be accounted for.

A cross-sectional study by Coffey et al. (2016) examined nurse knowledge and confidence with EOL care. Five total countries were involved (Hong Kong, Ireland, Israel, Italy, and the United States) with majority working in acute care. A survey was conducted answering *yes or no* and *agree or disagree* questions. The group division was by professional experience (less than or greater than 21 years), and age (older and younger than 35 years). Coffey et al. found nurses from the United States were most comfortable and confident with EOL and AHCD. More experience and age correlated to increase in comfortability and attitudes towards EOL care.

In all five countries, the nurses felt adequate training related to confidence in treating and dealing with AHCD and confidence in stopping medications at the EOL. Each country had slightly different laws or no laws regarding AHCD which also skewed results. Hong Kong, Ireland, and Italy participants have a lack of legislation therefore perceive differences in education. Israel beliefs are also respectful of the "sanctity of life" and present further barriers with AHCD (Coffey et al, 2016, p. 252).

Using collaboration between Bloom's Taxonomy with state and federal laws, nursing programs have developed learning modules for students. A module example includes videos, real life scenarios of patients with AHCD or education on developing one. The evidence-based methods along with pre and post-tests make it clear education on AHCD is an essential component early on in nursing education and should be on going in the nursing field (Tilton & Paul, 2020).

The lack of education in AHCD may start in the nursing program and continue throughout nursing careers. "The nursing program needs to include conscious and transparent information on the topics of EOL care and advance directives" (George et. al, 2018, p. 36). The Knowledge, Attitudinal and Experiential Survey on Advance Directives (KAESAD) is a questionnaire started for oncology nurses to assess knowledge, experience, and understanding regarding AHCD. A lot of studies focus on questionnaires and surveys mimicking the KAESAD (Kroning, 2014). By using this approach, staff can gain the appropriate education nurses need and will understand newer nurses with less experience gain more knowledge than those with years of experience. Even though seasoned staff may not need full training like a nursing student, they will still find it beneficial to have continuing education on AHCD.

Discussion

The evidence is clear that nurses need to gain more confidence and experience with educating advance directives to patients. Continuing education is not consistent throughout health care on AHCD and has potential to affect the overall compliance. The impact directly hits an array of nursing specialties including but not limited to intensive care, emergency departments, and clinics. Other professionals such as nurse practitioners and physicians would also benefit from proper advance directive education.

Education should begin during nursing school and continue throughout the nursing career. Booth and Lehna (2016) suggest a needs assessment which defines gaps in knowledge of care for hospital workers, especially nurses. A KAESAD from Kroning (2014) " ... measures nurses' knowledge, attitudes, confidence, and experience regarding AHCD" (p. 222). By finding out the needs and gap in knowledge, education programs can be provided. Comments regarding the KAESAD said having education in new nurse orientation with periodic education to staff would be beneficial. The nurses also wanted clear and concise details about the legal formalities with AHCD. Having a super user or *go to* person would also benefit nursing staff in their busy work schedules.

Nurse attitudes on end of life decisions are to advocate for their patients and they understand how important AHCD are. Even though they express the importance, evidence shows a lack of education throughout the nursing career. A way to improve AHCD education in nursing is to correctly build a program where knowledge is gained by experiences. With lack of time in some departments, setting the stage early on in clinic settings and outpatient treatment is appropriate. Knowing roles and clearly defining who is responsible for discussion about AHCD throughout the multidisciplinary team is critical.

After a need's assessment is performed, health care facilities should implement a program for their new nurses and continuing education for their employees. Having case studies and discussions about AHCD will increase their knowledge and comfortability. Access to resources and having frequent discussions regarding AHCD will benefit patients and their families. Nurses will be able to identify gaps in teaching and be able to answer difficult questions regarding directives.

When comparing different countries, it is important to know separate laws and different cultural beliefs may arise. Even different state advance health care directives can vary, which is another reason why advance directives are so crucial. Being able to speak up for oneself in any country during an emergency while upholding AHCDs would be vital (Coffey et. al, 2016).

Not a main point of the study, but important to note is lack of knowledge regarding AHCDs in the public sector. Current technology keeps people alive longer, but quantity may not be as effective as quality regarding living persons (Poveda-Moral et al, 2021). It is important to point out with nurse education, speaking to the public about the importance of AHCD and being able to answer questions is paramount. Splendore and Grant (2017) discuss having education for the public on AHCDs will help the overall completion rates of personal advance directives. As of now, completed AHCDs are at a low percentage. With the improvement in nurse education comes the improvement of patient and family education, resulting in higher numbers of completion rates and carrying out patient wishes.

Conclusion

In healthcare today, AHCDs remain underutilized. Nurses need to gain the confidence and comfortability to educate their patients on advance directives. Giving patients care they

deserve when they can not speak for themselves should be a prerogative. Nursing staff can educate themselves on advance directives to a certain point (Halinski, 2020). Many online publications can properly educate the understanding of AHCDs and their importance. Even though this is a start, research shows nurses need ongoing education on directives and how to discuss them with patients.

A nurse in any clinic or hospital setting should be extremely comfortable in giving proper education and resources for advance health care directives. Medical decisions should always receive consent from the person receiving them whether it is verbal or through an advance directive. Expressing the importance of carrying out patient's wishes if they are unable promotes autonomy for the patient and will provide a trusting relationship between the nurse, patient, and family members.

Even though research exists regarding the importance of AHCD, more research should be done on positive education outcomes from facility training. Adopting a consistent and dependable program throughout nursing will promote effective teaching and foster discussions with patients regarding AHCDs (Kroning, 2014). Answering patient questions and planning an advance directive will help assist in carrying out their wishes in the most dignified way.

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