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# **An Assessment of Current Palliative Care Beliefs and Knowledge: The Primary Palliative Care Provider`s Perspective**

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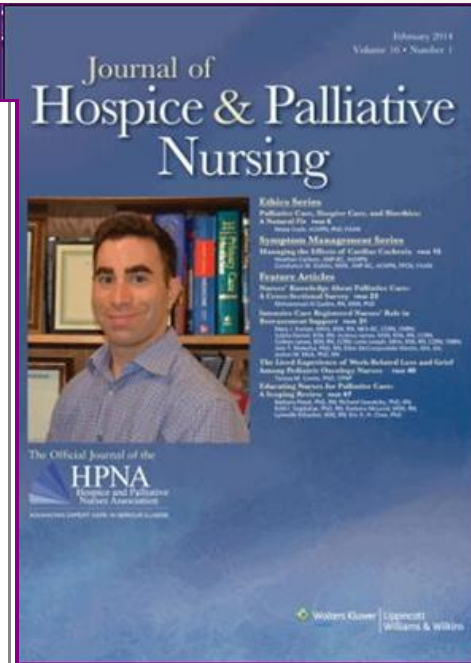
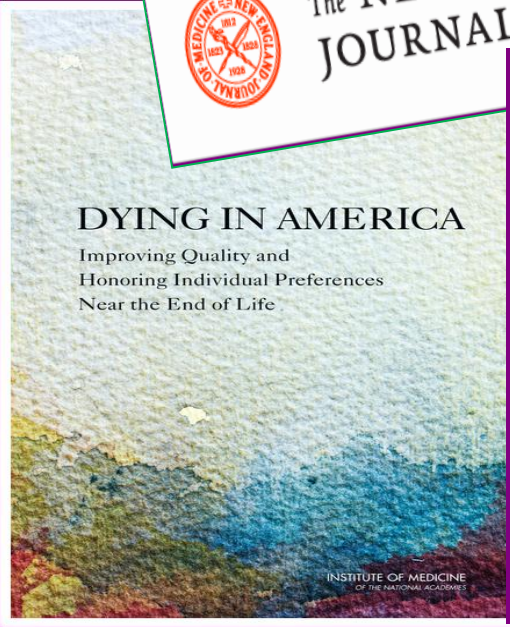
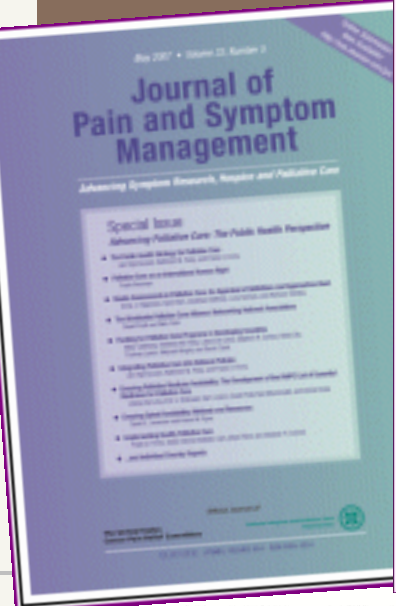
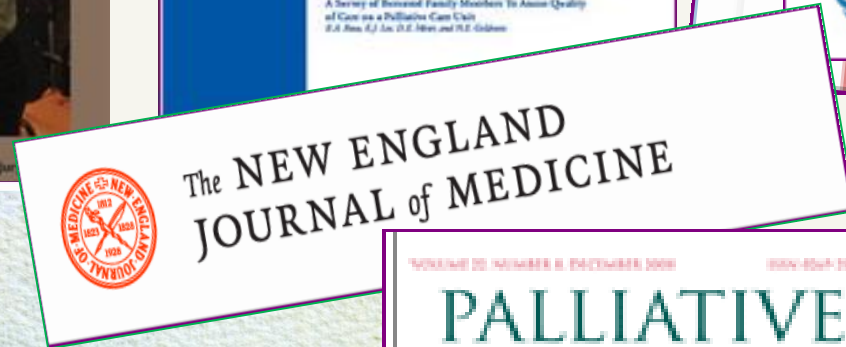
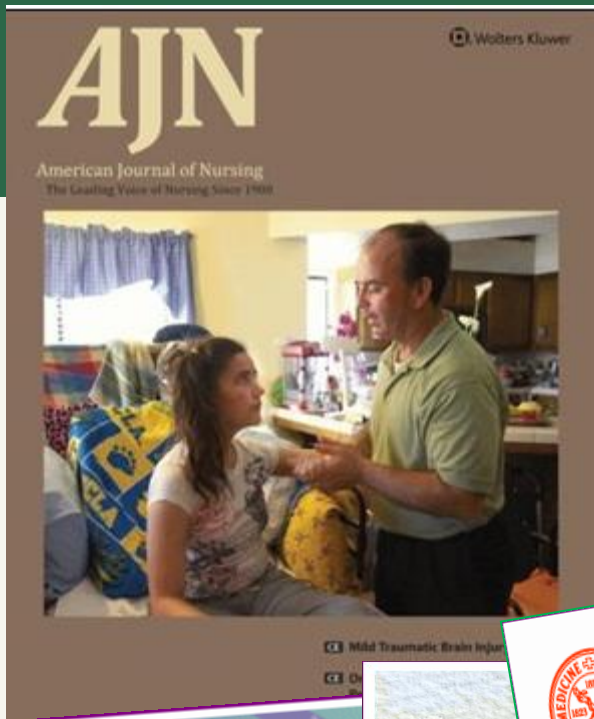
# Objectives

- **Summarize the literature review regarding healthcare providers (HCP) knowledge of primary palliative care (PPC).**
- **Describe the methods used to evaluate BHSF HCP knowledge and competency in the delivery of PPC.**
- **Discuss findings that support the need for:**
  - (1) ongoing palliative care education;**
  - (2) further exploration of HCP perceived competency in PPC.**

# Purpose

The purpose of this study was twofold:

- (a) Evaluate the level of perceived competence and palliative care knowledge amongst Baptist Health South Florida (BHSF) healthcare providers**
  
- (b) Determine the difference in knowledge between healthcare providers who participated in the BHSF Intercultural Palliative Care/End-of-Life Training and those who did not participate.**



# Intercultural Palliative Care End-of-Life Program



- **Improve confidence for dealing with palliative care EOL patients**
- **Gain fundamental cultural communication competence**
- **Identify, assess and resolve challenging patient care issues**
- **Utilize evidence-based tools and process to address patient and families needs**



# Research Questions

- 1. Do HCP who participated in the BHSF palliative care training have significantly higher levels of perceived competency regarding palliative care compared to those who did not take the training?**
- 2. Do HCP who participated in the BHSF palliative care training have significantly higher levels of knowledge regarding palliative care compared to those who did not take the training?**
- 3. Is there a significant association between HCP perceived competence in providing PPC and knowledge of PPC?**

# Methods



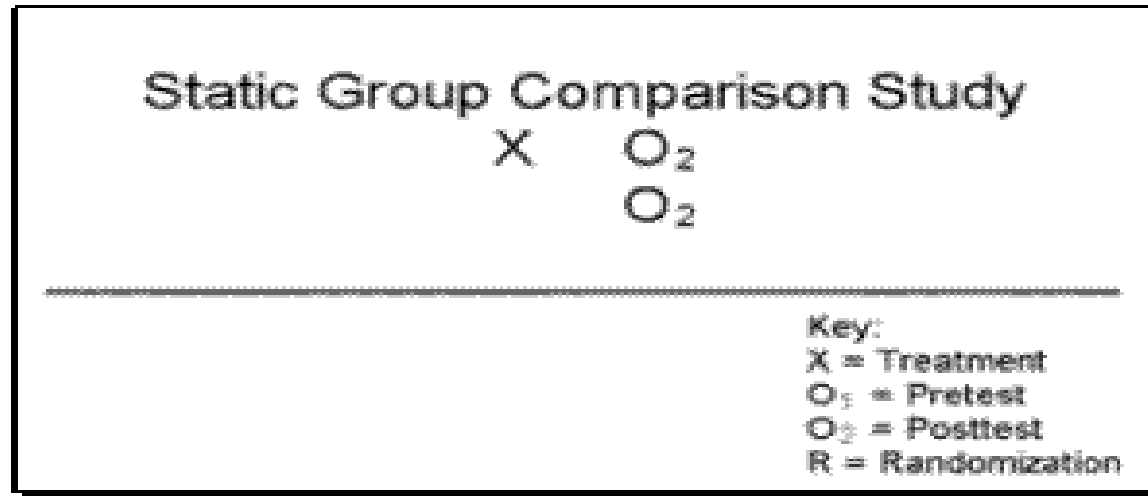
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# Design

The method of the study was a Pre-experimental static-group comparison design using two online surveys.



The study was approved by the IRB.

# Sampling

- **Setting**
  - **7 hospital, not-for-profit healthcare system**
- **Target study participants**
  - **A non-randomized sample of BHSF healthcare professionals**
  - **IRB approved maximum sample size = 5000**
- **Total participants - 388 with usable data**

# End-of-Life Professional Caregiver Survey (EPCS)

## Perceived Competence Assessment

- 28-item questionnaire using a 5 Point Likert Scale (1= Strongly Agree and 5= Strongly Disagree)
- EPCS assesses perception of 3-factors:
  - Patient & Family Centered Communication
  - Cultural & Ethical Values
  - Effective care delivery.
- Preliminary testing of the EPCS has demonstrated internal consistency reliability (Cronbach's alpha = 0.50 – 0.75) and good discriminant validity.
- Permission was obtained from the author to use the instrument (Lazenberry, Ercolano, Schulman-Green & McCorkle, 2012).

# PI Developed Palliative Care Survey [PCS]

## Knowledge assessment

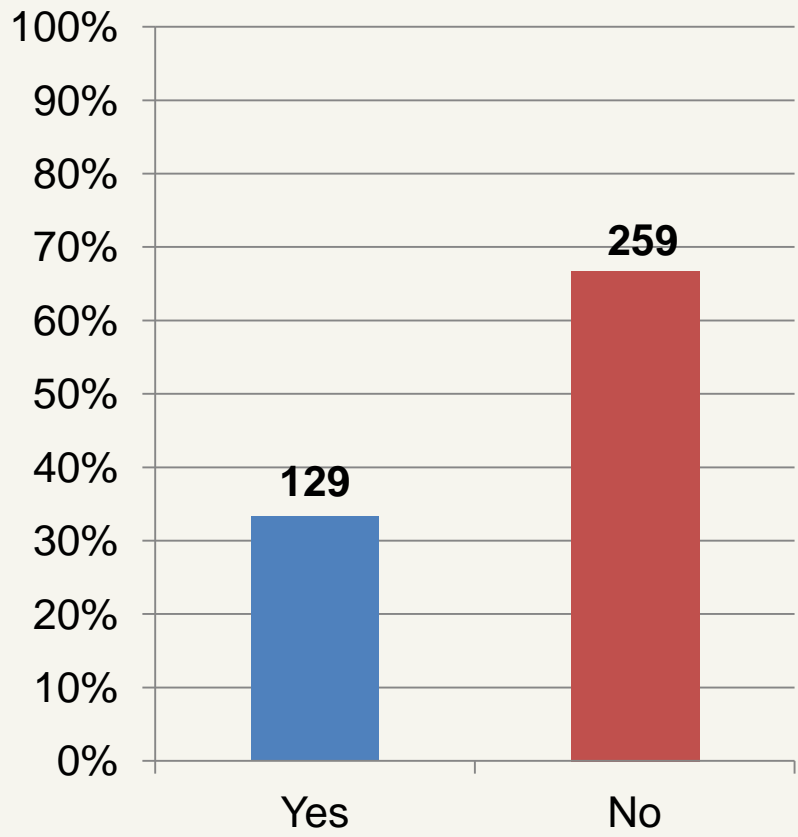
- Questions structured based on National Consensus Project (NCP) 8 domains that guide quality improvement efforts in Palliative Care
- 20-item self-reported questionnaire using a multiple choice format (True/False/I don't know)
- Questions reviewed for face validity by four palliative care experts.

# Procedures

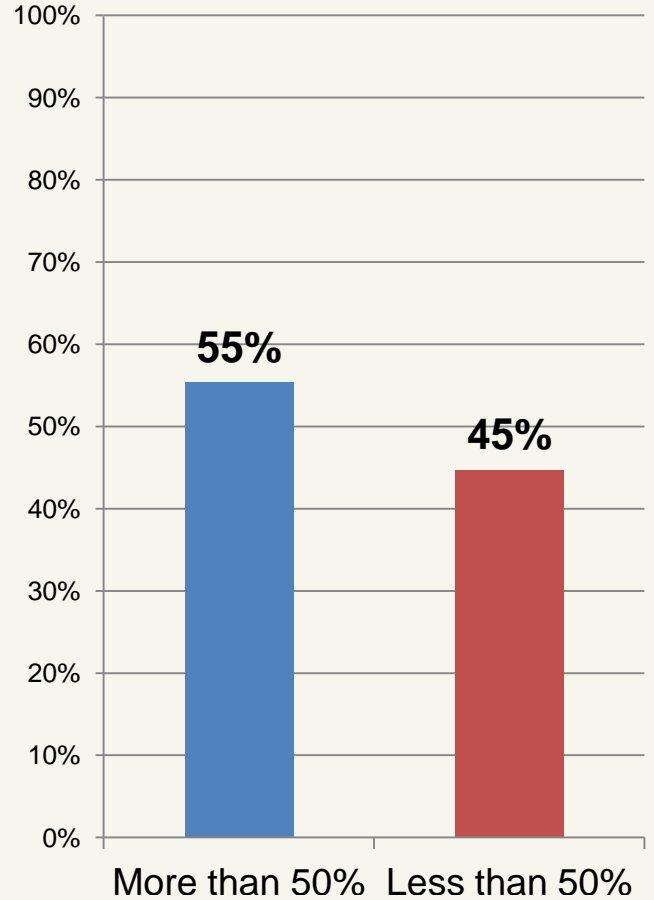
- **Recruitment of Participants**
- **Email**
  - **#1 Announcement**
  - **#2 Distributed 1-week after announcement**
  - **#3 Reminder - sent 1-week after distribution**

# Demographics

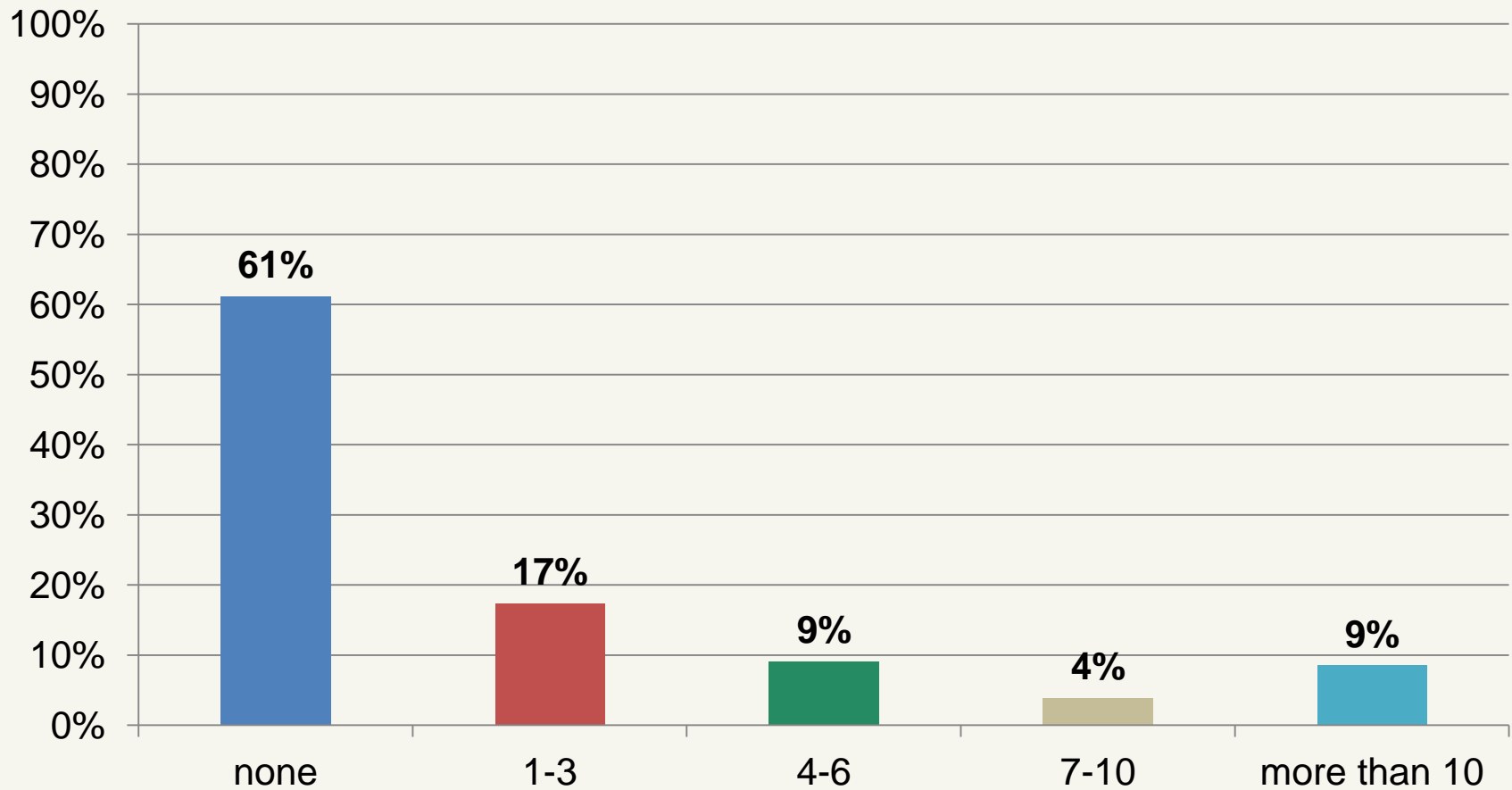
## Study Groups by Training Status (N=388)



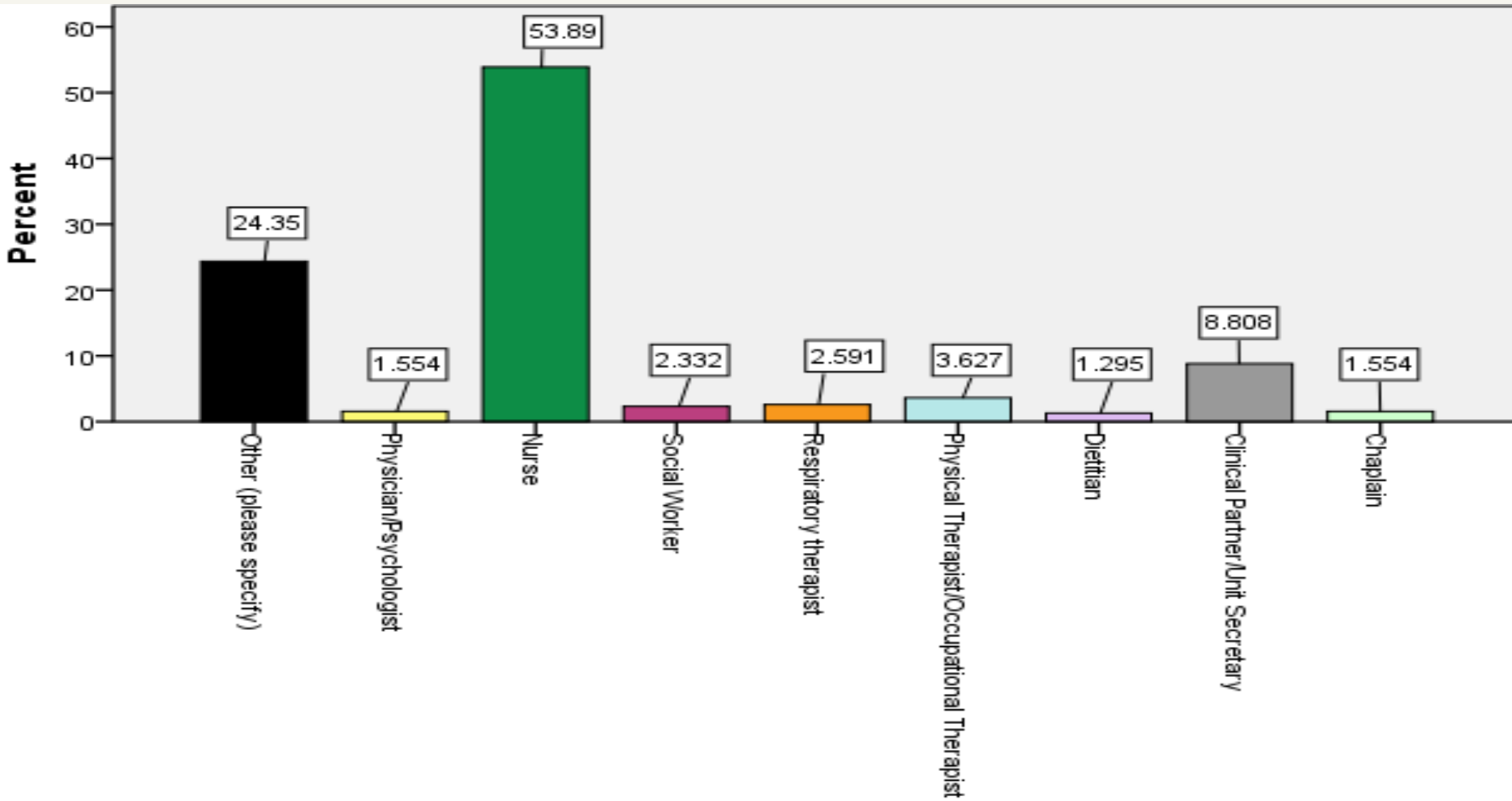
## <50% of time spent in Direct Patient Care



# Study Participants Palliative Referrals in 1-year

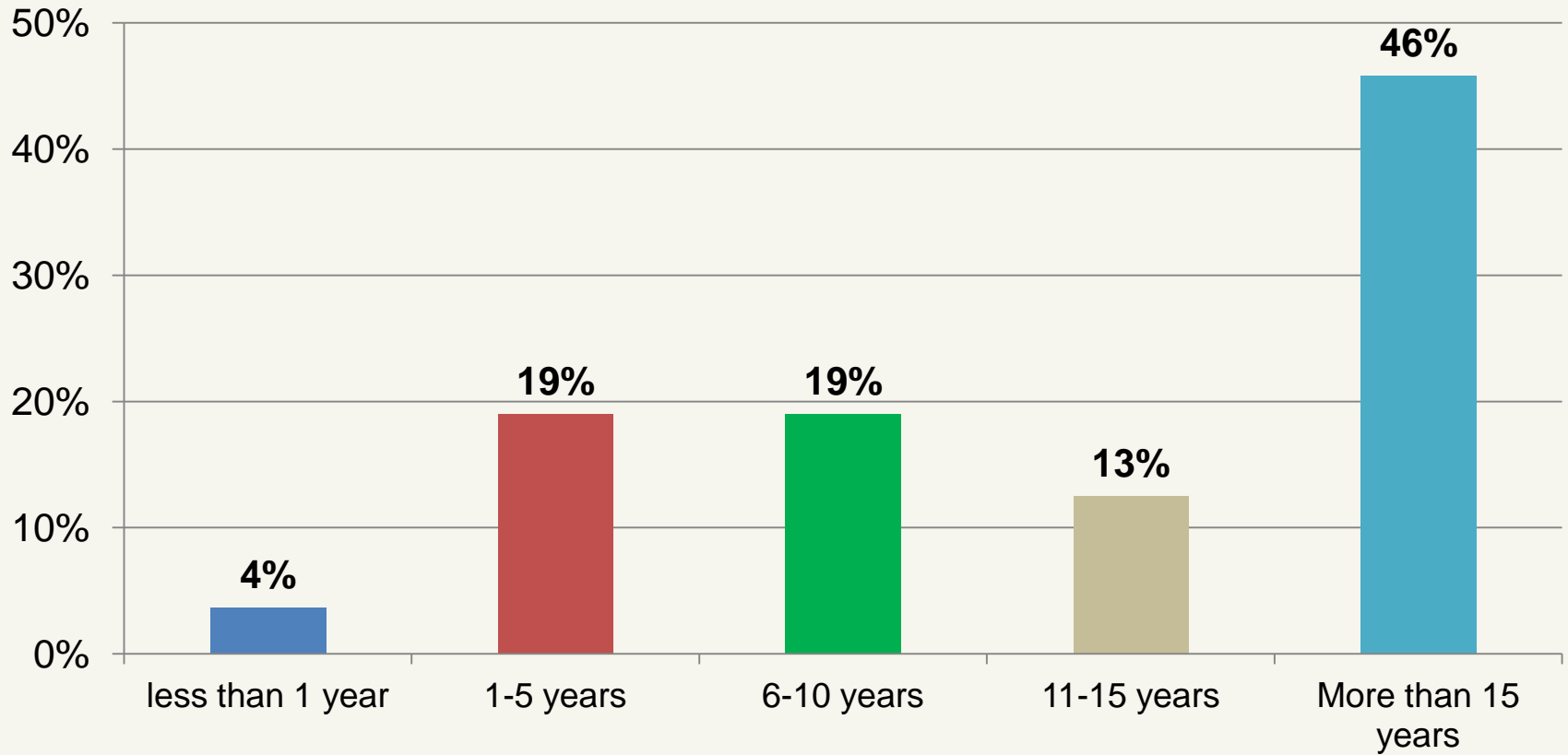


# Primary Role at BHSF





# Years in Profession



# Results & Interpretation



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# Differences between Training status groups on Demographic characteristics

Question	Chi-square, (df)	n	P-value
Number of palliative care referrals last year	$X^2=20.836, (4)$	385	* $P<.000$
Spend at least 50% of time in direct care	$X^2=.436, (1)$	386	$P=.509$
Primary role	$X^2=29.52, (8)$	386	* $P<.000$
Number of Midlevel providers	$X^2=.176, (1)$	387	$P=.675$
Number of years in profession	$X^2=6.659 (4)$	383	$P=.155$

# Reliability & Validity

- **Internal consistency reliability**
  - Perceived competency (EPCS)= .955
  - Knowledge (PCS) = .775
- **Exploratory factor analysis – used principal component analysis with Varimax rotation**
  - **EPCS**
    - 6 component structure
    - Accounted for 65.8% of the variance in the data
  - **PCS**
    - 6 component structure
    - Accounted for 50.2% of the variance in the data

# Differences in Scores by Demographic Characteristic

- **Medians**
  - Number of palliative care referrals (df=4)
    - Perceived competency,  $X^2=29.083$ , n=383, \* $p<.000$
    - Knowledge,  $X^2=32.483$ , n=348, \* $p<.000$
  - Primary role (df=8)
    - Perceived competency,  $X^2=31.009$ , n=384, \* $p<.000$
    - Knowledge,  $X^2=83.69$ , n=349, \* $p<.000$
  - Number of years in profession
    - Not significant
- **Man-Whitney U**
  - Most days spend 50% or more of time in direct care
    - Not significant
  - Midlevel provider [ARNPs, PAs]
    - (n=384) Perceived competency  $U=1582.5$ ,  $z=-2.108$ , \* $p=.035$
    - (n=349) Knowledge  $U=1050.00$ ,  $z=-2.842$ , \* $p=.004$

# Average Scores: Perceived Competency & Knowledge

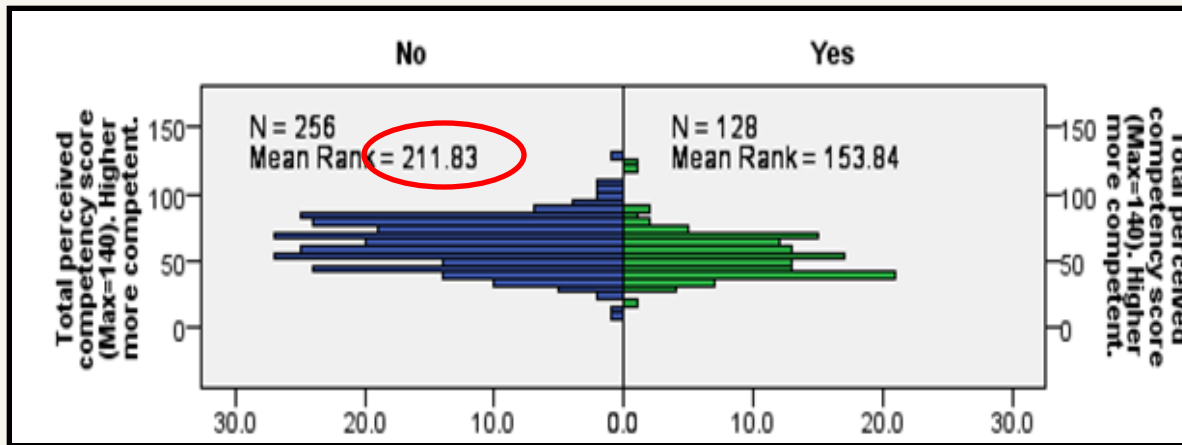
## Pooled sample:

- Perceived Competency = 59.88 (n=384)
- Knowledge= 12.53 (n=349)

## Split (by Training group)

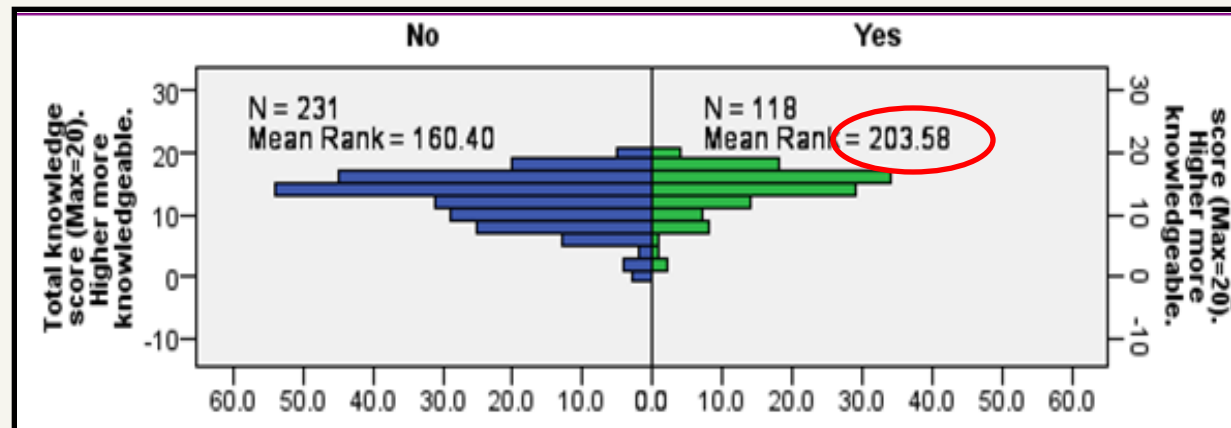
	Average score by Group: Yes=Trained; No= Not trained	
Survey	Yes	No
<i>Perceived Competency</i>	54.14 (n=128)	62.75 (n=256)
<i>Knowledge</i>	13.61 (n=118)	11.98 (n=231)

# Differences between Training groups on perceived competency and knowledge



*Perceived Competency*  
Mann-Whitney U= 21332,  
z=4.827, p<.000

*Knowledge*  
Mann-Whitney  
U=10257,  
z=-3.797, p<.000



# Discussion

## Unanticipated events

Incomplete responses

## Implications

- Ongoing education
- Staff may not be as competent as they believe...
- Future Research
  - What were the underlying reasons for the negative association between perceived competency & knowledge?
  - What predicted scores on perceived competency and knowledge scores? (Demographic vs. Training status).



# Questions



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