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# An Assessment of Current Palliative Care Beliefs and Knowledge: The Primary Palliative Care Providers' Perspective

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# An Assessment of Current Palliative Care Beliefs and Knowledge: The Primary Palliative Care Providers' Perspective

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## Background

The growing trend in the utilization of palliative care services has dictated that all healthcare providers be adequately trained to care for people with serious illnesses. The impact on the delivery of patient care may be influenced by the healthcare providers' perceived competence and knowledge of palliative care. A palliative care training program offering CME/CE credits to specific disciplines was instituted within our organization in 2008. However, little is known about the effectiveness of such training in providing quality palliative care.

## Purpose

This study evaluated the level of perceived competence and knowledge among healthcare providers(HCP) who participated in a palliative training program as compared to those who did not receive palliative training.

## Research Questions

1. Did HCP who participated in the palliative care training have significantly higher **levels of perceived competency** regarding palliative care compared to those who did not take the training?
2. Did HCP who participated in the 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 primary palliative care (PPC) and their knowledge of PPC?

## Methods

**Design:** a pre-experimental static group comparison design.

**Sample:** a non-randomized sample of healthcare providers across our seven hospital system(n=388); those who took the training (n=121); those who did not take the training (n=259).

### Instruments:

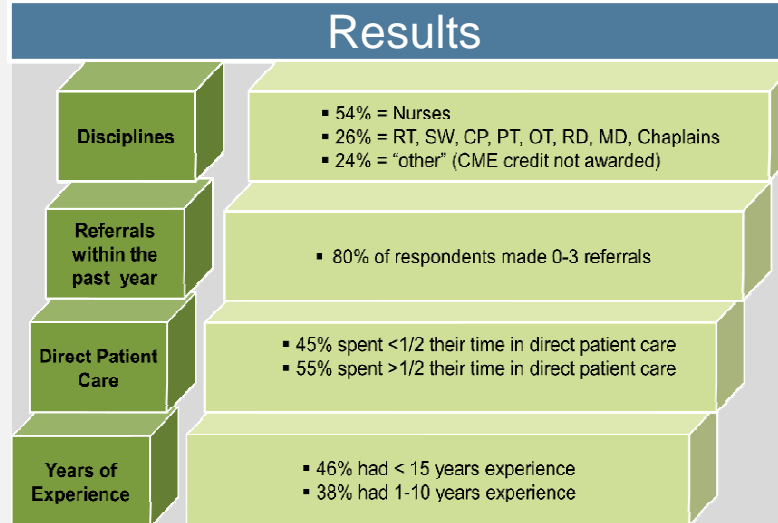
- (1) Demographics
- (2) End-of-Life Professional Survey (28-item, 5 pt Likert scale)
- (3) PI developed Palliative Care Survey (20 item self-report questionnaire)

**Procedures:** Survey distributed and completed online over a 4 week period.

**Analysis:** Descriptive and Inferential statistics were used to analyze the data.

Study was approved by the institutional review board

## Results



## Differences between Training status group on demographic characteristics

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

## Average Score: Perceived Competency & Knowledge

Survey	Average score by group		
	Pooled sample (all respondent)	Yes = Trained	No = Not Trained
Perceived Competency	59.88 (n=384)	54.14 (n=128)	62.75 (n=256)
Knowledge	12.53 (n=349)	13.61 (n=118)	11.98 (n=231)

## Results Cont'd

- Participants who did not take the training course perceived themselves more competent when compared to those who took the course (**Mann-Whitney U=21,332, z=4.827, p=.000**)
- Participants who took the training course scored significantly higher on knowledge than those who did not (**Mann-Whitney U=10,257.00 z=-3.797 p=.000**)
- For the pooled sample, there was significant negative association between perceived competency and knowledge scores(**Spearman's rho= -.380, n=330 p=.000**) Within the group who took the training, negative association was a trend but there was not a significant association between perceived competency and knowledge scores. (**Spearman's rho= -.131, p=.165 (n=113)**)

## Discussion

- This study supports the need for ongoing education to increase palliative care knowledge among HCP.
- Quality patient care outcomes are compromised if care is delivered by those who perceive they are competent without adequate knowledge and training.
- HCP may self-select out of the training due to their perception of being competent.

## Recommendations

Examination of demographic predictors of perceived competency and knowledge

- What were the underlying reasons for the negative association between perceived competency & knowledge?
- What attributed in the lower perceived competency score for the trained HCPs?

## References

National Quality Forum: (NQF) (2006) A national framework and preferred practices for palliative and hospice care quality: a consensus report : Washington, DC retrieved from , www.qualityforum.org

Lazenberry, Ercolano, Schulman-Green & McCorkle, 2012, Validity of the End-of-Life Professional Caregiver Survey to Assess for Multidisciplinary Educational needs; Journal of Palliative Medicine (15)427-431

## Acknowledgement

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