

Title: A Palliative Care Needs Assessment of Private Duty Pediatric Nurses

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Statement of the Problem: Limited studies exist of private duty pediatric nurses' (PDPN) perceptions of palliative care (PC) in relation to the children and families they treat.

Background/Literature Review: With the emergence of concurrent care for pediatric patients, community-based pediatric palliative care (CBPPC) is becoming an issue for PDPNs and their home care agencies.¹ Preconceptions and/or misunderstandings of what pediatric PC is and the improvement it can provide to their patients' quality of life (QOL) may prevent PDPNs from fully participating in collaborative CBPPC efforts.²

Purpose: Determine PDPNs' common preconceptions, misconceptions, and perceived needs for providing PC.

Methods/Measures: A needs assessment survey, comprised of 23 quantitative and qualitative questions, was used to query PDPNs at Thrive Skilled Pediatric Care in Denver, CO. Thirty PDPNs received an explanation of the project and link to participate in this confidential survey in April 2019. Reminders were sent and an additional 104 PDPNs were invited to participate in May 2019. Quantitative results were analyzed using descriptive statistics; qualitative responses were categorized into simple themes to identify common PC needs.

Findings/Results: Forty-four PDPNs participated in the needs assessment (38% response rate). The optional qualitative question was answered by 30% of respondents. PDPNs (98%) strongly agree that PC can improve QOL for patients and families; 80% believe it can reduce unplanned hospitalizations. Gaps in PDPN's PC training/experience range from 16% (working with interdisciplinary teams [IDTs]) to 68% (ethical issues/conflicts). PDPNs' desire to learn more about key PC areas range from 89% (IDTs) to 100% (psychosocial resources).

Conclusion/Practice Implications: While this survey was limited to one organization, participating PDPNs indicate that PC is both needed and desired, especially for improving access to psychosocial resources, ethical issues/conflicts, and palliative communication skills. Written comments indicate additional PC education (potentially online training) would be welcomed by PDPNs.

References:

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