Promoting Advance Care Planning Self-Efficacy Among Northern Kentucky Churchgoers

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Background:

Avoiding the Conversation

- 25% Americans surveyed have an Advance Directive (AD)
- More than 60% want their End of Life (EOL) preferences honored
- Patients say their doctors are not talking about prognosis and Advance Care Planning (ACP)
- Healthcare practitioners do not agree when and by whom ACP should be initiated

Consequences

- Place of death: people prefer to die at home, but most do not
- Suffering:
  - late transition to hospice: pain, stress
  - Uncertainty, guilt, indignity
  - moral and ethical conflict: aggressive treatment vs autonomy
- Healthcare cost: last year of life hospitalization accounts for more than 50% of health spending

Changes in Kentucky

- Kentucky Revised Statute Annotated U.S.C. 311.621 (2015) permits individuals to have Medical Orders for Scope of Treatment (MOST)
- Five Wishes is now a legally accepted AD and ACP document in Kentucky, and forms the basis for MOST.
- Kentuckians need more information about the law and their ACP options, including:
  - •How to complete appropriate documents
  - •What to do with completed documents
  - •How to change documents

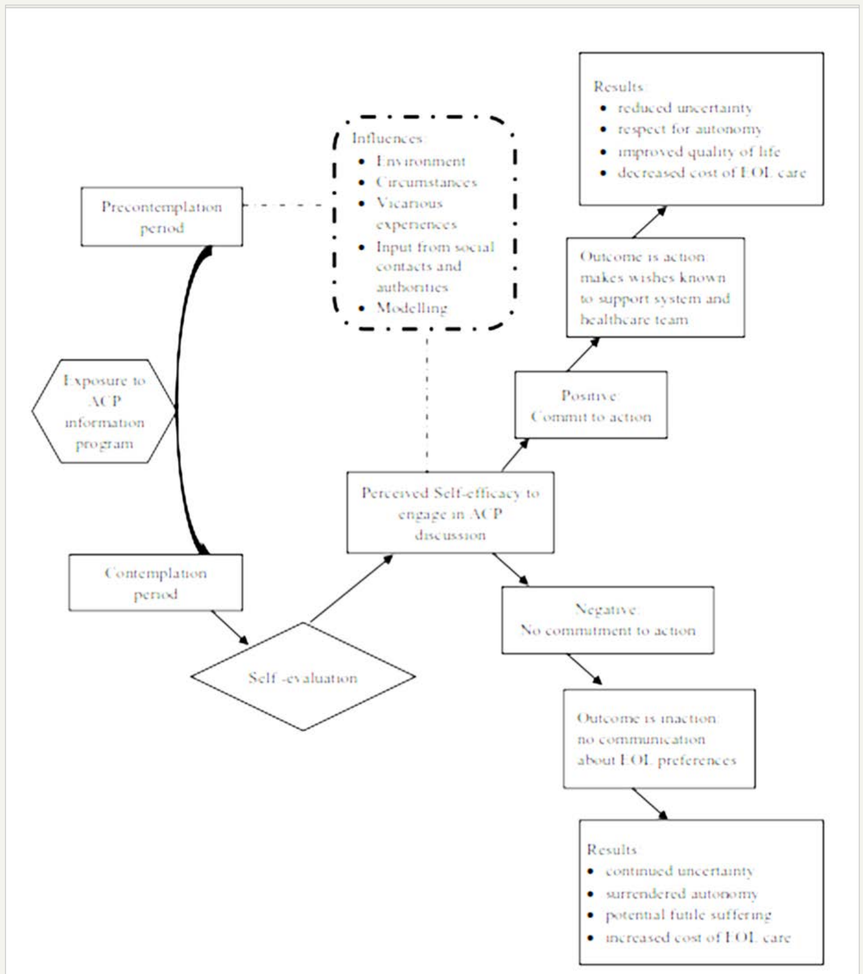
Problem

Kentucky made changes in the law affecting ACP, but most residents are not aware of their options or the process. Lack of effective communication, information, tools, and support prevent people from engaging in ACP with healthcare providers. Poor perceived ACP self-efficacy may put people at risk for suffering, and high costs for EOL care.

Purpose

Increase perceived self-efficacy of community dwellers to participate in ACP discussions with their support persons or healthcare providers

Hypothesis: community dwellers will experience increased perceived self-efficacy to discuss ACP with their family or healthcare providers if nurse-led learning occurs within a social support system, such as a faith-based organization



Concept: Perceived Self—efficacy to Participate in ACP

Methods

- Convenience sample: adults from church congregations of a single protestant denomination within five Northern Kentucky counties
- Setting: church meeting rooms. Nonclinical site within participant social support network facilitates movement from precontemplation to contemplation
- Interdisciplinary endorsement of clergy and community leaders promotes positive self-efficacy
- Pre-test/post-test, one group, quasiexperimental, quantitative design

Tools

Advance Care Planning Engagement Survey (Sudore et al., 2013).

- Open source, permission granted by author.
- ACP Self-efficacy
  - Action measures
  - Process measures
- Validated with adults
  - internal consistency (Cronbach's alpha, 0.94)
  - test-retest reliability (Process Measures intraclass correlation, 0.70; Action Measures, 0.87)

Five Wishes, a form designed to act as an ACP tool and advance directive (Aging with Dignity, 2009).

Descriptive data: demographic questionnaire (Bartley, 2016).

Intervention

Having the Conversation

- Nurse-educator led
- Slides and video
- Oral presentation
- Discussion and reflection activities
- Free copy of Five Wishes & KY MOST given to each participant

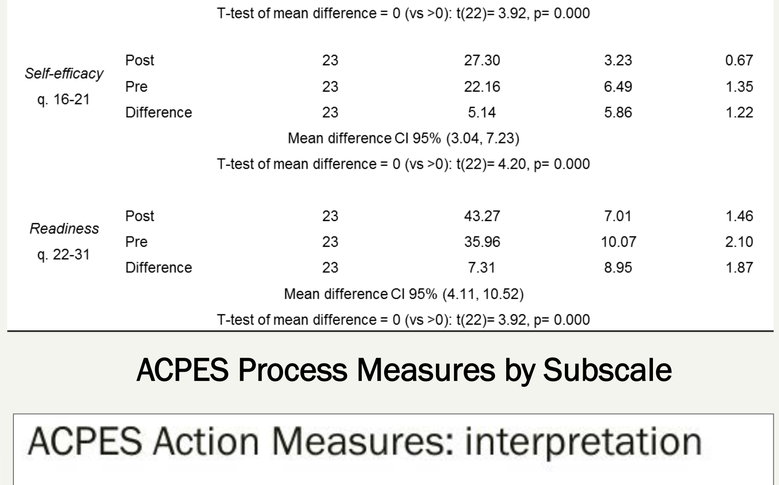
Results

		n	mean	SD	SE mean
Knowledge q. 1-6	Post	24	27.32	3.41	0.70
	Pre	24	20.82	6.07	1.24
	Difference	24	6.5	4.92	1.0
		Mean difference CI 95% (4.78, 8.21)			
		T-test of mean difference = 0 (vs >0): t(23)= 3.92, p = 0.000			
Contemplation q. 7-15	Post	24	36.48	7.04	1.44
	Pre	24	28.04	9.65	1.97
	Difference	24	8.44	6.94	1.42
		Mean difference CI 95% (6.01, 10.87)			
		T-test of mean difference = 0 (vs >0): t(22)= 3.92, p= 0.000			
Self-efficacy q. 16-21	Post	23	27.30	3.23	0.67
	Pre	23	22.16	6.49	1.35
	Difference	23	5.14	5.86	1.22
		Mean difference CI 95% (3.04, 7.23)			
		T-test of mean difference = 0 (vs >0): t(22)= 4.20, p= 0.000			
Readiness q. 22-31	Post	23	43.27	7.01	1.46
	Pre	23	35.96	10.07	2.10
	Difference	23	7.31	8.95	1.87
		Mean difference CI 95% (4.11, 10.52)			
		T-test of mean difference = 0 (vs >0): t(22)= 3.92, p= 0.000			

ACPES Process Measures by Subscale

ACPES Action Measures: interpretation

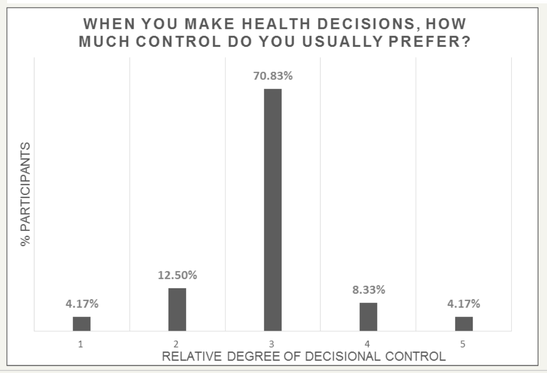
- Frequency of discussions with surrogates 66.7%
- Frequency of discussions with providers 20.8%
- Supporting ACP self-efficacy with knowledge, endorsement, and tools, does not guarantee behavior change (Rao et al., 2014).



ACPES Process Measures by Question

highest level of significance
did not meet p<0.05 level of significance

Question	n	pretest mean	posttest mean	t	p (T<=) two tail
1	22	3.909	4.818	-4.629	0.0001
2	22	3.909	4.727	-4.231	0.0003
3	21	3.714	4.523	-3.995	0.0007
4	22	3.454	4.500	-4.690	0.0001
5	22	2.863	4.500	-9.721	0.0000
6	22	3.318	4.636	-5.282	0.0000
7	22	4.045	4.590	-3.464	0.0023
8	22	4.136	4.500	-2.160	0.0424
9	22	2.681	3.863	-5.507	0.0000
10	22	3.818	4.090	-1.1006	0.2834
11	21	3.047	4.238	-4.231	0.0004
12	22	2.454	3.681	-4.673	0.0001
13	22	3.000	4.045	-5.161	0.0000
14	22	3.181	4.045	-4.090	0.0002
15	22	2.681	3.863	-5.052	0.0000
16	22	4.181	4.863	-3.578	0.0017
17	22	3.954	4.590	-2.377	0.0269
18	21	3.952	4.619	-2.390	0.0267
19	21	3.523	4.428	-3.396	0.0028
20	21	3.714	4.571	-4.315	0.0003
21	19	3.473	4.315	-3.618	0.0019
22	21	4.047	4.857	-2.877	0.0093
23	22	3.681	4.045	-1.053	0.3042
24	22	3.909	4.590	-2.832	0.0099
25	22	3.590	4.318	-2.836	0.0098
26	22	3.363	4.090	-3.464	0.0023
27	22	3.772	4.590	-4.500	0.0001
28	22	3.545	4.409	-3.905	0.0008
29	22	3.363	4.000	-2.730	0.0125
30	22	3.590	4.409	-4.005	0.0006
31	22	3.681	4.181	-1.754	0.0938



The results support the hypothesis:

community dwellers will experience increased perceived self-efficacy to discuss ACP with their family or healthcare providers when learning occurs within a social support system, such as a faith-based organization, with the endorsement of trusted experts, such as a nurse and a faith leader

The proposed level of significance: p <0.05, Actual paired t-test results: p<0.000

Conclusions

- Applied theoretical and conceptual frameworks reveal truth in human evidence and the value of advanced nursing practice
- Self-efficacy is an essential facet of human behavior
- Participants moved from precontemplation toward commitment to act
- Clear value of the nurse educator in promoting ACP in the community
- Pilot study useful in establishing potential for broader collaboration between healthcare and faith community

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