

Competency and educational needs in palliative care

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Kompetenz und Fortbildungsbedarf in Palliative Care

Zusammenfassung. Ziel: Mit der vorliegenden Untersuchung sollte eine Selbsteinschätzung von allgemeinmedizinisch tätigen Ärzten sowie Pflegepersonen bezüglich der jeweiligen Kompetenz in Palliative Care sowie des konkreten Weiterbildungsbedarfs in ermittelt werden.

Methoden: Allen 897 niedergelassenen Allgemeinmedizinern sowie allen 933 registrierten Pflegekräften der Hauskrankenpflegevereine in der Steiermark wurden per Post Fragebögen zugesandt zur Evaluation ihrer Ausbildung in (i) Schmerztherapie und Symptomkontrolle, (ii) psychosozialer Betreuung sowie (iii) Umgang mit berufsbedingtem Leid.

Ergebnisse: 61,8% der 546 auswertbaren Antwortenden fühlten sich unzureichend oder eher unzureichend für die palliative Betreuung schwerkranker und sterbender Patienten ausgebildet (Allgemeinmediziner: 70%, Pflegepersonen: 50,4%). Ärzte schätzten die Kompetenz innerhalb ihrer eigenen Berufsgruppe signifikant höher und den Fortbildungsbedarf signifikant niedriger ein als Pflegekräfte ($p < 0,01$). Von beiden Berufsgruppen wurde ein hoher Bedarf an Weiterbildung besonders im Bereich des neuropsychiatrischen Symptommanagements angegeben.

Schlussfolgerung: Die Ergebnisse der Befragung bieten eine detaillierte Analyse von Kompetenz und Fortbildungsbedarf zur bedarfsadaptierten Planung künftiger Bildungsmaßnahmen im Bereich Palliative Care.

Summary. Purpose: To explore general practitioners' (GPs') and nurses' self assessment of professional education, competency and educational needs in palliative care.

Methods: All 897 registered GPs and all 933 registered home care nurses in the Province of Styria/Austria were sent postal questionnaires to evaluate their professional training in (i) pain control and symptom management, (ii) handling psychosocial needs and (iii) ability to cope with work-related distress.

Results: 61.8% of 546 evaluable respondents felt not at all or not sufficiently prepared for palliative care by their professional education (GPs: 70%, nurses: 50.4%). GPs rated the competency of their professional guild significantly higher and their educational needs significantly lower than nurses ($p < 0.01$). Both, GPs and nurses emphasised a great need for education in the area of neuropsychiatric symptom management.

Conclusion: Our results provide a detailed analysis of needs and may help to target goals for training seminars in palliative care.

Key words: Palliative care, clinical competence, education, self rating, needs assessment.

Introduction

Palliative Care is an important part of general medical practice, because the final year in the life of a dying patient is usually spent at home under the care of a general practitioner (GP) and a primary health care team [1–6]. Although there have been considerable advances in pain management and symptom control, research shows that palliative care is underrepresented in medical education [7–10] and general practitioners and community nurses still feel insufficiently trained for palliative care [11–14]. Several studies show the need to help GPs and community nurses to acquire and update palliative care skills [11, 12, 15–18]. Previous research indicated that training in symptom control, communication, counselling and bereavement support is frequently requested by GPs and nurses [11, 12, 15, 19, 20]. However, little is known in detail about the required topics, and how educational preferences of GPs differ from those of staff or assistant nurses or how preferences vary according to age, years of professional life and number of already attended training sessions in palliative care.

We undertook this survey in order to get better insights into GPs' and nurses' self-assessment of competency, educational needs and needs when coping with the work-related distress of palliative care. After a literature

survey we decided to investigate three main hypotheses: (1) GPs and staff nurses, who have no special education in palliative care during their medical education, feel less well prepared to care for terminal patients than assistant nurses, who, in Austria, receive some special training in palliative care in their curriculum [21–23]. (2) Assistant nurses estimate the competency of their professional guild in palliative care higher than GPs or staff nurses. (3) In symptom management, GPs prefer medical topics and staff or assistant nurses prefer nursing topics.

Material and methods

Structured postal questionnaires were sent to all 897 registered GPs and to all 933 registered home care nurses in the Province of Styria/Austria. Overall, 1,830 questionnaires were sent out. After a waiting period of 3 weeks, the database was closed and data entry and analysis were performed.

The questionnaires were developed drawing on a literature review of previous research [11, 12, 24–26] and were pre-tested in GPs and nurses for face and content validity. Four-point Likert scales were used. In accordance with their job descriptions, questionnaires for GPs differed from those of the nurses. In order to avoid a social desirability bias, questionnaires did not ask about the individual competence of the respondent but asked how the respondent estimated the competence of his/her professional group. The first part of the questionnaire included questions assessing *competence* (i) in pain control and symptom management, (ii) in communication and addressing psychosocial needs of patients and their families, and (iii) in coping with work-related distress. A second set of questions asked how the respondents estimated the *education and training needs* of their professional group in the categories (i)–(iii). Respondents also provided personal data and listed palliative care training sessions attended in the last two years before the survey. A differentiation was made between staff nurses and assistant nurses. Original questionnaires can be obtained from the corresponding author by e-mail.

Statistics

Comparison of frequencies was done by χ^2 -testing. Linear coherence was analysed using the Spearman coefficient. To analyse differences between central tendencies, the Kruskal-Wallis-H-Test and Mann-Whitney-U-Test were used, substitut-

ing parametric variance-analyses. P-values were corrected according to Bonferoni. Two-sided testing of hypotheses was done at a significance level of $\alpha = 0.05$.

All statistical procedures were performed by the SPSS 11 software package (SPSS Inc., Chicago, USA).

Results

The overall response rate to the questionnaire was 30% (546/1830), 25% (228/897) of GPs and 34% (318/933) of nursing staff members. The demographic characteristics of the respondents are shown in Table 1.

61.8% of the respondents felt not at all or rather not adequately prepared to care for terminal ill and dying patients (GPs: 70.0%, staff nurses: 63.0%, assistant nurses: 37.7%).

There was no significant correlation between the rating of overall professional education and respondents' age or years of professional life. A higher number of attended trainings in palliative care correlated with a better rating of professional education in how to care for terminally ill and dying patients ($p < 0.01$).

A better rating of overall professional education correlated with a higher rating of competence (overall score of items concerning competence; $p < 0.01$) and a lower rating of educational needs (overall score of items concerning educational needs; $p < 0.01$). Analysis showed significant differences between occupational groups. Regarding the care of terminally ill and dying patients, assistant nurses rated their professional training higher than GPs ($p < 0.01$) and staff nurses ($p < 0.01$). This difference was unrelated to the length of the assistant nurses' professional life. To analyse years of professional life as an independent variable, all three professional groups were divided according to the median of their professional life spent in their occupational group (GPs median = 18 years, staff nurses median = 12 years, assistant nurses median = 5 years). Regarding the care of terminally ill patients, short-term assistant nurses felt better prepared than short-term GPs ($p < 0.01$) and better than short-term staff nurses ($p < 0.01$). Long-term working assistant nurses also felt better prepared than long-term GPs ($p < 0.05$) and long-term staff nurses ($p < 0.01$). In contrast, no difference be-

Table 1. Demographic characteristics

	GPs	Staff nurses	Assistant nurses	Total sample
<i>Gender n (%)</i>				
Female	48 (22.4)	217 (99.1)	82 (91.1)	347 (66.3)
Male	166 (77.6)	2 (0.9)	8 (8.9)	176 (33.7)
<i>Age [years] (range)</i>				
Mean	47.1	36.9	36.1	41.1
Range	26–77	20–55	19–59	19–77
<i>Professional Life [years]</i>				
Mean	18.8	12.5	5.6	13.9
Range	1–52	0.5–31	0.25–20	0.25–52
<i>Training in palliative care in the last two years before survey n (%)</i>				
Training(s) attended	154 (78.6)	151 (71.6)	56 (68.3)	361 (73.8)
No training attended	42 (21.4)	60 (28.4)	26 (31.7)	128 (26.2)

tween long-term working GPs and staff nurses could be shown.

Analysis showed that overall competency of professional groups was rated higher (1) with increasing age, (2) longer professional life and (3) number of training sessions attended in the last two years before the survey [(1)–(3): $p < 0.01$].

The overall score of educational needs showed that need was rated lower by (1) older participants and (2) after a longer professional life [(1)–(2): $p < 0.01$]. There was no correlation between educational needs and the number of attended training sessions in palliative care. GPs rated the competency of their professional group in palliative care higher than staff nurses ($p < 0.01$) and higher than assistant nurses ($p < 0.01$). This difference was not related to the professional years of experience of the GPs. There was no difference between staff and assistant nurses.

GPs who spent more years on the job rated the competency of their professional group significantly higher than GPs with shorter professional life ($p < 0.01$). Staff and assistant nurses showed no significant differences related to the length of time spent on the job. Short-term as well as long-term GPs rated the educational needs of their professional group significantly lower than staff nurses ($p < 0.01$) and assistant nurses ($p < 0.01$).

The main results of the self assessments referring to competency and educational needs of the three professional groups are depicted in Fig. 1. Compared to nurses the GPs rated their own guild significantly more competent in terms of pain control ($p < 0.01$). In contrast, assistant nurses rated their colleagues more competent in coping with distress ($p < 0.01$). The results for educational needs confirmed the ratings about competency. Over all professional groups a high level of educational needs in important key competences of palliative care (symptom control, psychosocial matters and coping with distress) was found. Detailed results of the study (tables with results of the single items as pdf-files) can be obtained from the corresponding author by e-mail.

Discussion

Due to the cost of our survey, no reminder was sent and the questionnaire was comparatively long (nine sheets of paper). As suggested by previous research [27–29] we suppose that these factors affected the response rate. The low response rate may introduce the possibility of a non-respondent bias. However, age, gender and the duration of the professional activity of the respondents in this survey is similar to that of practicing GPs and nurses in Austria in 2003–2004 [30]. Therefore, in spite of the low response rate, results can be judged as representative and permit inferences from the study sample to the whole population. Nevertheless, there still remain uncertainties concerning a selection of respondents, e.g. only persons with a lot of spare time or persons who do not feel satisfied with their professional situation may have responded.

It could be shown that regarding the care of terminally ill and dying patients assistant nurses rated their professional training significantly higher than staff nurses and GPs. This was expected (see introduction hypothesis 1), because in Austria assistant nurses attend 30 instruction units in palliative care during their medical education whereas staff nurses and GPs receive no special training in this field.

Our second hypothesis (see introduction hypothesis 2) could not be confirmed. Although assistant nurses, due to their medical training, feel better prepared for palliative care, they did not estimate the competency of their own occupational group to be higher and their educational needs lower than staff nurses or GPs. Interestingly, GPs rated the competency of their professional guild in palliative care significantly higher and their educational needs significantly lower than nurses, although 70.0% of the GPs felt not at all or quite unprepared for palliative care by their professional education (staff nurses: 63.0%, assistant nurses: 37.7%). A possible explanation for this discrepancy may be the self perception of GPs as being proactive and competent corresponding to the role perception of society which expects doctors to intervene and

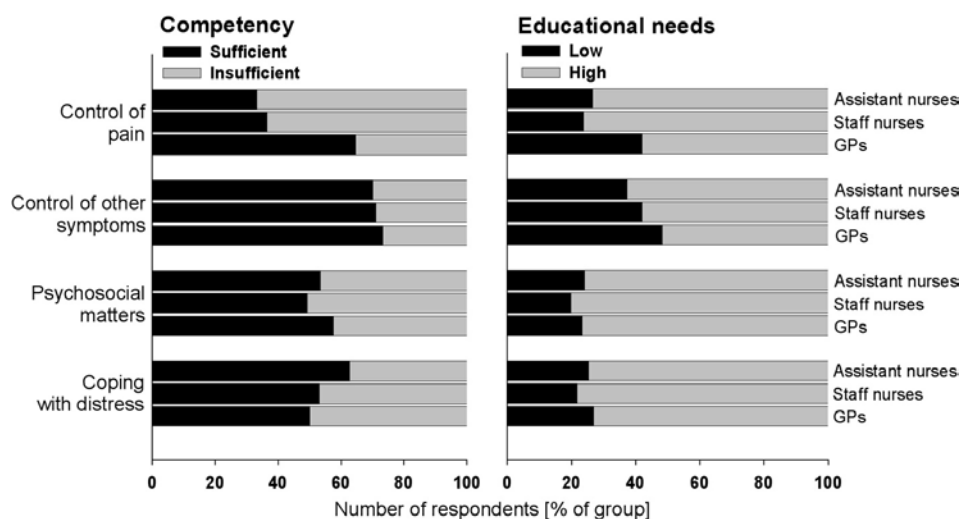


Fig. 1. Main results of the self assessments referring to competency and educational needs

fight successfully against suffering [31]. In a survey by Grande et al. [24] only 8% of GPs rated pain control as difficult, whereas research showed that pain control in home care is poor [32]. Another possible explanation is that patients fail to consult about symptoms for which they are unlikely to receive effective help [33]. Therefore GPs may not know about the symptoms they feel least confident in controlling, because patients being aware of the general limits of GPs' skill or role often fail to tell them about such symptoms and GPs themselves may feel more reluctant to ask about symptoms they feel less confident of controlling [24]. However, this discrepancy between deplored lack of education and self-assessment of competency in GPs should be investigated in further research.

In GPs, the length of time spent on the job has been shown to be the best predictor of comfort in palliative care management [34]. This could be confirmed in our survey. GPs with longer (>18 years) professional lives rated the competency of their professional group significantly higher than GPs with shorter (≤18 years) professional life spans. Among staff and assistant nurses, the length of their professional lives was not significantly related to their competency.

Our third hypothesis (see introduction hypothesis 3) that GPs would prefer medical subjects and staff or assistant nurses would prefer nursing issues was not confirmed. This finding indicates the importance of choosing topics for advanced training sessions that not only deepen, but supplement professional education. Regarding future planning of training seminars, GPs expressed a particularly high educational need in managing psychiatric and neurological symptoms. Nurses expressed high educational needs in caring for patients with neuropsychiatric symptoms and patients with cachexia.

Our survey involving three different occupational groups allows a detailed comparison of GPs, staff and assistant nurses regarding their self-assessment of professional education, competency and educational needs in palliative care. We did not only analyse how educational preferences of GPs differ from those of staff or assistant nurses, but also how these preferences vary in relation to years of professional life, self assessment of competency and already attended training sessions in palliative care. Our results provide a detailed understanding of needs and may help target goals for better organisation of training seminars in palliative care.

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