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Oncology Nurses' Obstacles and Supportive Behaviors in End-of-Life Care: Providing Vital Family Care

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The need for effective and compassionate end-of-life (EOL) care grows more critical as the number of people predicted to get cancer is expected to increase in every region of the world (Bray, Jemal, Grey, Ferlay, & Forman, 2012). Cancer is the second leading cause of death in the United States overall and the leading cause of death in people aged 45–64 (Kochanek, Xu, Murphy, Miniño, & Kung, 2011). In 2012, an estimated 577,190 Americans will die of cancer (Bray et al., 2012). In the United States, although most people would prefer to die at home, 56% die in the hospital (Cassel & Demel, 2001). These statistics reinforce the reality that hospital-based oncology nurses are at the forefront of healthcare providers who care for dying patients.

In 2010, the Oncology Nursing Society (ONS) and Association of Oncology Social Work issued a joint position statement outlining the importance of providing high-quality palliative EOL care. The American Society for Pain Management Nursing (2003) also issued a position statement on EOL care, which stated that comprehensive and compassionate EOL care was the responsibility of nurses.

Nurses regularly care for patients who are in the final stages of life and can identify behaviors that obstruct or improve EOL care for patients and families (Pavlish & Ceronisky, 2009). More than 30% of patients diagnosed with cancer will die from the disease (American Cancer Society, 2012); therefore, identifying the obstacles or supportive behaviors that have the most impact to patients and families and then working to eliminate highly rated obstacles or increase support for positive behaviors is critical to improve EOL care.

Literature Review

In 1995, investigators found major shortfalls in the care of dying adults hospitalized in the United

Purpose/Objectives: To determine the impact of obstacles and supportive behaviors in end-of-life (EOL) care as perceived by hospital-based oncology nurses.

Design: A 69-item mailed survey.

Setting: National random sample.

Sample: 1,005 nurse members of the Oncology Nursing Society who had provided EOL care for patients with cancer.

Methods: Three mailings yielded 380 usable responses from 912 eligible respondents, resulting in a 42% return rate.

Main Research Variables: Size and frequency of EOL care obstacles and supportive behaviors for patients with cancer in a hospital setting.

Findings: Results of this research demonstrate the need for more EOL education and help in forming teams of nurses, social and palliative care workers, and physicians to support high-quality care. Another finding was the need for other nurses at a facility to give the nurse caring for the dying patient more time to support the patient and family.

Conclusions: Dealing with the family is vital in providing optimal EOL care to patients dying from cancer. By carefully listening to the experience, concerns, and recommendations of hospital-based oncology nurses, compassionate EOL care can be provided to these patients and their families.

Implications for Nursing: Oncology nurses are dedicated to providing the best EOL care to their patients and patients' families. This study helped to identify research-based obstacles and supportive behaviors regarding the provision of high-quality EOL care.

States during observation of more than 9,000 patients (SUPPORT Principal Investigators, 1995). The SUPPORT study showed a significant deficiency in communication of patients' desires for EOL care to their healthcare team and shortcomings in frequency of aggressive treatment and other characteristics of death in hospitals, such as do-not-resuscitate (DNR) orders being written within two days of the patient dying or family members reporting that half the time