Improving End-of-Life Care for Hospitalized Older Adults
What Can Nurses and Health Care Systems Do?

When most patients are admitted to the hospital, they expect to be discharged to their prior place of residence and in their previous and/or improved state of health. They do not anticipate that their recovery may be long or that they may never recover at all. With advances in health care comes the ability to treat more disease processes, and many people are living into advanced age. Although today’s health care providers are able to treat more acute and chronic disease states, aging takes its toll on patients’ resiliency and they are not always able to restore individuals to their anticipated or desired quality of life. It is the responsibility of the health care system to explore the question of what is an acceptable quality of life for each individual patient and what options are available if that level is unlikely to be attainable. Questions still remain: as nurses and members of the health care system, how can we best do that? How can we best help patients with serious illnesses and their families prepare for the end of life?

When asked, the majority of patients prefer to die at a location other than the hospital, whether that be at home, in a hospice center, or in another care facility (Abel, Pring, Rich, Malik, & Verne, 2013; Burge et al., 2015; Gomes et al., 2012). According to the Centers for Disease Control and Prevention (2016), the percentage of patients whose deaths have occurred while in the hospital has steadily decreased from 50% in 2000 to 37% in 2014. Although this rate is trending downward, a relatively high number of patients continue to die while in the hospital and there is room for improvement in the end-of-life care that they receive (Reyniers, Houttekier, Cohen, Pasman, & Deliens, 2014). To best support the patient and family, health care professionals must focus on providing care that is congruent with their values. This care cannot be accomplished without having ongoing goals of care conversations and openly asking about patients’ fears and wishes, in the context of their serious illness.

Open lines of communication throughout a patient’s hospital stay are imperative to providing goal-concordant care. Communication surrounding the patient’s wishes, plan of care, and goals of care should be addressed early and often throughout a patient’s hospitalization to provide high-quality and comprehensive care (Bernacki & Block, 2014). This communication has been shown to improve quality of life and enhance goal-consistent care (Bernacki & Block, 2014). To emphasize the importance of this communication, the Institute for Healthcare Improvement (2019) has included “What Matters” in the
framework for providing an age-friendly health system. They recommend asking questions about what matters most to older adults and their families early in a hospital stay to provide care that is in line with their priorities.

Traditionally, formal goals of care conversations in hospitals have been conducted by the primary inpatient provider in the form of patient consultations and family conferences. In addition to these provider-mediated conversations, bedside nurses play a critical role in communication about goals of care (Strachan, Kryworuchko, Nouvet, Downar, & You, 2018). Because nurses work closely with patients and their families, they are in a unique position to build relationships and engage these individuals in conversations about their concerns regarding their illness and what they value most moving forward. Unfortunately, for many reasons, including lack of education and training, discomfort with goals of care conversations, varying practice barriers, and hierarchy among team members, there is a wide variance in nurse participation in this role (Coyle et al., 2015; Strachan et al., 2018).

To better serve patients with serious illness, not only can nurses work to increase their involvement in goals of care discussions, but health systems can also help support and empower nurses to participate in these conversations. Providing formal and informal opportunities to include nurses in goals of care conversations has been shown to help improve the quality of care provided to hospitalized patients at end of life (Burm et al., 2019; Reyniers et al., 2014; Strachan et al., 2018; Wittenberg, Ferrell, Goldsmith, Buller, & Neiman, 2016). Nurses are in a position to gain an understanding of patients’ baseline versus current health status, to incorporate a more holistic perspective of the patient, and to discuss their wishes for end of life (Burm et al., 2019). As there is a wide variation in comfort levels among nurses with discussing patient values and goals of care, providing education and opportunity for practice can help reduce this gap. Formal training, including didactic and small group role-playing, has been used to successfully increase nurses’ comfort and confidence in discussing death, dying, and end-of-life goals with patients and families (Coyle et al., 2015). Similar training modules can be incorporated by hospital systems to better prepare nurses for these difficult conversations, resulting in better care and support for patients with serious illness.

Along with providing additional training for nurses, health systems should identify formal and informal opportunities for nurses to share the information they gather from patients and families with other members of the health care team. Although nurses may have key information regarding a patient’s values and wishes, this information is not consistently shared (Burm et al., 2019; Wittenberg et al., 2016). Ensuring opportunities for nurses to share the information they hold increases communication and improves the collaboration within the team. These opportunities can include involvement in family meetings, discussions during daily rounds, and other less formal encounters throughout the day (Burm et al., 2019). Emphasis should be placed on ensuring that these opportunities occur and are not lost in the busy hospital routine.

Many nurses rate the quality of end-of-life care provided by their hospital as poor, with a high number of invasive procedures and poor communication at the end of life as significant factors contributing to this poor rating (Lasater, Sloane, McHugh, & Aiken, 2019). A high level of moral distress among nurses surrounding end-of-life issues can exist. High moral distress in nurses has been associated with burnout and higher turnover rates, as well as lower patient satisfaction with care (Rice, Rady, Hamrick, Verheijde, & Pendergast, 2008). Increased moral distress has also been correlated with a poorly rated ethical climate (Altaker, Howie-Esquível, & Cataldo, 2018). Increased nurse involvement in communication and development of the plan of care with the patient, family, and health care team can improve the ethical climate and overall quality of care provided, as well as decrease moral distress (Altaker et al., 2018; Lasater et al., 2019). Higher quality end-of-life care is also linked to better nurse practice environments, including factors such as nurse involvement in hospital affairs, manager support, adequate staffing, and nurse–physician relationships (Lasater et al., 2019). Because of the importance of healthy work environments, the American Association of Critical Care Nurses (AACN; 2016) and the American Nurses Association (ANA; n.d.) have focused efforts on providing specific recommendations for ways to improve the work climate. These recommendations center on improved communication among team members, meaningful staff recognition, appropriate staffing, and collaboration between team members. Nurses and systems can use resources from these organizations to help foster healthy environments to reduce moral distress and burnout and optimize quality outcomes for patients and families (AACN, 2016; ANA, n.d.).

In conclusion, the hospital remains an important place for patients to receive end-of-life care. For a variety of reasons, such as patient and family preference as well as unforeseen circumstances, it will remain a significant setting for dying patients for many years to come. Patients and families are extremely vulnerable during this difficult time and finding ways to ensure they are well supported throughout the dying process must be a priority for health systems. Because nurses play such an important part in caring for hospitalized patients, additional efforts should be focused on the nurse’s role to improve care of the dying patient and his/her family. By
focusing these additional efforts, systems can support and help empower nurses to better address end-of-life issues. Care systems can better prepare professional nurses to conduct goals of care conversations and work to provide formal and informal opportunities for them to share the information that they gather about patient goals and values. This support and collaboration can also improve the nurse practice environment and decrease moral distress, both of which play an active role in the quality of care provided to patients. Attention to these factors and implementing ways to improve end-of-life care will prove to be a significant benefit to not only patients and their families but also to nurses, providers, and health care systems as a whole.

REFERENCES

Lindsey M. Foley, DNP, ARNP, ACNPC-AG
Graduate
University of Washington School of Nursing
Staff Nurse
Swedish Medical Center
Seattle, Washington

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