Enhancing Palliative Care Self-Efficacy & Knowledge in Step-Down Unit Nurses

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Introduction

- Palliative care improves symptom management and quality of life for patients with serious illness, with nurses playing a central role in care coordination, communication, and end-of-life support; however, significant competency gaps persist, as fewer than 40% of nurses report high confidence in palliative care skills, largely due to limited training (DeFusco et al., 2023; Ganz et al., 2020).
- Gaps in both nursing education and clinical training contribute to an ongoing education–practice gap, with minimal palliative care content in undergraduate programs and many practicing nurses reporting no recent training, highlighting the need for accessible, evidence-based interventions to improve knowledge and self-efficacy (Institute of Medicine, 2015; DeFusco et al., 2023; Wong et al., 2022).

Problem Statement

- Nurses in the step-down unit at a tertiary medical center in Los Angeles lack formal education and training in palliative care, as there are no current new-hire or annual competency requirements addressing this topic. This gap may contribute to decreased confidence and variability in providing palliative care, particularly in symptom management, communication, and end of life support.

Methods

- **Purpose:**
  To implement a brief, evidence-based palliative care educational intervention for step-down unit nurses to improve knowledge and self-efficacy in symptom and pain management, communication, and grief and bereavement.
- **Design:**
  Evidence-based quality improvement (QI) project using a pre–post intervention design, guided by the Johns Hopkins Evidence-Based Practice Model.
- **Project Site:**
  Step-down unit (SDU) at a tertiary care facility in Los Angeles, California.
- **Participants:**
  All SDU nurses were invited to participate through huddles, email recruitment, and breakroom signage. Participation was voluntary.
- **Intervention:**
  Two brief educational videos (~5 minutes each; ~10 minutes total), developed using End-of-Life Nursing Education Consortium (ELNEC) content, focusing on:
  - Pain and symptom management
  - Communication
  - Grief and bereavement
- **Outcome Measures:**
  Knowledge: *Palliative Care Quiz for Nurses (PCQN)* (20-item validated tool)
  Self-efficacy: *Self-Efficacy in Palliative Care Scale (SEPC)* (12-item adapted version)
- **Data Collection:**
  Pre-survey, intervention, post-survey, and evaluation were distributed via email over a 2-month period (January–March 2026). Demographic data collected included age, gender, years of experience, education level, and prior specialty experience.
- **Data Analysis:**
  Descriptive statistics were used to compare mean pre- and post-intervention scores. Percent change was calculated to evaluate improvements in knowledge and self-efficacy.

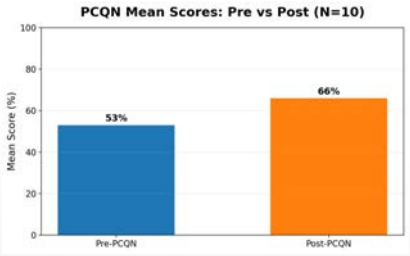
Results

Participant demographics: A total of (n=26) nurses were recruited.
All participants were female, with a mean age of 39.2 years; the majority held a BSN (80%), and years of experience varied across all levels.

Primary Outcomes:

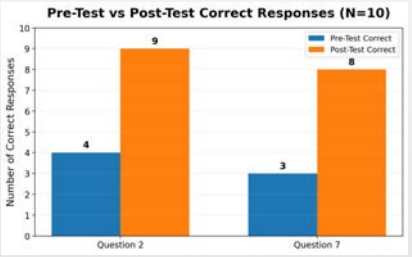
- 10 participants completed matched pre–post PCQN surveys
- 8 participants completed matched pre–post SEPC surveys
- 8 participants completed all study components (10% overall participation)

Knowledge (PCQN):
Mean scores improved from **53% (pre)** to **66% (post)**
Notable improvements in symptom and pain management items



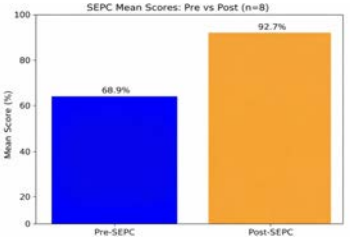
PCQN Questions Showing the Greatest Improvement in Scores

- **Question 2:** "Morphine is the standard used to compare the analgesic effect of other opioids."
- **Question 7:** "Drug addiction is a major problem when morphine is used on a long-term basis for pain management."

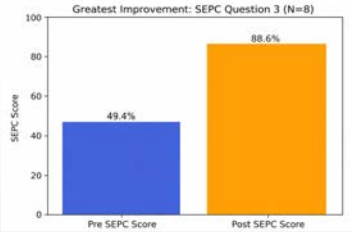


Results (cont.)

Self-Efficacy (SEPC):
Mean scores improved from **68.9% (pre)** to **92.7% (post)**



Confidence in discussing impending death increased from **49.4% to 88.6%**



Conclusion

- A brief, video-based palliative care intervention improved nurse knowledge (**53% → 66%**) and self-efficacy (**68.9% → 92.7%**) among step-down unit nurses.
- Greatest improvements were observed in communication, symptom management, and end-of-life care confidence.
- Low baseline knowledge and strong post-intervention gains suggest limited prior access to formal palliative care education on the unit.
- Low participation and declining engagement limited sustainability and integration into new graduate training.
- Incorporating brief palliative care education into annual competencies and new graduate orientation may improve nurse confidence and consistency in palliative care delivery.
  Collaboration with the palliative care team, education department, and unit-based nurse feedback may support future implementation and sustainability.

References