Palliative Care Referral Behavior Among Nurse Practitioners in Hospital Medicine

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Abstract : Purpose: Nurse practitioners (NPs) practicing within hospital medicine play a significant role in caring for patients who might benefit from palliative care (PC) services. Using the Theory of Planned Behavior, the purpose of this study was to examine the relationships among facilitators to referral, barriers to referral, self-efficacy with end-of-life discussions, history of referral, and referring to PC among NPs in hospital medicine. Hypotheses: 1) Perceived facilitators to referral will be associated with a higher history of referral and a higher number of referrals to PC. 2) Perceived barriers to referral will be associated with a lower history of referral and a lower number of referrals to PC. 3) Increased self-efficacy with end-of-life discussions will be associated with a higher history of referral and a higher number of referrals to PC. 4) Perceived facilitators to referral, perceived barriers to referral, and self–efficacy with end-of-life discussions will contribute to a significant variance in the history of referral to PC. 5) Perceived facilitators to referral, perceived barriers to referral, and self–efficacy with end-of-life discussions will contribute to a significant variance in the number of referrals to PC. Significance: Previous studies of referring patients to PC within the hospital setting care have focused on physician practices. Identifying factors that influence NPs referring hospitalized patients to PC is essential to ensure that patients have access to these important services. This study incorporates the SNRS mission of advancing nursing research through the dissemination of research findings and the promotion of nursing science. Methods: A cross-sectional, predictive correlational study was conducted. History of referral to PC, facilitators to referring to PC, barriers to referring to PC, self-efficacy in end-of-life discussions, and referral to PC were measured using the PC referral case study survey, facilitators and barriers to PC referral survey, and self-assessment with end-of-life discussions survey. Data were analyzed descriptively and with Pearson's Correlation, Spearman's Rho, point-biserial correlation, multiple regression, logistic regression, Chi-Square test, and the Mann-Whitney U test. Results: Only one facilitator (PC team being helpful with establishing goals of care) was significantly associated with referral to PC. Three variables were statistically significant in relation to the history of referring to PC: "Inclined to refer: PC can help decrease the length of stay in hospital", "Most inclined to refer: Patients with serious illnesses and/or poor prognoses", and "Giving bad news to a patient or family member". No predictor variables contributed a significant variance in the number of referrals to PC for all three case studies. There were no statistically significant results showing a relationship between the history of referral and referral to PC. All five hypotheses were partially supported. Discussion: Findings from this study emphasize the need for further research on NPs who work in hospital settings and what factors influence their behaviors of referring to PC. Since there is an increase in NPs practicing within hospital settings, future studies should use a larger sample size and incorporate hospital medicine NPs and other types of NPs that work in hospitals.